

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960122</b>	(X3) DATE SURVEY COMPLETED  <b>06/01/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>PLANNED PARENTHOOD OF S FL &amp; TREAS COAST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>263 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024</b>	

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - INITIAL COMMENTS**

A relicensure survey was conducted on 6/1/18 at Planned Parenthood of S Fl and Treasure Coast, License #916 . There were no deficiencies at the time of the visit.