

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960039</b>	(X3) DATE SURVEY COMPLETED  <b>11/20/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PRNTHOOD OF SOUTHWEST AND CENTRAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>736 CENTRAL AVENUE SARASOTA, FL 34236</b>	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p><b>0000 - INITIAL COMMENTS</b></p> <p>An unannounced relicensure survey was conducted 11/21/18 at Planned Parenthood of Southwest and Central Florida, an Abortion Center (license #687) in Sarasota, Florida.</p> <p>No deficiencies were found at the time of the visit.</p>		