

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960131</b>	(X3) DATE SURVEY COMPLETED  <b>05/08/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>PLANNED PARENTHOOD OF SOUTH FLORIDA &amp; THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10111 FOREST HILL BLVD, SUITE 340 WELLINGTON, FL 33414</b>	

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

**0000 - INITIAL COMMENTS**

An unannounced relicensure survey was conducted on 5/2 and 5/8/18 at Planned Parenthood of South Florida, License # 921. The facility had no deficiencies at the time of the visit.