

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960131	(X3) DATE SURVEY COMPLETED 11/08/2016
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF SOUTH FLORIDA & THE	STREET ADDRESS, CITY, STATE, ZIP CODE 10111 FOREST HILL BLVD, SUITE 340 WELLINGTON, FL 33414
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 INITIAL COMMENTS

An unannounced relicensure survey was conducted on 11/8/16 at Planned Parenthood of South Florida and the Treasure Coast. The facility had no deficiencies found at the time of the visit.
License #921



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 22, 2016

Administrator
Planned Parenthood Of South Florida & The Treasure
10111 Forest Hill Blvd, Suite #340
Wellington, FL 33414

Dear Administrator:

This letter reports findings of a State Relicensure Survey that was conducted on November 8, 2016 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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