

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960119</b>	(X3) DATE SURVEY COMPLETED  <b>11/06/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>PLANNED PARENTHOOD OF S FL &amp; TREASURE COAST JEAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3119 A CORAL WAY MIAMI, FL 33145</b>	

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

**0000 - INITIAL COMMENTS**

A re-licensure survey was conducted on November 06, 2018 at Planned Parenthood of South Florida & Treasure Coast Jean Shehan license # 913. Planned Parenthood of South Florida & Treasure Coast Jean Shehan had no Licensure deficiencies found at the time of the visit.