

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960140	(X3) DATE SURVEY COMPLETED 06/14/2018
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF SOUTH, EAST & NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2618 W TENNESSEE ST TALLAHASSEE, FL 32304	

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

0000 - INITIAL COMMENTS

An announced initial licensure survey was conducted at Planned Parenthood of South, East & North Florida on 06/14/2018. At the time of the survey, no deficient practice was identified.