

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960122 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/03/2019 |
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| NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF S FL & TREAS COAST F | STREET ADDRESS, CITY, STATE, ZIP CODE 263 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| A 000 | <p>INITIAL COMMENTS</p> <p>An unannounced relicensure survey was conducted on 10/3/19 at Planned Parenthood of South Florida and the Treasure Coast Pembroke. The facility had no deficiencies at the time of the survey.</p> | A 000 | | |

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| AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X8) DATE |
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