

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF SOUTHWEST &amp; CENTR.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>736 CENTRAL AVENUE SARASOTA, FL 34236</b>
---	---

(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
A 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced relicensure survey was conducted 09/12/19 at Planned Parenthood of Southwest and Central Florida, an abortion center in Sarasota, Florida.</p> <p>No deficiencies were found at the time of the visit.</p>	A 000		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF SOUTHWEST &amp; CENTR.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>736 CENTRAL AVENUE SARASOTA, FL 34236</b>
---	---

(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
A 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced relicensure survey was conducted 09/12/19 at Planned Parenthood of Southwest and Central Florida, an abortion center in Sarasota, Florida.</p> <p>No deficiencies were found at the time of the visit.</p>	A 000		

AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE