Agency for Health Care	Adminis	tration				: 10/01/2019 1 APPROVED		
TRITITION OF DEPICIENCIES AND PLAN OF CORRECTION  (11) PROVIDER/SUPPLERICLIA IDENTIFICATION NUMBER  AC13960039		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		B. WING	09/12/2019					
NAME OF PROVIDER OR SUP	PLIER	STREET AD	DRESS, CITY, STA	RESS, CITY, STATE, ZIP CODE				
PLANNED PARENTHOOF	OF SOU	THWEST & CENTR.	RAL AVENUE A, FL 34236					
PREFIX (EACH I	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	OULD BE COMPLETE			
A 000 INITIAL CON	IMENTS		A 000					
conducted 09 Southwest at in Sarasota,	9/12/19 a nd Centra Florida.	vensure survey was I Planned Parenthood of al Florida, an abortion center found at the time of the visit.						

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM APPROV										
Agency for Health Care Adminis STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED 09/12/2019					
		AC13960039	B. WING							
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE						
PLANNED	PARENTHOOD OF SOU	THWEST & CENTR:	RAL AVENUE TA, FL 34236							
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE					
A 000	INITIAL COMMENTS		A 000							
	Southwest and Centra in Sarasota, Fiorida.	censure survey was  It Planned Parenthood of al Florida, an abortion center  found at the time of the visit.								

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(X6) DATE