

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960123	(X3) DATE SURVEY COMPLETED 06/26/2018
NAME OF PROVIDER OR SUPPLIER AMERICAN FAMILY PLANNING	STREET ADDRESS, CITY, STATE, ZIP CODE 6115 VILLAGE OAKS DRIVE PENSACOLA, FL 32504	

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

0000 - INITIAL COMMENTS

An unannounced complaint survey for allegations contained within CCR#2018008059 was conducted at American Family Planning Abortion Clinic located in Pensacola, Florida on June 26, 2018. An initial survey to re-instate an expired license (license #917) was conducted in conjunction. At the time of the survey, deficient practice was identified.