STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AC13960123	R 09/06/2018
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 revisit survey was conducted at American Family Planning on This was a follow-up to the unlicensed activity cmplaint survey that was originally completed on At the time of the revisit, the facility still did not have a current active license, and was not providing any services. The previously cited deficiency was corrected, an no new deficiencies were identified.