

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0669352	(X3) Date Survey Completed 02/19/2018
Name of Provider or Supplier Planned Parenthood Iowa City Health Center	Street Address, City, State 850 Orchard Street, Iowa City, IA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D0000	A revisit survey was conducted on 2/19/2018 for the previous deficiencies cited on 06/22/2017. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.