

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D0216329	(X3) Date Survey Completed 01/29/2018
Name of Provider or Supplier Planned Parenthood-Md Annapolis Health Center	Street Address, City, State 929 West Street Suite 200, Annapolis, MD	
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
No Tags	No deficiency details available.