



NOTICE OF ACTIVITY WITHOUT PROPER LICENSURE

August 5, 2015

Administrator Planned Parenthood of Southwest and Central Florida, Inc. 8595 College Parkway, Suite 250 Fort Myers, Florida 33919

Dear Administrator:

The Agency for Health Care Administration (Agency) has determined that this facility is providing services beyond the scope of the license. This notice will serve as the official notification from the agency substantiating findings to support this facility is providing services beyond the scope of the license.

Under Florida law, it is unlawful for any person or entity to: own, operate, or maintain an unlicensed provider; or perform any services that require Agency licensure without proper licensure; or offer or advertise services that require Agency licensure to the public without first obtaining a valid license from the Agency. An existing license holder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license.

Any person and entity that fails to immediately cease operation of an unlicensed provider is subject to the penalties set forth under Florida law. Each violation is a separate offense.

If you have any questions regarding this Notice of Activity without Proper Licensure you may contact me at (239) 335-1315.

Sincerely,

Jon Seehawer, RN Field Office Manager

Division of Health Quality Assurance

Area 8 Field Operations

JS/cs



Agency for Health Care Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: B. WING AC13960081 08/05/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8595 COLLEGE PARKWAY SUITE 250 PLANNED PARENTHOOD OF SW & CENTRAL FL-FT I FORT MYERS, FL. 33919 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 000 A 000 **INITIAL COMMENTS** An unannounced monitoring visit was conducted on 7/31/2015 at the facility. Additional information was received on 8/5/2015. The following deficient practice was found. A 050 A 050 Licensure Procedures All persons planning the operation of an abortion clinic under the provisions of Chapter 390, F.S., shall make application for a license to the Agency for Health Care Administration and must receive a license prior to the acceptance of patients for care and treatment. Chapter 59A-9.020(1) A current license shall be posted in a conspicuous place within the licensed premises where it can be viewed by patients. Chapter 59A-9.020(4), F.A.C This STANDARD is not met as evidenced by: Based on observation, interview and record review, the clinic failed to apply for and receive a license prior to the acceptance of 2 (#4, #5) of 5 sampled patients for care and treatment of second trimester procedures. Florida Administrative Code 59A-9.019(14) definitions specific to abortion clinics include "(b) Second

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

Trimester. That portion of a pregnancy following

TITLE

(X6) DATE

If continuation sheet 2 of 4

Agency for Health Care Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 08/05/2015 AC13960081 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8595 COLLEGE PARKWAY SUITE 250 PLANNED PARENTHOOD OF SW & CENTRAL FL-FT N FORT MYERS, FL 33919 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 050 A 050 Continued From page 1 the 12th week and extending through the 24th week of gestation ..." Findings include: Observation conducted on 7/31/15 at 12:20 p.m. revealed the clinic's license was posted on the bulletin board. Further observation revealed the clinic was licensed for first trimester abortions. On 7/31/15 at 12:50 p.m., the clinic manager stated that they provide first trimester surgical procedures up to 13.6 weeks. A review of sampled patient #4's file revealed an abortion procedure was conducted when sampled patient #4's gestational age was 13.2 weeks. Sampled patient #5's file revealed an abortion procedure was conducted when sampled patient #5's gestational age was 13 weeks. On 8/5/15 at 1:04 p.m. a telephone interview was conducted with the Director of Compliance Quality and Risk Management for Planned Parenthood in Florida. She confirmed that she submits the reports monthly in regards to the number of weeks at which the abortion was performed and that the numbers of weeks are counted from the client's last reported menstrual period. When asked what gestational age is considered the end of the first trimester, she said 13 weeks, 6 days. She confirmed the reports she sends in monthly are accurate to the number of weeks and most months will have numbers that fall into the second column range. CZ828 CZ828 408.813(3) FS Administrative Fines; Violations (3) The agency may impose an administrative

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Agency for Health Care Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING: B. WING 08/05/2015 AC13960081 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8595 COLLEGE PARKWAY SUITE 250 PLANNED PARENTHOOD OF SW & CENTRAL FL-FT I FORT MYERS, FL 33919 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) CZ828 CZ828 Continued From page 2 fine for a violation that is not designated as a class I, class II, class III, or class IV violation. Unless otherwise specified by law, the amount of the fine may not exceed \$500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. This Statute or Rule is not met as evidenced by: Based upon the finding of second trimester abortions performed during an on-site inspection, reports were reviewed and identified 21 second trimester abortions performed between 7/1/14 and 6/30/15. The clinic provided services beyond the scope of the license. Findings included: Observation conducted on 7/31/15 at 12:20 p.m. revealed the clinic's license was posted on the bulletin board. Further observation revealed the clinic was licensed for first trimester abortions. On 7/31/15 at 12:50 p.m., the clinic manager stated that they provide first trimester surgical procedures up to 13.6 weeks. A review of sampled patient #4's file revealed an abortion procedure was conducted when sampled patient #4's destational age was 13.2 weeks. Sampled patient #5's file revealed an abortion procedure was conducted when sampled patient #5's gestational age was 13 weeks.

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Agency for Health Care Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING_ 08/05/2015 AC13960081 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8595 COLLEGE PARKWAY SUITE 250 PLANNED PARENTHOOD OF SW & CENTRAL FL-FT I FORT MYERS, FL 33919 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) CZ828 CZ828 Continued From page 3 Review of abortions reported to the state July 2014 through June 2015 revealed 21 second trimester abortions. On 8/5/15 at 1:04 p.m. a telephone interview was conducted with the Director of Compliance Quality and Risk Management for Planned Parenthood in Florida. She confirmed that she submits the reports monthly in regards to the number of weeks at which the abortion was performed, and that the number of weeks are counted from the client's last reported menstrual period. When asked what gestational age is considered the end of the first trimester, she said 13 weeks, 6 days. She confirmed the reports she sends in monthly are accurate to the number of weeks and most months will have numbers that fall into the second column range.

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