

MAR-23-2011 08:37

AHCA

5618400163 P. 04
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13880117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2011
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF S FLORIDA & TR		STREET ADDRESS, CITY, STATE, ZIP CODE 1322 NW FEDERAL HIGHWAY STUART, FL 34994		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	INITIAL COMMENTS Licensure survey conducted on 03/14/2011. Planned Parenthood of S. Florida & the Treasure Coast had a deficiency found at the time of this visit.	A 000	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>MAR 23 2011</p> <p>BY: _____</p> </div> <p>Corrective action: completed 3/13/11</p> <p>Immediately after the AHCA Surveyor completed her inspection, the license was moved to the front waiting room where it can be viewed when a client enters the Health Center.</p> <p>Health Center staff were instructed that according to law the license must be visible to clients.</p> <p>Also that it must remain in the new location</p> <p>Staff verbalized understanding of plan.</p>	
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 it was determined the clinic did not ensure a current license was posted in a conspicuous place within the licensed premises where it can be viewed by patients. The findings include: Upon entrance to the waiting room, conducted on 03/14/2011 at approximately 10:30 AM, the clinic's current license was not observed. At this time the DQRM (Director of Quality & Risk Management) invited this writer to enter the door	A 050		

AHCA Form 3020-0001

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

TITLE *Director of Quality & Risk Management* (X5) DATE 3/23/11

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If continuation sheet 1 of 2

(2)

MFR-23-2011 08137

AHCA

5618400163 P. 05
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13980117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2011
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF S FLORIDA & TR		STREET ADDRESS, CITY, STATE, ZIP CODE 1322 NW FEDERAL HIGHWAY STUART, FL 34994		
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A 050	Continued From page 1 that leads to the reception area and serves as a "hub" to offices, laboratory area, and exam rooms. The DQRM was asked where the current license was posted. She looked around and then proceeded to walk to the laboratory area. She returned with a framed current license. She then pointed to a nail on the wall, approximately 8-10 feet behind the receptionist window and stated that is where the clinic usually has it posted. She stated it must have been taken down for cleaning. This writer explained that even if the current license was posted on the wall, where the nail is located (about 6 + feet in height), that it would still not be in a conspicuous place for all patients to see.	A 050		



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
INTERIM SECRETARY

March 22, 2011

Administrator
Planned Parenthood Of S Florida & Treasure Coast
1322 Nw Federal Highway
Stuart, FL 34994

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on March 14, 2011 by a representative from this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this report. All deficiencies shall be corrected no later than April 14, 2011.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure(s)

TBB2

