

2/23/09

PRINTED: 01/30/2009
 FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2009
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD SRVCS GREATER ORLA	STREET ADDRESS, CITY, STATE, ZIP CODE 3403 TECHNOLOGICAL AVENUE ORLANDO, FL 32817
--	---

(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 The Initial Licensure survey was conducted on 01/29/09. Deficient practices were identified and cited at A 9999.	A 000		
A9999	<p>Final Observations</p> <p>Based on observation and interview, the facility failed to ensure a laboratory machine used to test patients' blood received preventative maintenance and was tested to ensure proper functioning, and failed to ensure a large tank of Nitrous Oxide was stored in a secure and safe manner.</p> <p>Findings:</p> <p>1. During the initial laboratory tour with the Administrator on 01/29/09 at 10:44 a.m., a HemoCue hemoglobin blood testing machine was observed on the counter.</p> <p>The Administrator was asked if each patient provided a blood sample for hemoglobin testing and if the HemoCue machine was used to test the blood and stated "yes".</p> <p>The Administrator checked the HemoCue machine and was not able to locate the preventative maintenance sticker which would indicate when the machine was last tested and checked for proper functioning. She presented a list of equipment that did receive preventative maintenance and testing done by the PSS (Physician Sales & Service) Biomedical Services but the HemoCue machine was not identified on the list. She confirmed the HemoCue machine failed to receive preventative maintenance and testing from PSS Biomedical Services to ensure</p>	A9999	<p>The HemoCue was inspected and audited by PSS to ensure the effectiveness and abide by the manufacturers recommendation.</p> <p>The HemoCue will continue to be audited by the biannual equipment maintenance inspection.</p>	02/05/09 ✓

AHCA Form 3020-0001
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

2/19/09 ✓

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2009
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD SRVCS GREATER ORLA	STREET ADDRESS, CITY, STATE, ZIP CODE 3403 TECHNOLOGICAL AVENUE ORLANDO, FL 32817
--	---

(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
--------------------	--	---------------	---	--------------------

A9999	<p>Continued From Page 1</p> <p>proper functioning.</p> <p>2. During the initial facility tour with the Administrator on 01/29/09 at approximately 10:55 a.m. in the patients' #4 examination room, the following was observed. A large unsecured tank of Nitrous Oxide was standing upright on the floor in close proximity to the patients' examination table. The Administrator confirmed the large tank of Nitrous Oxide was not secured and stored in a safe manner.</p> <p>Correction Date: 02/20/09</p>	A9999	<p>The Nitrous Oxide tank has been secured with the purchase of a dolly.</p>	<p>02/19/09</p>
-------	--	-------	--	-----------------



CHARLIE CRIST
GOVERNOR

HOLLY BENSON
SECRETARY

February 02, 2009

Administrator
Planned Parenthood Services of Greater Orlando
3403 Technological Avenue
Orlando, FL 32817

RE: Initial licensure Survey

Dear Administrator:

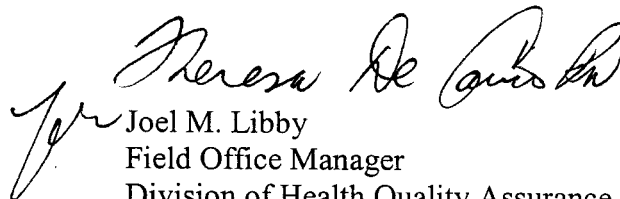
This letter confirms the findings of an initial licensure survey conducted at your facility on 01/29/09 by Donna Barton, Registered Nurse Specialist of this office.

Enclosed is the provider copy of the Statement of Deficiencies and Plan of Correction, State Form, which lists the deficiency observed and discussed with you or your representative upon completion of the survey. Please provide a plan of correction, sign date and return to this office within ten (10) calendar days of receipt.

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 Forms on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Please call this office at 407/316-4859, if we may be of any further assistance.

Sincerely,


Joel M. Libby
Field Office Manager
Division of Health Quality Assurance

JML/cid

Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



Health Quality Assurance – Area 7
Hurston South Tower, Suite S-309
400 W. Robinson Street
Orlando, FL 32801
(407) 245-0850