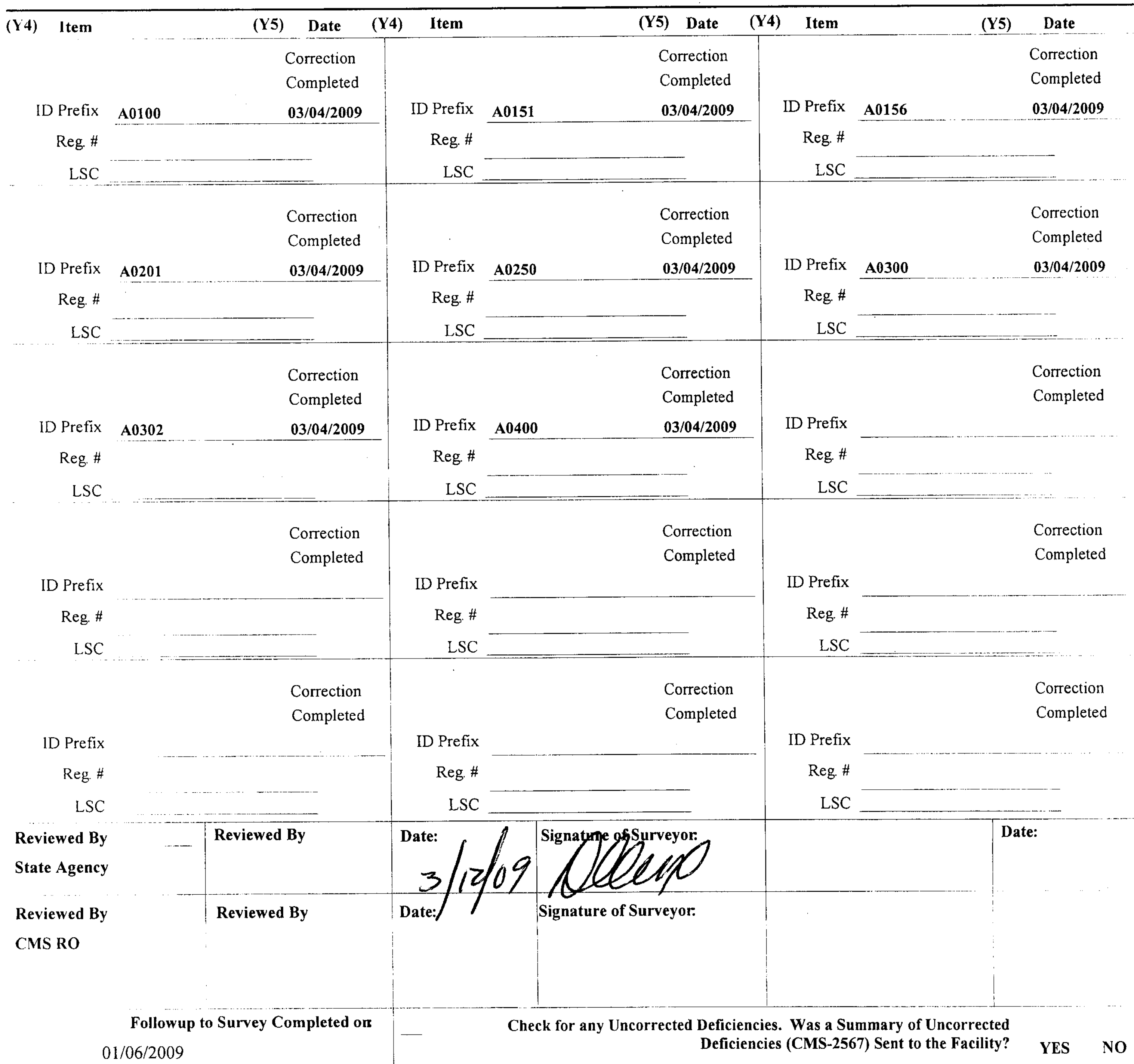
AH Form Approved
3/10/2009

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AC13960108	A. Building B. Wing	03/04/2009

Name of Facility	Street Address, City, State, Zip Code
PLANNED PARENTHOOD OF GREATER ORLANDO INC	726 SOUTH TAMPA AVENUE ORLANDO, FL 32805

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report(prefix codes shown to the left of each requirement on the survey report form).



(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0100 Reg. # LSC	03/04/2009	ID Prefix A0151 Reg. # LSC	03/04/2009	ID Prefix A0156 Reg. # LSC	03/04/2009
ID Prefix A0201 Reg. # LSC	03/04/2009	ID Prefix A0250 Reg. # LSC	03/04/2009	ID Prefix A0300 Reg. # LSC	03/04/2009
ID Prefix A0302 Reg. # LSC	03/04/2009	ID Prefix A0400 Reg. # LSC	03/04/2009	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By State Agency		3/12/09	[signature]	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on 01/06/2009

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

PRINTED: 03/12/2009
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13960108	A. BUILDING ______ B. WING ______	R 03/04/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD SERVICES OF GRE/	726 SOUTH TAMPA AVENUE ORLANDO, FL 32805

(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 A follow-up revisit to the Expansion survey for 1st trimester to 2nd trimester abortions and Relicensure survey was performed on 03/04/09. Deficient practice was identified and recited at A 202.	{A 000}		
{A 202}	Clinic Personnel-2nd Trimester Orientation. Each facility shall have and execute a written orientation program to familiarize each new staff member, including volunteers, with the facility and its policies and procedures, to include, at a minimum, fire safety and other safety measures, medical emergencies, and infection control. In-service Training. In-service training programs shall be planned and provided for all employees including full time, part time and contract employees, at the beginning of employment and at least annually thereafter and will also apply to all volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually, and for surgical assistants and volunteers, must include training in counseling, patient advocacy and specific responsibilities associated with the services they provide: (a) Infection control, to include at a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene such as hand washing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members. (b) Fire protection, to include evacuating patients, proper use of fire extinguishers, and procedures	{A 202}	AREA 7 AHCA - HQA APR - 1 2009 RECEIVED	

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature]

TITLE: President & CEO (X6) DATE: 3/23/09

PRINTED: 03/12/2009
FORM APPROVED

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	AC13960108	A. BUILDING ______ B. WING ______	R 03/04/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD SERVICES OF GRE/	726 SOUTH TAMPA AVENUE ORLANDO, FL 32805

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{A 202}	Continued From page 1 for reporting fires; (c) Confidentiality of patient information and records, and protecting patient rights; (d) Licensing regulations; and (e) Incident reporting. Chapter 59A-9.023,(4) and (5), F.A.C. This STANDARD is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure (1) annual in-service training programs regarding infection control, fire protection including patient evacuation, proper use of fire extinguishers and procedures for reporting fires, confidentiality of patient records and information and incident reporting, were provided for one employee (#4); (2) an annual counseling in-service training program was provided for three employees (#1, 2 and 4); and (3) an annual licensing regulations in-service training program was provided for four employees (#1, 2, 3 and 4) of 8 sampled employees. Findings: 1. Employee #4's personnel record was reviewed and the date of hire was 08/31/99. Documented evidence to indicate annual in-service training was provided regarding infection control, fire protection including patient evacuation, proper use of fire extinguishers, procedures for reporting fires, confidentiality of patient records and information and incident reporting was not found in the personnel record. The Director of Patient Services (DPS) was interviewed on 03/04/09 at 12:50 p.m. and confirmed the findings.	{A 202}	Staff training has been conducted for state laws of Florida in regards to abortion. It has been added to our personnel policies that this training will be conducted annually. (Staff #1, 2, 3, 4 were included We corrected employee #4's in training personnel record [illegible]	3/12/09 3/20/09

AHCA Form 3020-0001
STATE FORM

PRINTED: 03/12/2009
FORM APPROVED

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	AC13960108	A. BUILDING ___ B. WING ___	R 03/04/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD SERVICES OF GRE/	726 SOUTH TAMPA AVENUE ORLANDO, FL 32805

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{A 202}	Continued From page 2 2. Personnel records for employees #1, 2 and 4 who provided patient counseling were reviewed with respective hire dates of 05/23/06, 01/07/08 and 08/31/99. Documented evidence was not found to indicate these employees received annual counseling in-service training. The DPS was interviewed on 03/04/09 at 12:20 p.m. She stated these employees viewed a video entitled "Talking About Abortion" but was not able to provided documented evidence of employee attendance. The DPS confirmed the findings. 3. Personnel records for employees #1, 2, 3, 4 were reviewed with respective hire dates of 05/23/06, 01/07/08, 03/12/07 and 08/31/99. Documented evidence was not found to indicate these employees received annual in-service training regarding licensing regulations. The DPS was interviewed on 03/04/09 at 12:29 p.m. and confirmed the findings.	{A 202}		

CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

HOLLY BENSON
SECRETARY

March 12, 2009

Administrator
Planned Parenthood Services Of Greater Orlando
726 South Tampa Avenue
Orlando, FL 32805

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 4, 2009 by Donna Barton, Registered Nurse Specialist of this office.

Attached is the provider's copy of the Revisit Report listing the deficiencies found to be cleared, and a Statement of Deficiencies and Plan of Correction, State Form, which indicates the previously cited deficiency (A 202) from the survey of January 06, 2009 was found uncorrected on the day of the revisit.

Please provide to this Field Office a plan of correction, written in accordance with the enclosed instructions, within ten 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 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.

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 245-0850; Fax (407) 245-0998

Thank you for all assistance provided. Should you have any questions please call Joel M. Libby at (407) 245-0850.

Sincerely,

Joel M. Libby for
Field Office Manager

JML/cid
Enclosures: Revisit Report, State Form