

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/16/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960081	(X3) DATE SURVEY COMPLETED 02/10/2016
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF SW & CENTRAL FL-FT MYERS	STREET ADDRESS, CITY, STATE, ZIP CODE 8595 COLLEGE PARKWAY SUITE 250 FORT MYERS, FL 33919	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 INITIAL COMMENTS

An unannounced relicensure survey was conducted on 2/10/16 at Planned Parenthood of Southwest and Central Florida, an abortion center in Fort Myers, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 19, 2016

Administrator
Planned Parenthood of SW & Central Florida
8595 College Parkway, Suite 250
Fort Myers, FL 33919

Dear Administrator:

This letter reports findings of a state relicensure survey that was conducted on February 10, 2016, by a representative of this office. Attached is the provider's copy of the State (5000) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS/cs
Enclosure - State (5000) Form

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