

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/03/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960120	(X3) DATE SURVEY COMPLETED 04/29/2016
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF COLLIER COUNTY, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 1425 CREECH RD NAPLES, FL 34103	

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

0000 INITIAL COMMENTS

An unannounced relicensure survey was conducted on 4/29/16 at Planned Parenthood of Collier County, Inc., an abortion facility in Naples, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 9, 2016

Administrator
Planned Parenthood of Collier County, Inc.
1425 Creech Road
Naples, FL 34103

Dear Administrator:

This letter reports findings of a state relicensure survey that was conducted on April 29, 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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