

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/08/2015
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF SOUTH FLORIDA	STREET ADDRESS, CITY, STATE, ZIP CODE 585 NW 161 ST MIAMI, FL 33169
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(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)	<p>INITIAL COMMENTS</p> <p>A follow-up to the licensure survey was conducted on July 8, 2015. Planned Parenthood of South Florida & The Treasure had no deficiencies found at the time of the visit.</p>	(A 000)		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AC13960135

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
7/8/2015

Name of Facility

Street Address, City, State, Zip Code

PLANNED PARENTHOOD OF SOUTH FLORIDA & THE TREASURY

585 NW 161 ST
MIAMI, FL 33169

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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0100 Reg. # LSC	Correction Completed 07/08/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
Reviewed By

Date:
Date:

Signature of Surveyor:
[Signature]
Signature of Surveyor:

Date:
7/9/15
Date:

Followup to Survey Completed on:
6/3/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 13, 2015

Administrator
Planned Parenthood Of South Florida & The Treasure
585 Nw 161 ST
Miami, FL 33169

Dear Administrator:

This letter reports the findings of a Follow up survey conducted on July 8, 2015 by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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_shtm 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 Faith Randolph, Registered Nurse Consultant at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis (for)
Field Office Manager, Area 11

Enclosure: Revisit Report

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