

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13960133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD OF SOUTHWEST AN	STREET ADDRESS, CITY, STATE, ZIP CODE 610 OAK COMMONS BLVD KISSIMMEE, FL 34741
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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
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A 000	INITIAL COMMENTS  Relicensure survey was conducted on Planned Parenthood of Southwest and Central Florida had a deficiency found at the time of the visit.	A 000	As of _____, 2015, a poster providing the required rights and information has been posted in the patient waiting area of the facility. (Copy attached.) In addition, at check-in, every patient will be handed a "Patient Right to Report" document containing the same information, which will be two sided with English on one side and Spanish on the opposite side. (English and Spanish copy attached.) All returning patients and all new patients shall be provided the document at their next or first visit to the facility. New language has been added to the "Request for Medical Services and Acknowledgement of Receipt of Notice of Health Information Privacy Practices" form to include an acknowledgement of receipt of the required information. (Copy of form attached.) A new policy, with the effective date of _____, 2015, has been put in place setting forth the necessity to provide the required information (Copy of Policy attached) and training for implementation of these requirements was completed _____, 2015. Compliance will be monitored by the Director of CQRM or designee performing random observations each month for the next four months in order to assure that the front desk staff is handing out the "Patient Right to Report" form. In addition, Director of CQRM will audit five (5) charts monthly for the next year to assure compliance with the requirement that a "Request for Medical Services and Acknowledgement of Receipt of Notice of Health Information Privacy Practices" form, including the acknowledgement of receipt of the required information, has been signed by each patient and placed in the patient record.	
AZ818	408.810(5) FS Minimum Licensure Requirement - Client Notice  408.810 Minimum licensure requirements. In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must comply with the requirements of this section in order to obtain and maintain a license.  (5)(a) On or before the first day services are provided to a client, a licensee must inform the client and his or her immediate family or representative, if appropriate, of the right to report: 1. Complaints. The statewide toll-free telephone number for reporting complaints to the agency must be provided to clients in a manner that is clearly legible and must include the words: "To report a complaint regarding the services you receive, please call toll-free (phone number)." 2. _____, neglectful, or _____ practices. The statewide toll-free telephone number for the central _____ hotline must be provided to clients in a manner that is clearly legible and must include the words: "To report _____, neglect, or _____, please call toll-free (phone number)." 3. Medicaid fraud. An agency-written description of Medicaid fraud and the statewide toll-free telephone number for the central Medicaid fraud hotline must be provided to clients in a manner that is clearly legible and must include the words: "To report suspected Medicaid fraud, please call toll-free (phone number)."	AZ818		10/6/15

AHCA Form 3050-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*William R. Branson*      *Colin West*      TITLE: *Director of CQRM*      DATE: *10/6/15*

10/6/15 *BR*

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NAME OF PROVIDER OR SUPPLIER **PLANNED PARENTHOOD OF SOUTHWEST AN** STREET ADDRESS, CITY, STATE, ZIP CODE  
**610 OAK COMMONS BLVD  
KISSIMMEE, FL 34741**

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AZ818	<p>Continued From page 1</p> <p>The agency shall publish a minimum of a 90-day advance notice of a change in the toll-free telephone numbers.</p> <p>(b) Each licensee shall establish appropriate policies and procedures for providing such notice to clients.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility did not have policies and procedures in place to ensure patients were informed of their rights to report complaints, _____ neglectful, or _____ practices and Medicaid fraud before providing services for 4 of 4 patients reviewed (#1, 2, 3, &amp; 4).</p> <p>Findings:</p> <p>Based on clinical record review of 4 of 4 patients (#1, 2, 3, &amp; 4), the facility did not have documentation of evidence that the following patients were informed of their rights to report complaints, _____ neglectful, or _____ practices and Medicaid fraud before providing services on _____. The facility did not have policies and procedures in place to ensure patients were informed of their rights to report.</p> <p>Based on observation during a tour of the facility on 9/14/15 at 9:45 a.m., there was no visible evidence of correct information and toll free phone numbers were it could be viewed by patients. In an interview with senior director of patient service and director of compliance quality/risk manager (DOCQRM) via telephone call (TC) on 9/14/15 at 11:35 a.m., the DOCQRM said via TC that the facility did not have policies and procedures in place to inform patients of their</p>	AZ818		

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AZ818	Continued From page 2  rights to report, but would immediately begin to put in place and fax to the facility a policies and procedures effective . . . . .	AZ818		



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

....., 2015

Administrator  
Planned Parenthood Of Southwest And Central Florida  
610 Oak Commons Blvd  
Kissimmee, FL 34741

Re: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on 2015 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this report**. **All deficiencies shall be corrected no later than** , 2015.

**The plan of correction must include the following:**

1. Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
2. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice.
3. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur.
4. Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change.
5. Ensure that no protected or other confidential information (i.e., resident or staff names) are included in the plan.
6. State the completed date; the date that the facility identifies compliance can be achieved, which must be after the exit date.
7. You must sign the bottom of page 1 of the statement of deficiencies; include your title and date.



-----, 2015

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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 Theresa DeCanio at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN  
Field Office Manager

TDC/cid

Enclosure: State Form