

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/23/2016</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**PLANNED PARENTHOOD SOUTH EAST AND N 5978 POWERS AVE JACKSONVILLE, FL 32217**

(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><b>INITIAL COMMENTS</b></p> <p>State License #844</p> <p>At the time of the announced, on-site re-licensure survey, Planned Parenthood South East and North Florida, Jacksonville, FL was found to be in compliance with the Florida Abortion Clinic requirements of FS 390.</p>	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

Via Facsimile: 772-692-1555

September 30, 2016

Ms. Peny Alterizio, Director of Quality/Risk Mgmt.  
Planned Parenthood of South East And North Florida  
5978 Powers Avenue  
Jacksonville, FL 32217

**RE: Re-licensure Survey**

Dear Ms. Alterizio:

This letter reports findings of a state re-licensure survey that was conducted on September 23, 2016 by a representative of this office. Attached is *State (3020) 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 us at (904) 798-4201.

Sincerely,

Joan M. Lynch, RNC, MSN  
Registered Nurse Consultant  
Division of Health Quality Assurance

RED/JML/AS/je  
Enclosure

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