AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 10/04/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AC13960135	**09/27/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF SOUTH FLORIDA & THE	**585 NW 161 ST** **MIAMI, FL 33169**

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

0000 INITIAL COMMENTS

A Relicensure survey was conducted on , 2016. Planned Parenthood of South Florida & The Treasure Coast Inc had Licensure deficiencies found at the time of the visit.

License # 926

Z814 Background Screening Clearinghouse

Based on record review and interview, the provider failed to ensure that the administrator and the financial officer were listed on the clearinghouse roster.

Findings include:

Record review revealed that the administrator and the financial officer were not listed on the clearinghouse roster.

On at 1:11 PM, the director of quality & risk management acknowledged that the administrator and the financial officer were not listed on the clearinghouse roster.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Planned Parenthood Of South Florida & The Treasure
585 NW 161 St
Miami, FL 33169

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on ,
2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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.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 contact Faith Randolph, Registered Nurse Consultant at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager, Area 11

Enclosure: State (5000-3547) Form

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