


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AC13960133	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/16/2015
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Name of Facility PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FL	Street Address, City, State, Zip Code 610 OAK COMMONS BLVD KISSIMMEE, FL 34741
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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 AZ818	Correction Completed 10/01/2015	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # 408.810(5) FS		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By	Reviewed By	Date:	Signature of Surveyor: 	Date: 10/16/15
State Agency		Date:	Signature of Surveyor:	Date:
Reviewed By	Reviewed By	Date:		Date:
CMS RO				

Followup to Survey Completed on: 9/14/2015	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 16, 2015

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

RE: Revisit By Desk Review

Dear Administrator:

This letter reports the findings of Relicensure survey revisit conducted by desk review on October 16, 2015 by representative(s) 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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(s). Should you have any questions please call Theresa DeCanio at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TD:anc
Enclosure

J5XD

