

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF SOUTH FLORIDA#	STREET ADDRESS, CITY, STATE, ZIP CODE 10111 FOREST HILL BLVD, SUITE 340 WELLINGTON, FL 33414
---	--

(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>An unannounced relicensure survey was conducted on 6/18/15 at Planned Parenthood of South Florida and the Treasure Coast. The Provider 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 _____ (X8) DATE _____



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 30, 2015

Administrator
Planned Parenthood Of South Florida & The Treasure Coast
10111 Forest Hill Blvd, Suite 340
Wellington, FL 33414

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on June 18, 2015 by a representative of this office. Attached is the provider's copy of the 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 3020 form

65FO

