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FORM APPROVED

Agency for Health Care Administration

SEP 4 2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ BY DIVISION OF HEALTH QUALITY ASSURANCE A08 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/05/2015
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF SW & CENTRAL FL-FT I	8895 COLLEGE PARKWAY SUITE 250 FORT MYERS, FL 33919

(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 monitoring visit was conducted on _____ at the clinic. Based on additional information received on _____ Based on additional information gathered on _____, the survey report issued on _____ is revised as follows:</p>	A 050	1) As noted by the AHCA surveyor, the records of patients # 4, and # 16 contained no notation of the first day of the woman's last menstrual period (LMP) reported by the patient. This is not unusual as patients often do not know the date of their LMP. Other patients may experience no menstrual period while using certain types of contraception (such as an _____) and still become pregnant. Hence, no self-reported LMP is available for these patients.	
A 050	<p>Licensure Procedures</p> <p>All persons planning the operation of an abortion clinic under the provisions of Chapter 390, F.S., shall make application for a license to the Agency for Health Care Administration and must receive a license prior to the acceptance of patients for care and treatment.</p> <p>Chapter 59A-9.020(1)</p> <p>A current license shall be posted in a conspicuous place within the licensed premises where it can be viewed by patients.</p> <p>Chapter 59A-9.020(4), F.A.C</p> <p>This STANDARD is not met as evidenced by: For sampled patients #4 and #16, no date was recorded for the last normal menstrual period (LMP); however, the _____ reflected weeks of _____ in excess of 12 as documented in the patients' records.</p>		<p>The lack of a self-reported LMP from the patient does not prevent the determination of _____ age by _____. As required by law, each patient undergoes an _____ which is reviewed by the physician. The _____ determines _____ age in weeks LMP through a _____ measurement and an algorithm programmed into the machine to account for the roughly two week period between the first day of an LMP and fertilization. Thus, the two _____ determinations of 13.2—as recorded in the records of the subject patient charts—refer in both instances to weeks(and days) LMP. Accordingly, all three procedures were performed within the first trimester of _____ to wit: within the first 12 weeks of _____ (within the first completed 14 weeks since the last normal menstrual period) as defined in Rule 59A-9.019, F.A.C. The implication in the Statement of Deficiencies that "weeks of _____ determined by _____ is a different measurement from "weeks LMP" is erroneous.</p>	

AHCA Form 3020-009
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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CW3511

(Continuation sheet) 1 of 2

Sula B. [Signature] *Cecilia [Signature] for Planned Parenthood SW & Central Florida*

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/05/2015
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF SW & CENTRAL FL-FT I		STREET ADDRESS, CITY, STATE, ZIP CODE 8595 COLLEGE PARKWAY SUITE 250 FORT MYERS, FL 33919		
(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 050	Continued From page 1 Findings included: A review of sampled patient #4 - no LMP, reflected 13.2 weeks A review of sampled patient #16 - no LMP, reflected 13.2 weeks	A 050	Because all procedures noted by AHCA in the Statement of Deficiencies were performed within the first trimester of , no changes in procedures are necessary. Current procedures provide for referral of a patient to another facility if the reveals a of 14 weeks LMP or greater. These procedures remain in effect. 2) Planned Parenthood has agreed to change its reporting practices to report procedures in weeks of determined as weeks LMP minus 2 weeks. This was done to accommodate AHCA when it advised Planned Parenthood that it desired this manner of reporting on a going forward basis. The term "weeks of " is not defined in Rule 59A-9.019, F.A.C. or elsewhere by AHCA and AHCA has declined to advise how to establish the starting point for the "weeks of " if it not determined by counting from LMP. Accordingly, Planned Parenthood will continue reporting as it agreed to do. Broad staff training is not necessary on this issue because only one person submits the monthly information required by Section 390.0112, Fla. Stat. This professional staff member has been informed of AHCA's current use of the term of " weeks" to equal weeks LMP minus 2 weeks and has adjusted her reporting accordingly.	



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Planned Parenthood of SW & Central FL - Ft. Myers
8595 College Parkway, Suite 250
Fort Myers, FL 33919

Dear Administrator:

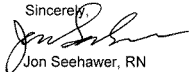
This letter reports the findings of a state licensure survey that was conducted on _____, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (3020-0001) Form, which indicates the deficiencies that were identified on the day of the visit. **Please attach a summary of your corrective action plan for each deficiency, including completion dates, on your letterhead to the Field Office by Close of Business, Friday, _____, 2015. Also include any additional documentation to support correction of identified deficiencies.**

At a minimum the corrective action plan must:

- Demonstrate procedures are in place to ensure that first trimester abortions are not performed;
 - In excess of 14 weeks (up to but not including the 105th day) from the last normal menstrual period (LNMP), and in excess of the 12th week (up to but not including the 91st day) of _____; or
 - When LNMP is not determined or not documented, abortions are not performed beyond the 12th week (up to but not including the 91st day) of _____.
- Educate staff to ensure that when reporting pursuant to rule 59A-9.034, F.A.C., on the online reporting system, that the field titled "WEEKS OF _____" is correctly completed using "weeks of _____" as that phrase is used in rule 59A-9.019, F.A.C., and not erroneously using last normal menstrual period.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS/cs
Enclosure - State (3020-0001) Form

Fort Myers Field Office
2295 Victoria Avenue, _____
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com



XG90

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