

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF COLLIER COUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 1425 CREECH RD NAPLES, FL 34103
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(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
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A 000	<p>INITIAL COMMENTS</p> <p>An unannounced monitoring visit was conducted on 8/11/15 at the clinic. Additional information was received on 8/11/15. Based on additional information gathered on 8/11/15, the survey report issued on 8/11/15 is revised as follows:</p>	A 000		
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 #1, #4 and #19, no date was recorded for the last normal menstrual period (LMP); however, the 12 weeks reflected weeks of gestation in excess of 12 as documented in the patients' records.</p> <p>Findings included:</p>	A 050		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A 050	Continued From page 1 A review of sampled patient #1 - no LMP, _____ reflected 13.5 weeks _ A review of sampled patient #4 - no LMP, _____ reflected 13.1 weeks _ A review of sampled patient #19 - no LMP, _____ reflected 13.2 weeks _	A 050	
CZ828	408.813(3) FS Administrative Fines; Violations (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class IV violation. Unless otherwise specified by law, the amount of the fine may not exceed \$500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. This Statute or Rule is not met as evidenced by: For sampled patients #1, #4 and #19, 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. Findings included: A review of sampled patient #1 - no LMP, _____ reflected 13.5 weeks _	CZ828	

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CZ828	Continued From page 2 A review of sampled patient #4 - no LMP, reflected 13.1 weeks ✓ I. A review of sampled patient #19 - no LMP, reflected 13.2 weeks ✓ I.	CZ828		
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2015

Administrator
Planned Parenthood of Collier County, Inc.
1425 Creech Road
Naples, FL 34103

Dear Administrator:

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

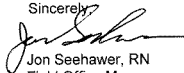
Attached is the provider's copy of the State (3020-0001) Form, which indicates the deficiencies
that were identified on the day of the visit. **Please attach a summary of your corrective
action plan for each deficiency, including completion dates, on your letterhead to the
Field Office by Close of Business,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