

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2021
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF SOUTHWEST AND CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 610 OAK COMMONS BLVD KISSIMMEE, FL 34741
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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>A Relicensure survey was conducted on Planned Parenthood of Southwest and Central FL had a deficiency found at the time of the visit.</p>	A 000		
CZ818	<p>408.810(5) FS Minimum Licensure Requirement - Client Notice</p> <p>408.810 Minimum licensure requirements.-in addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must comply with the requirements of this section in order to obtain and maintain a license.</p> <p>(5)(a) On or before the first day services are provided to a client, a licensee must inform the client and his or her immediate family or representative, if appropriate, of the right to report:</p> <p>1. Complaints. The statewide toll-free telephone number for reporting complaints to the agency must be provided to clients in a manner that is clearly legible and must include the words: "To report a complaint regarding the services you receive, please call toll-free (phone number)."</p> <p>2. , neglectful, or practices. The statewide toll-free telephone number for the central hotline must be provided to clients in a manner that is clearly legible and must include the words: "To report neglect, or , please call toll-free (phone number)."</p> <p>3. Medicaid fraud. An agency-written description of Medicaid fraud and the statewide toll-free telephone number for the central Medicaid fraud hotline must be provided to clients in a manner that is clearly legible and must include the words: "To report suspected Medicaid fraud, please call toll-free (phone number)."</p> <p>The agency shall publish a minimum of a 90-day</p>	CZ818		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X8) DATE _____

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CZ818	<p>Continued From page 1</p> <p>advance notice of a change in the toll-free telephone numbers.</p> <p>(b) Each licensee shall establish appropriate policies and procedures for providing such notice to clients.</p> <p>This Statute or Rule is not met as evidenced by: Based on interview and a review of medical records, the facility failed to ensure that on or before each client's first day of services they were informed of rights to report complaints, , neglectful or , practises and Medicaid fraud in a language as specified by required language in ten of ten sampled patients. (#1 - #10).</p> <p>Findings:</p> <p>A review of the medical records of patient's #1 - #10 did not reveal any evidence that on their first day of service they were provided with of the provision of rights to report complaints, neglectful or , , , practises and Medicaid fraud as specified by required language</p> <p>The required language is as follows: "To report a complaint regarding the services you receive, please call toll-free (phone number)"; "To report , neglect, or , please call toll-free (phone number)"; and "To report suspected Medicaid fraud, please call toll-free (phone number)."</p> <p>During an interview of the assistant Administrator on at approximately 3:00 PM, she confirmed the preceding.</p> <p>Class III</p>	CZ818		