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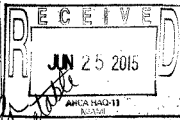
Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13960135	(02) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(03) DATE SURVEY COMPLETED  06/03/2015
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NAME OF PROVIDER OR SUPPLIER  
 PLANNED PARENTHOOD OF SOUTH FLORIDA

STREET ADDRESS, CITY, STATE, ZIP CODE  
 585 NW 161 ST  
 MIAMI, FL 33169

(04) 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)	DATE COMPLETE DATE
A 000	INITIAL COMMENTS  An initial licensure survey was conducted on 3. 2015. Planned Parenthood of South Florida & the Treasure Coast had Licensure deficiencies found at the time of the visit.	A 000		
A 100	Physical Plant Req-2nd Trimester  The following are minimum standards of construction and specified minimum essential physical plant requirements which must be met when providing second trimester abortions.  (1) Consultation room(s) with adequate private space specifically designated for interviewing, counseling, and medical evaluations;  (2) Dressing rooms designated for staff and patients;  (3) Handwashing station(s) equipped with a mixing valve and wrist blades and located in each patient exam/procedure area;  (4) Private procedure room(s) with adequate light and _____ for abortion procedures;  (5) Post procedure recovery room(s) equipped to meet the patient's needs;  (6) Emergency exits wide enough to accommodate a standard stretcher or gurney;  (7) Cleaning and sterilizing area(s) adequate for the cleaning and sterilizing of instruments;  (8) Adequate and secure storage area(s) for the storage of medical records and necessary equipment and supplies; and	A 100		



AHCA Form 3020-001  
 LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

*[Handwritten Signature]*

TITLE  
 COO

DATE  
 6/15/15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13860135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/03/2015
NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD OF SOUTH FLORIDA		STREET ADDRESS, CITY, STATE, ZIP CODE 585 NW 101 ST MIAMI, FL 33168	

(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 100	<p>Continued From page 1</p> <p>(9) If not otherwise required by the Florida Building Code, at least one general use toilet room equipped with a hand washing station.</p> <p>Chapter 69A-9.022, F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the provider failed to have the minimum standards of construction.</p> <p>Findings include:</p> <p>On 6/3/2015 at 9:30 AM, the Director of Quality &amp; Risk Management stated that they will provide medical and surgical abortions.</p> <p>Tour conducted on 6/3/2015 at 11:14 AM of suite #300, revealed a _____ next to the Education room #2, had empty shelves that were facing each other, two paint cans in the corner, and an adjacent back _____ storage supplies and more shelves. This _____ identified by the Director of Quality &amp; Risk Management as being the medical procedure _____.</p> <p>Further observation of suite #300, revealed desks were stored in the hallway.</p> <p>Further observation of the facility revealed two lockers. _____ One of the lockers _____ had an area of space. The area of space was identified by the Director of Quality &amp; Risk Management as _____.</p>	A 100	<p>During the tour of suite 300, a _____ was described to the inspector that it was going to be used by the physician for counseling/medical abortion purposes. That was in error. The room is actually a storage _____ (please see picture attached) #1</p> <p>The desk has been removed from the hallway and placed in storage. _____ (please see picture attached) #2</p> <p>Area of space in the locker _____ now has a _____ curtain for patient privacy.</p>	

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Agency for Health Care Administration		(02) MULTIPLE CONSTRUCTION	(03) DATE SURVEY COMPLETED
(01) STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(04) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13860135	A. BUILDING:  B. WING:	06/03/2015

NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD OF SOUTH FLORIDA	STREET ADDRESS, CITY, STATE, ZIP CODE 585 NW 151 ST MIAMI, FL 33169
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(04) 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)	(05) COMPLETE DATE
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A 100	Continued From page 2  a space that will have a curtain so the patients can change. The curtain had not been set up.  Further observation of the facility revealed two men inside of the recovery up cabinets.  On 6/3/2015 at 12:11 PM, the Director of Quality & Risk Management stated that the men will place the desk inside of the medical procedure room and that the curtain for the changing area of the locker room will be set up so the patients can change in the locker room. When asked if the patients will be given a gown to change into, the Director of Quality & Risk Management stated not necessary, they will undress waist down in the procedure	A 100	(please see picture attached) #3  The men constructing the furniture will not be on site during business hours. #4 (please see picture attached) Gowns will be available to patients who request them.           The Health Center supervisor will, on a regular basis, review the areas of concern and report back to her supervisor on the continued compliance.           Compliance can be guaranteed as of 6/15/15	
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RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

1, 2015

Administrator  
Planned Parenthood Of South Florida & The Treasure  
585 Nw 161 St  
Miami, FL 33169

Dear Administrator:

This letter reports the findings of an Initial licensure survey that was conducted on \_\_\_\_\_, 2015 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this faxed report**. You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than \_\_\_\_\_, 2015.**

**The plan of correction must include the following:**

1. Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
2. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice.
3. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur.
4. Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change.
5. Ensure that no protected or other confidential information (i.e., resident or staff names) are included in the plan.
6. State the completed date; the date that the facility identifies compliance can be achieved, which must be after the exit date.
7. You must sign the bottom of page 1 of the statement of deficiencies; include your title and date.

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

Miami Field Office  
8333 N.W. 53rd Street, Suite 300  
Miami, FL 33166  
Phone:(305) 593-3100; Fax:(305) 593-3121  
AHCA.MyFlorida.com



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Planned Parenthood Of South Florida & The Treasure

June 9, 2015

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<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. Should you have any questions please call Faith Randolph, Registered Nurse Consultant at (305) 593-3100.

Sincerely,



Arlene Mayo-Davis  
Field Office Manager, Area 11

Enclosure: State (3020) Form