

19R-23-2011 08:37

AHCA

5610408163 P. 04  
FORM APPROVED

Agency for Health Care Administration				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13880117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD OF S FLORIDA & TR		STREET ADDRESS, CITY, STATE, ZIP CODE 1322 NW FEDERAL HIGHWAY STUVA, FL 34694		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (BACK 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	INITIAL COMMENTS  Licensure survey conducted on 03/14/2011 Planned Parenthood of S. Florida & the Treasure Coast had a deficiency found at the time of this visit.	A 000	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>RECEIVED</b></p> <p>MAR 23 2011</p> <p>BY: _____</p> </div>	
A 050	Licensure Procedures  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.  Chapter 59A-9.020(1)  A current license shall be posted in a conspicuous place within the licensed premises where it can be viewed by patients.  Chapter 59A-9.020(4), F.A.C  This STANDARD is not met as evidenced by: Based on observation, interview, and record review it was determined the clinic did not ensure a current license was posted in a conspicuous place within the licensed premises where it can be viewed by patients.  The findings include:  Upon entrance to the waiting , conducted on at approximately 10:30 AM, the clinic's current license was not observed. At this time the DORM (Director of Quality & Risk Management) invited this writer to enter the door	A 050		

AHCA Form 3020-001

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
STATE FORM

TITLE

(X6) DATE 3/23/11

40011

Continuation Sheet 1 of 2

HCR-23-2011 09137

AHCA

5618400163 P. 05  
FORM APPROVED

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13980117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  03/14/2011
NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD OF FLORIDA & TR			STREET ADDRESS, CITY, STATE, ZIP CODE 1322 NW FEDERAL HIGHWAY STUART, FL. 34994		
(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  that leads to the reception area and serves as a "hub" to offices, laboratory area, and exam The DQRM was asked where the current license was posted. She looked around and then proceeded to walk to the laboratory area. She returned with a framed current license. She then pointed to a nail on the wall, approximately 8-10 feet behind the receptionist window and stated that is where the clinic usually has it posted. She stated it must have been taken down for cleaning. This writer explained that even if the current license was posted on the wall, where the nail is located (about 6 + feet in height), that it would still not be in a conspicuous place for all patients to see.	A 050			



RICK SCOTT  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
INTERIM SECRETARY

....., 2011

Administrator  
Planned Parenthood Of S Florida & Treasure Coast  
1322 Nw Federal Highway  
Stuart, FL 34994

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on ....., 2011 by a representative from 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 report. All deficiencies shall be corrected no later than ....., 2011.**

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/jw  
Enclosure(s)

TBB2

