

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960116	(X3) DATE SURVEY COMPLETED 04/28/2017
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF S FLORIDA & TREASURE COAST	STREET ADDRESS, CITY, STATE, ZIP CODE 8177 GLADES ROAD, BAY 25 BOCA RATON, FL 33434	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - INITIAL COMMENTS

An unannounced relicensure survey was conducted on _____ at Planned Parenthood of South East and North Florida, License # 910. The facility had a deficiency at the time of the visit.

Z818 - Minimum Licensure Requirement - Client Notice - 408.810(5) FS

Based on observation, record review, and interview, the facility failed to provide the statewide toll-free telephone number for reporting complaints to clients in a manner that is clearly legible and includes the words "To report a complaint regarding the services you receive, please call toll-free (phone number)", the facility failed to provide the statewide-toll-free telephone number for the central hotline to clients in a manner that is clearly legible and includes the words "To report _____, neglect, or _____, please call toll-free (telephone number)", the facility failed to provide an agency written description of medicaid fraud and the statewide toll-free telephone number for the central medicaid fraud hotline to clients in a manner that is clearly legible and includes the words "To report suspected medicaid fraud, please call toll-free (phone number)".

The findings included:

During an interview with the Health Center Supervisor on _____ at approximately 3:00 PM, she stated that written notice regarding reporting _____, neglect, _____, complaints, and medicaid fraud was provided to clients at the time of registration for their clinic visit, and she explained that additional written information provided to clients for their review and signature was attached to clipboards during the interview. Review of the written information attached to a clipboard reveals that there was no evidence of documentation of notice regarding reporting _____, neglect, _____, complaints, or medicaid fraud. A memorandum also attached to the clipboard documented "Please read, review, and feel free to ask staff questions, or to request a copy of a form". The Health Care Supervisor stated that the notice regarding reporting _____, neglect, _____, complaints and medicaid fraud was only printed and provided to clients, based on their request. She stated that she was not aware that the written notice was not attached to the clipboard, and stated that the last time she had seen the notice attached to the clipboard was approximately 1 week ago. Observation on _____ at approximately 3:15 PM revealed that a written notice affixed to the wall in the lobby of the facility documented information regarding reporting _____, neglect, complaints, and medicaid fraud; however the Health Center Supervisor acknowledged that the information was not provided to clients, as mandated.

Class III
Severity/Scope = 2/1