

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2022
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF SOUTHWEST AND CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 6418 COMMERCE PARK DR FORT MYERS, FL 33966
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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 relicensure survey was conducted at Planned Parenthood of Southwest and Central Florida, an clinic in Fort Myers, Florida.</p> <p>The following is a description of the deficiencies.</p>	A 000		
A 154 SS=D	<p>59A-9.0225(5), FAC Clinic Suppl/eqt-2nd Trimest-Sterilization Eq</p> <p>59A-9.0225 Clinic Supplies and Equipment Standards for Second (5) Sterilization Equipment. Sterilizing equipment of adequate capacity shall be available to properly sterilize instruments and materials. The sterilizing equipment shall have approved control and safety features.</p> <p>This Statute or Rule is not met as evidenced by: Based on interviews and review of the quality control testing logs the (used to the probe), concentration was ineffective. The clinic failed to ensure 1 of 2 high-level logs provided evidence of the meeting the level of concentration to appropriately</p> <p>High-Level Cidex OPA ...Chapter 17 probes are classified as semi-critical devices and require high-level between patients ... Quality Control ...Revital-Ox Resert Solution Test Strip ...to be performed Each day before processing cycle ...</p> <p>The findings include:</p> <p>The clinic uses a High-Level system, Cidex OPA, to the probes between patients.</p>	A 154		

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

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A 154	<p>Continued From page 1</p> <p>On _____ at 5:30 p.m., a tour of the clinic including two examining rooms and one room identified as the _____ room revealed the clinic has 3 _____ machines. No documentation was found which showed the date and time the _____ probes were last _____.</p> <p>During interview on _____ at 5:45 p.m., with Health Center Assistant and Center Quality Risk Manager, the Center Quality Risk Manager confirmed the _____ room and the _____ machine was used yesterday. There is a Cidex OPA _____ system in the room with a Quality Control Testing Log which shows Pass/Fail showing the _____ effectiveness. The last date noted on the log was _____.</p> <p>The Center Quality Risk Manager confirmed the _____ solution should have been tested and the results documented on _____, noting the _____ effectiveness. She confirmed the _____ probes did not have a log _____ documenting the probes were _____ between patients.</p>	A 154		