

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/26/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>AMERICAN FAMILY PLANNING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6115 VILLAGE OAKS DRIVE PENSACOLA, FL 32504</b>		
(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 000}	INITIAL COMMENTS  An unannounced revisit survey was conducted on . . . . . at American Family Planning. This was the 2nd revisit to the licensure survey originally completed on . . . . . At the time of the revisit, previously cited deficiencies were found not corrected.	{A 000}			
{CZ817} SS=E	408.810( ) FS; 59A-35.100(1) FAC Minimum Licensure Requirement - Inform AHCA  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.  (3) Unless otherwise specified in this part, authorizing statutes, or applicable rules, any information required to be reported to the agency must be submitted within 21 calendar days after the report period or effective date of the information, whichever is earlier, including, but not limited to, any change of: (a) Information contained in the most recent application for licensure. (b) Required insurance or bonds. (4) Whenever a licensee discontinues operation of a provider: (a) The licensee must inform the agency not less than 30 days prior to the discontinuance of operation and inform clients of such discontinuance as required by authorizing statutes. Immediately upon discontinuance of operation by a provider, the licensee shall surrender the license to the agency and the license shall be canceled. (b) The licensee shall remain responsible for retaining and appropriately distributing all records	{CZ817}			

AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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{CZ817}	<p>Continued From page 1</p> <p>within the timeframes prescribed in authorizing statutes and applicable rules. In addition, the licensee or, in the event of . . . or dissolution of a licensee, the estate or agent of the licensee shall:</p> <ol style="list-style-type: none"> <li>1. Make arrangements to forward records for each client to one of the following, based upon the client's choice: the client or the client's legal representative, the client's attending physician, or the health care provider where the client currently receives services; or</li> <li>2. Cause a notice to be published in the newspaper of greatest general circulation in the county in which the provider was located that advises clients of the discontinuance of the provider operation. The notice must inform clients that they may obtain copies of their records and specify the name, address, and telephone number of the person from whom the copies of records may be obtained. The notice must appear at least once a week for 4 consecutive weeks.</li> </ol> <p>59A-35.100 Minimum Licensure Requirements. Provider location. A licensee must maintain proper authority for operation of the provider at the address of record. If such authority is denied, revoked or otherwise terminated by the local zoning or code enforcement authority, the Agency may deny or revoke an application or license, or impose sanctions.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review, staff interview and communication with the Agency for Healthcare Administration (AHCA) licensure unit, the clinic failed to notify the licensure unit regarding a change in medical director and a change in transfer agreement. The clinic failed to notify the licensure unit of the Medical Director from</p>	{CZ817}			

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{CZ817}	<p>Continued From page 2</p> <p>..... through ..... The clinic continued to report a current transfer agreement with a hospital despite findings from ..... that the agreement was no longer valid.</p> <p>The findings include:</p> <p>During the licensure survey of ....., the following was found: A review of the application for ..... clinic licensure, dated ....., identified physician H as the clinic Medical Director. A review of correspondence dated ..... from physician H revealed that physician H had removed himself as Medical Director effective ....., A review of the policy and procedure manual included a cover page, signed on ....., which indicated that the current Medical Director was Physician L. On ..... at approximately 11:21 AM, a telephone interview was conducted with the current Medical Director, physician L, who verified that she was the current Medical Director of American Family Planning in Pensacola, Florida. The Medical Director stated that she started there on ....., and took over from physician J who was the previous Medical Director.</p> <p>During a previous licensure survey on ....., a transfer agreement dated ..... between the clinic and a local hospital (hospital A) was provided for review. Hospital A was contacted to verify that the contract was current and remained in effect. The hospital Risk Manager and the Director of Contracts, stated on ..... at 1:02pm that the hospital does not have any transfer agreements with the clinic or with the Medical Director.</p> <p>On ....., a review of transfer agreements was conducted. The clinic continued to have on</p>	{CZ817}		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**AMERICAN FAMILY PLANNING**

**6115 VILLAGE OAKS DRIVE  
PENSACOLA, FL 32504**

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Continued From page 3

file the Agreement with Hospital A that was dated \_\_\_\_\_, despite the hospital denying the agreement in \_\_\_\_\_ of 2019.

The clinic submitted an updated application to the AHCA licensure unit on \_\_\_\_\_. A review of the application revealed that Physician L was appointed as medical director on \_\_\_\_\_. There was no indication on the application regarding who the medical director was from \_\_\_\_\_ to \_\_\_\_\_. The application continued to list that the clinic had a transfer agreement with Hospital A.

Communication with a representative of the licensure unit on \_\_\_\_\_ at 9:41 AM found that no updated information on hospital transfer agreements had been submitted to the licensure unit. The representative confirmed that the application submitted on \_\_\_\_\_ continued to list that the clinic had a transfer agreement with Hospital A. The representative stated the application identified the medical director as Physician L, and listed the effective date of the \_\_\_\_\_ as \_\_\_\_\_. Per the licensure unit's records, the previous medical director resigned \_\_\_\_\_ and no documents had been submitted that identified a medical director between \_\_\_\_\_ and \_\_\_\_\_.

On \_\_\_\_\_ at approximately 11:30am, an interview was conducted with the Director of Operations/Office Manager (DO). The DO was unable to identify who the Medical Director was from \_\_\_\_\_ through \_\_\_\_\_, but stated that they had physician #I who had left at the end of \_\_\_\_\_ and physician #J left at the end of \_\_\_\_\_. She could not explain why Hospital A remained on the application as having a current transfer agreement with the clinic. She stated that

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{CZ817}	Continued From page 4  the Administrator dealt with the application process. The Director of Operations stated that she would let the Administrator know of the concerns.  Class III	{CZ817}		