Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13910012	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPOC CLINIC, LLC	609 VIRGINIA DRIVE ORLANDO, FL. 32803

(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 A Relicensure survey was conducted on EPOC Clinic, LLC had a deficiency found at the time of the visit.	A 000	16 2013	
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 and interview, the facility failed to ensure that a current license was posted in a conspicuous place within the premises where it could be viewed by all patients. Findings: During a tour of the facility at approximately 9:46 AM on , the facility's license was observed in an office area which was not in full view of all	A 050	6.19.13 A 050 PURSUANT TO CH. 59A-9.020(4) FAC THE CLINIC LICENSE HAS BEEN RELOCATED FROM THE PATIENT INTAKE OFFICE TO THE FRONT DESK RECEPTION AREA WHERE IT CAN BE VIEWED BY ALL PATI TS. THIS ACTION IMMEDIATELY CORRECTED ON 6.18.13. CLINIC ADMINISTRATOR IS RESPONSIBLE FOR ASSURING COMPLIANCE AND WILL MONITOR DAILY.	

AH_ Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 7.16.13

STATE FORM 6899 GDLK11 If continuation sheet 1 of 2

7/16/13. J.G.

spoke c Linda re: correction date 6 to 6/19/13 JHC

Agency for Health Care Administration

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13910012	A. BUILDING: _____ B. WING _____	06/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPOC CLINIC, LLC	609 VIRGINIA DRIVE ORLANDO, FL 32803

(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 patients. During an interview of the administrator at this time, she confirmed the finding.	A 050		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Epoc Clinic, LLC
609 Virginia Drive
Orlando, FL 32803

Re: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on , 2013 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 report. All deficiencies shall be corrected no later than 2013.**

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 surveyor. Should you have any questions please call Theresa DeCanio at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC/at
Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998