

PRINTED: 12/08/2010  
FORM APPROVED

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13960039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  11/30/2010
NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD OF SOUTHWEST AND			STREET ADDRESS, CITY, STATE, ZIP CODE 736 CENTRAL AVENUE SARASOTA, FL 34236		
(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  These are the results of the Relicensure and expansion survey conducted on 11/30/10 at Planned Parenthood of Southwest and Central Florida, an Abortion Clinic (AC).	A 000			
A 151	Clinic Supplies/equip. Stand.-2nd Trimester  Emergency equipment shall be provided for immediate use, maintained in functional condition, and capable of providing at least the following services:  (a) Inhalation therapy  (b) Defibrillation  (c) Cardiac monitoring  (d) Suctioning  (e) Maintenance of patient airway  Chapter 59A-9.0225(2), F.A.C.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure emergency equipment was provided for immediate use, maintained in functional condition and capable of providing defibrillation.  This is evidenced by:  During a tour of the facility on 11/30/10 at 11:00 a.m., the Medical Director stated they did not have the defibrillator at this time. Observation during the tour of the facility revealed there was no defibrillator.	A 151	          A 151- A defibrillator was ordered on December 10, 2010, and arrived in the clinic on December 11, 2010. Staff and volunteers were informed of the existence and the purpose of the defibrillator at our 2 <sup>nd</sup> trimester training on D 2010. Staff responsible for using the defibrillator will receive training on the equipment prior to performing 2 <sup>nd</sup> trimester procedures.	12/15/10	

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6005

SSTG11

If continuation sheet 7 of 8

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A 151	Continued From page 1 Correction Date: 12/30/10	A 151		
A 202	Clinic Personnel-2nd Trimester  Orientation. Each facility shall have and execute a written orientation program to familiarize each new staff member, including volunteers, with the facility and its policies and procedures, to include, at a minimum, fire safety and other safety measures, medical emergencies, and infection control.  In-service Training. In-service training programs shall be planned and provided for all employees including full time, part time and contract employees, at the beginning of employment and at least annually thereafter and will also apply to all volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually, and for surgical assistants and volunteers, must include training in counseling, patient advocacy and specific responsibilities associated with the services they provide: (a) Infection control, to include at a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene and hand washing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members. (b) Fire protection, to include evacuating patients, proper use of fire extinguishers, and procedures for reporting fires; (c) Confidentiality of patient information and records, and protecting patient rights; (d) Licensing regulations; and (e) Incident reporting.	A 202	see page 3 of 6	

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A 202	Continued From page 2  Chapter 59A-9.023,(4) and (5), F.A.C.  This STANDARD is not met as evidenced by: Based on procedure review and interview, the facility failed to ensure each each new staff member, including volunteers, received orientation and/or training with the facility and its policies and procedures specific to second trimester abortions.  The findings include:  During an interview on 11/30/10, the Medical Director confirmed staff had not had orientation to the second trimester abortion procedures. She stated the orientation was scheduled sometime in December. Correction Date: 12/30/10	A 202	A 202- In-service training on 2 <sup>nd</sup> trimester regulations took place for all staff and volunteers responsible for working in the clinic, on December 10, 2010. The following topics were covered: *Infection control *Fire safety *Confidentiality- medical records *State licensing regulations *Incident reporting *OSHA *HIPAA *Medication Abortion training *Emergency protocols *Equipment- Defibrillator *Job position responsibilities *Patient advocacy *Obtaining informed consent	12/15/10
A 250	Clinic Policies/Procedures-2nd Trimester  An abortion clinic providing second trimester abortions shall have written policies and procedures to implement policies and to assure that quality patient care shall relate specifically to the functional activities of clinic services. These written procedures shall apply to second trimester abortions and shall be available and accessible to clinic personnel and shall be reviewed and approved annually by the clinic's medical director. These clinic policies and procedures shall include but not be limited to the following: (1) Patient admission; (2) Pre- and post-operative care; (3) Physician 's orders, (4) Standing orders with required signatures; (5) Medications, storage and administration; (6) Treatments; (7) Surgical asepsis;	A 250	see page 4 of 6	

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A 250	<p>Continued From page 3</p> <p>(8) Medical asepsis; (9) Sterilization and disinfection; (10) Documentation: Medical records and facility records; (11) Patient discharge; (12) Patient transfer; (13) Emergency measures; (14) Incident reports; (15) Personnel orientation; (16) Inservice education record; (17) Anesthesia; (18) Equipment and supplies: availability and maintenance; (19) Volunteers; and (20) Visitors.</p> <p>Chapter 59A-9.024, F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the facility has and has executed a written orientation program to familiarize each new staff member, including volunteers, with the facility and its policies and procedures, to include, at a minimum, fire safety and other safety measures, medical emergencies and infection control. An abortion clinic providing second trimester abortions shall have written policies and procedures to implement policies and to assure that quality patient care shall relate specifically to the functional activities of clinic services. These written procedures shall apply to second trimester abortions and shall be available and accessible to clinic personnel and shall be reviewed and approved annually by the clinic's Medical Director.</p> <p>The findings include:</p>	A 250	<p>A 250- 2<sup>nd</sup> trimester Policies and Procedures were written and implemented by Planned Parenthood of Southwest &amp; Central Florida. All staff and volunteers of PPWCF involved in providing second trimester services were trained on the policies on December 15 2010. Staff was provided an opportunity to review the Policies &amp; Procedures and have their questions regarding the P&amp;P answered. The P&amp;P includes the following topics:</p> <ul style="list-style-type: none"> <li>*Patient admission</li> <li>*pre and post operative care</li> <li>*Physicians orders</li> <li>*standing orders</li> <li>*Medications- Storage and administration</li> <li>*Treatments</li> <li>*Surgical asepsis</li> <li>*Medical asepsis</li> <li>*Sterilization and disinfection</li> <li>*Documentation- Medical and facility records</li> <li>*Patient discharge</li> <li>*Patient transfer</li> <li>*Emergency measures</li> <li>*Incident reports</li> <li>*Personnel orientation</li> <li>*In-service education documentation</li> <li>*Equipment and supplies maintenance</li> <li>*Volunteers &amp; Visitors</li> </ul>	12/15/10	

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A 250 Continued From page 4  
During an interview with the Medical Director on 11/30/10 at 1:00 p.m., she confirmed the facility did not have the policy and procedures in place at thi

Correction Date: 12/30/10

A 250

A 300 Medical Screening/Eval.-2nd Trimester  
Each abortion clinic that provides second trimester abortions shall formulate and adhere to written patient care policies and procedures designed to ensure professional and safe care for patients undergoing second trimester abortions and shall maintain a medical record for each such patient that records history, care and services. These patient care policies and procedures, for patients undergoing second trimester abortions, shall include but not be limited to the following:

(a) Admission criteria and procedures;

(b) Identification in the medical record of physician(s) and nurse(s) involved in providing the services offered for patients undergoing second trimester abortions;

(c) Specific details regarding the pre-operative procedures performed, to include:

1. History and physical examination, to include verification of pregnancy, estimation of gestational age, identification of any preexisting conditions or complications, including allergies to medication, antiseptic solutions, or latex; a complete obstetric and gynecological history.
2. Special examinations, lab procedures, and/or consultations required, to include ultrasonography to confirm gestational age and a physical examination including a bimanual examination

A 300

A 300- Implemented 2<sup>nd</sup> trimester Policies and Procedures to include: 12/15/10  
\* History form updated to include all antiseptic solutions. All other requirements currently exist in our first trimester P&P and have been incorporated into our 2nd trimester P&P.

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A 300	<p>Continued From page 5</p> <p>estimating uterine size and palpation of the adnexa. The physician shall keep original prints of each ultrasound examination of a patient in the patient's _____ story file. For an abortion in which an ultrasound examination is not performed _____ abortion procedure, urine or blood tests for pregnancy shall be performed _____ the aborti_____ure.</p> <p>Chapter 59A-9.025(1), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on review of policies and procedures and interview, the facility failed to ensure they had written patient care policies and procedures designed to ensure professional and safe care for patients undergoing second trimester abortions.</p> <p>Findings include:</p> <p>During an interview with the Medical Director on 11/30/10 at 1:00 p.m., she confirmed this had not be _____ at this time. Review of the policies and procedures revealed they did not contain the required information.</p> <p>Correction Date: 12/30/10</p>	A 300			



CHARLIE CRIST  
GOVERNOR

ELIZABETH DUDEK  
INTERIM SECRETARY

, 2010

Administrator  
Planned Parenthood Of Southwest And Central Florida  
736 Central Avenue  
Sarasota, FL 34236

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2010 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 faxed report**. You will not receive a copy of this report in the mail, you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2010.**

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.shtm> 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 this office at (239) 335-1315.

Sincerely,

A handwritten signature in black ink, appearing to read "Harold D. Williams".

Harold D. Williams  
Field Office Manager

sn  
Enclosure: State Form

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



Fort Myers Field Office  
2295 Victoria Avenue,  
Fort Myers, FL 33901  
Phone (239) 335-1315; Fax (239) 338-2372

## AGENCY FOR HEALTH CARE ADMINISTRATION

### INSTRUCTIONS FOR PLAN OF CORRECTION

Please review the following Prior to completing the Plan of Correction section of AHCA 3020-0001

1. Prepare your reply by using a typewriter or computer to ensure legibility.
2. Note that each deficiency is consecutively numbered with an ID Prefix tag. This tag number is repeated in column #3, and your plan of correction (POC) should begin opposite the number.
3. The POC must be specific and realistic, have reasonable time frames based on dates discussed during the exit conference and state exactly how the deficiency was (or will be) corrected. Stating simply that "staff will be trained" is not acceptable. An acceptable POC might state that "staff were trained regarding policy and procedure, before and after tests were given, daily staff monitoring will be performed, staff will be re-evaluated in one month, then quarterly."
4. POC's should address the problem and be aimed at correction in a systematic sense, as opposed to correcting an example or an isolated problem.
5. The plan may not be argumentative. Generalized, unsubstantiated arguments are not acceptable. A deficiency may be disputed provided it is supported by factual attached documentation. For example, attached is the controlled substance verification log which has the date, time and signature of oncoming and outgoing nurses who have counted controlled substances.
6. The responsibility for correction and ongoing monitoring should be assigned to a specific position to preclude recurrence.
7. You must sign the bottom of page 1 of the statement of deficiencies, include your title and date.

After the completed POC is received, it will be evaluated. Failure to submit a timely report may result in a finding of non-compliance.