

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960137	(X3) DATE SURVEY COMPLETED 01/25/2019
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL	STREET ADDRESS, CITY, STATE, ZIP CODE 236 E BEARSS AVE TAMPA, FL 33613	

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

0000 - INITIAL COMMENTS

An unannounced Re-Licensure Survey was conducted at Planned Parenthood of Southwest and Central Florida, an abortion clinic, on 1/25/18.

The facility had deficiencies at the time of the survey.

License #927

0600 - Clinical Records - 59A-9.031(1), FAC

Based on record review, policy review and staff interviews it was determined the facility failed to maintain a complete and accurate medical record for one (Patient #2) of 10 sampled patients.

Findings included:

The medical record for Patient #2 included ED Provider Notes from a hospital emergency department (ED) dated 1/25/18 at 3:10 p.m. The records included documentation the hospital faxed the notes to this facility on 1/25/18. The ED Provider notes indicated the history was obtained from the patient. The ED physician documented Patient #2 had a past medical history of (), , and . The notes indicated Patient #2 had a recent history of left upper extremity () for which she was receiving () injections twice daily administered by home health nurses. The records included Patient #2 had vital signs checked at 1:59 p.m., 5:46 p.m. and 7:44 p.m. The pulse was stable in the low to mid-80's and the saturation was stable at 100% on the first two checks and 99% on the last check. The ED provider notes indicated Patient #2 was treated for resulting from and was discharged home in stable condition on 1/25/18 at 7:03 p.m.

The medical record for Patient #2 indicated she presented to the clinic on 1/25/18 at 10:40 a.m. for elective termination of . The Medication Review Details dated 1/25/2018 at 10:40 a.m. indicated the home medications for Patient #2 included 1 milligram per kilogram (mg/kg) injected every 12 hours.

The Past Medical Surgical History Grid (not separately dated or timed from the indicated encounter time of 1/25/18 at 10:40 a.m.) indicated Patient #2 had a past history of , the patient was hospitalized for during her last and was hospitalized two days ago for .

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The Physical Exam Findings (not separately dated or timed from the indicated encounter time of /18 at 10:40 a.m.) indicated the physician examined Patient #2 for three body areas: Constitutional, Exam, and . The physician documented normal findings for each examined area. The physician documented Patient #2's risk was 2 out of a possible 6, indicating Patient #2 had mild systemic with no functional limitations and a well-controlled . The detailed review of the record failed to reveal evidence the physician had auscultated the patient's or . There was no evidence of any evaluation of the condition related to the patient being maintained on an injectable ().

The section of the report labeled Vital Signs included one entry dated /18 at 11:27 a.m. The patient's pulse was 127 with no indication of the rhythm. Pulse oximetry was 96% and respirations were 16 breaths per minute.

The notes included documentation the procedure began at 11:39 a.m. and ended at 11:42 a.m. (not separately dated or timed from the indicated encounter time of /18 at 10:40 a.m.). The notes indicated Patient #2 had stable vital signs throughout the procedure and the procedure was completed without difficulty or complication. The section labeled Recovery contained the notation "Arrived via ambulate" (not separately dated or timed from the indicated encounter time of /18 at 10:40 a.m.). The section labeled Discharge/Plan of Care (not separately dated or timed from the indicated encounter time of /18 at 10:40 a.m.) included documentation Patient #2 was discharged in good condition. Patient is ambulatory.

The notes were electronically signed by the attending physician on /18 at 4:33 p.m.

The Emergency Transfer to Hospital Emergency Department dated /18 (no time documented) and signed by the attending physician indicated Patient #2 was unstable and required transfer to acute care due to being (rapid rate over) and . The hand-written notes included the patient's pulse was and saturation was 97%. The patient's blood pressure and respirations were not documented. The Pertinent Medical History was documented as: history of , held for the last 24 hours.

The review of the record failed to reveal documentation of the method of transfer, the time of the patient's departure, or the name of the facility to which the patient was transferred.

A request to produce the facility policies and procedures related to required elements of the medical record in general, and the physical examination specifically, resulted in receiving a document labeled 1.2.3 Medical Screening and Evaluation revised August 2018. The document indicated the History must

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include screening to identify possible contraindications and/or special conditions.

A telephone interview was conducted on 1/25/18 at 1:30 p.m. with the attending physician for Patient #2. The physician indicated she was able to view the medical record electronically concurrently with the surveyor at the time of the interview. The physician confirmed the Past Medical History was documented as negative, with the exception of _____, at the time of the patient's visit on ____/____/18 despite the patient having a known medical history of _____, _____ trait, and _____. The physician confirmed the record contained no evidence of the examination or auscultation of the patient's _____ or _____, or other basis for the determination Patient #2 was a Class II _____ risk. The physician confirmed one set of vital signs reporting a pulse of _____ did not support Patient #2's condition being assessed as stable. The physician confirmed the finding the documentation she signed indicating Patient #2 was discharged home ambulating and in stable condition following a procedure performed without difficulty or complication, was not accurate or complete.