

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ RECEIVED MIDDYYYY B. WING _____ OCT 15 2014	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF SOUTHWEST AND I	STREET ADDRESS, CITY, STATE, ZIP CODE By DIVISION OF HEALTH QUALITY ASSURANCE A08 736 CENTRAL AVENUE SARASOTA, FL 34236
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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, a licensed abortion clinic in Sarasota, Florida.</p> <p>The following is a description of the deficiencies found at the time of the visit.</p>	A 000	A 156 Clinic Supplies/equip. Stand. - 2 nd Trimester	
A 156	<p>Clinic Supplies/equip. Stand.-2nd Trimester</p> <p>Equipment Maintenance.</p> <p>(a) When patient monitoring equipment is utilized, a written preventive maintenance program shall be developed and implemented. This equipment shall be checked and/or tested in accordance with manufacturer's specifications at periodic intervals, not less than annually, to insure proper operation, and a state of good repair. After repairs and/or alterations are made to any equipment, the equipment shall be thoroughly tested for proper calibration before returning it to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance.</p> <p>(b) All _____ and surgical equipment shall have a written preventive maintenance program developed and implemented. Equipment shall be checked and tested in accordance with the manufacturer's specifications at designated intervals, not less than annually, to ensure proper operation and a state of good repair.</p> <p>(c) All surgical instruments shall have a written preventive maintenance program developed and implemented. Surgical instruments shall be cleaned and checked for function after use to ensure proper operation and a state of good</p>	A 156	<p>(a)(b)(c) PPSWCF Preventive Maintenance program is located in ARMS _____ Prevention Manual, pages 2 - 1 through 2- 25 and identified in PPSWCF Policy 020, Integrated Quality Management and Risk Management; section C (Equipment Maintenance and Quality Control). Newly developed Preventive Maintenance Program tracker (see attached) will be used to track monthly inspection/cleaning, as well as testing for proper calibration before returning to service after repair/external service, this tracker is located: _____ Prevention & Control/Equipment Preventive Maintenance Program), and will be monitored quarterly by Quality Risk Management Team (QRM) team to ensure compliance.</p> <p>_____ machine was serviced on _____ and will receive annual servicing per manufacture's specifications.</p> <p>In addition, education was provided to inform /educate staff on autoclave maintenance and _____ control through new policies, and in-servicing with signed acknowledgements, completion certificates, and signs in sheets which were then added to the education tracking tool maintained by human resources (HR). This education, in addition to other required education will be provided at time of hire and annually. This will be tracked by Human Resources and this Plan of Correction will be reviewed at a minimum quarterly or as often as needed by the QRM team to ensure ongoing compliance with new hire and annual education. Policies and procedures will be reviewed annually or as often as needed to ensure compliance and accuracy.</p> <p>Complete Date: _____</p>	

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

Mary Beth M. Gorton

TITLE
Director of QRM

(X6) DATE
10/9/14

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER PLANNED PRNTHOOD OF SOUTHWEST AND I	STREET ADDRESS, CITY, STATE, ZIP CODE 736 CENTRAL AVENUE SARASOTA, FL 34236
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A 156	<p>Continued From page 1</p> <p>repair.</p> <p>Chapter 59A-9.0225(7), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on observation during the clinic tour and staff interview, the clinic failed to provide a written preventive maintenance program for the autoclave sterilization machine, the patient monitoring equipment, and the _____ equipment. The clinic failed to follow the manufacturer's specifications for periodic checking and testing to insure proper operation, and failed to provide documentation of a maintenance program for the equipment.</p> <p>The findings include:</p> <ol style="list-style-type: none"> The clinic has two autoclave sterilization machines, both use steam sterilization. <p>An interview was held on _____ at 11:00 a.m., with the Health Center Assistant who stated, "I don't do the weekly or the every two month cleaning and maintenance checks as noted by the manufacturer." She said the one autoclave just returned to the clinic last week. She said the machine has been in repair for a year.</p> <p>During an interview on _____ at 11:30 a.m., the Vice President of Clinical Business Operations stated, "No, we do not have a log noting the cleaning schedule for the autoclaves."</p> <ol style="list-style-type: none"> During the clinic tour it was observed the clinic has two _____ machines. The clinic was not able to provide documentation of checking in accordance with manufacturer's specifications at periodic intervals, not less than annually. 	A 156		
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A 156	Continued From page 2 During an interview on _____ the Director of Patient Services confirmed that annual maintenance records were not available.	A 156		
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 _____ 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) _____ control, to include at a minimum, universal precautions against _____ borne general sanitation, personal hygiene such as hand washing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting a _____ to patients or other staff members. (b) Fire protection, to include evacuating patients, proper use of fire extinguishers, and procedures for reporting fires;	A 202	A 202 Clinic Personnel – 2 nd Trimester (a)(b)(c) Orientation/ In-Service Training. Education was provided to inform/educate staff on: safety, autoclave maintenance, _____ control, incident reporting, licensing requirements, required reporting, HIPAA, counseling, patient advocacy, specific responsibilities associated with the services provided and safety through completion of annual trainings (CALs), new policies, and in-servicing with signed acknowledgements, completion certificates, and sign in sheets which were then added to the education tracking tool maintained by human resources (HR). The Quality Director/designee was and will continue to be responsible to ensure required trainings and education are provided to all staff and tracked appropriately through HR. All changes were reviewed and approved through the QRM Team. This Plan of Correction will be reviewed at a minimum quarterly or as often as needed by the QRM team to ensure ongoing compliance with new hire and annual education. Policies and procedures will be reviewed annually or as often as needed to ensure compliance and accuracy. Completion Date	

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A 202. Continued From page 3

- (c) Confidentiality of patient information and records, and protecting patient rights;
- (d) Licensing regulations; and
- (e) Incident reporting

Chapter 59A-9.023,(4) and (5), F.A.C.

This STANDARD is not met as evidenced by: Based on observation and staff interview, the clinic failed to ensure annual in-services was conducted at least annually for all employees including full time, part time, volunteers and contract employees.

The findings included:

During an interview on _____ at 1:30 p.m., the Vice President Clinical Business Operations stated, "We do an orientation with new hirers, we do not have records reflecting the required annual in-services."

The clinic failed to provide documentation of having annual an in-service program.

A 202



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

25, 2014

Administrator
Planned Parenthood of Southwest and Central Florida
736 Central Avenue
Sarasota, Florida 34236

RE: Relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) 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 2014.**

The plan of correction must include the following:

1. Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
2. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice.
3. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur.
4. Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change.
5. Ensure that no protected or other confidential information (i.e., resident or staff names) are included in the plan.
6. State the completed date; the date that the facility identifies compliance can be achieved, which must be after the exit date.
7. You must sign the bottom of page 1 of the statement of deficiencies; include your title and date.

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

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

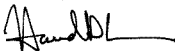


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SlideShare.net/AHCAFlorida

<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(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,



Harold D. Williams
Field Office Manager

HW:ss

Enclosure: State (3020) Form