STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AC13960108	01/16/2018
NAME OF PROVIDER OR SUPPLIER **PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **726 SOUTH TAMPA AVENUE** **ORLANDO, FL 32805**	

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

0000 - INITIAL COMMENTS

A relicensure survey was completed on . Planned Parenthood of Southwest and Central Fl, License #901, had deficiencies found at the time of the visit.

0153 - Clinic Suppl/eqt-2d Trimes-Resuscitative Meds - 59A-9.0225(4), FAC

Based on observation, interview and a review of facility documentation, the facility failed to ensure that a crash cart included non-expired emergency medications to support procedures performed as determined by the medical director through policy.

Findings:

During a tour of the facility on at approximately 11:39 AM, the crash cart was inspected. Inside were two 1 milliliter (ml.) vials of " , - 0.4 milligrams(mg.)/ml. Each vial had an expiration date on the label of " 17".

A review of facility policy "Recommended List of Emergency Medications and Supplies for Centers Providing Surgical Services" revealed the following regarding , . A review of the document "Weekly Emergency Box Inventory for Centers Providing Surgical Services," which was part of the "Manual of Medical Standards and Guidelines", revealed the following quantity requirement: " , 0.4 mg./ml. 1 ml. vials - Cart: 2."

A review of facility policy "Pharmaceuticals" revealed the following: "On a monthly basis, Health Center Manager or designee will check medications....for expiration dates and remove from stock medications that are expired. Emergency cart or box medications will be checked weekly by registered nurses or clinicians and expired medications removed."

On at 1:03 PM, the Senior Director of Patient Services confirmed that the Medical Director had approved this requirement in policy and she confirmed the finding that the facility was in violation of the policy.

0302 - Medical Screening/eval.-2nd Tri-Lab Eq/Suppl - 59A-9.025(3), FAC

Based on observation, interview and a review of facility documentation, the facility failed to ensure that refrigerators for the storage of specimens were maintained solely for this designated function and in accordance with the facility's policy.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AC13960108	**01/16/2018**
NAME OF PROVIDER OR SUPPLIER **PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **726 SOUTH TAMPA AVENUE** **ORLANDO, FL 32805**	

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

On at approximately 11:45 AM, the refrigerator in the lab area was inspected. On the outside of the refrigerator, a sign was posted which read, " - stored above all other items. Unopened medications - Rhogam; Nuvaring; Ora Quick....Collected cultures. Patient draws. Reagents/Controls." Inside of the refrigerator, the following items were observed on the top shelf: one box with 10 0.5 milliliter (ml.) vials of " , 9-valent ", and nine 0.1 ml. pre-filled micro-injection syringes of . Also observed in the same refrigerator in the bottom drawer were the following patient laboratory samples, each in sealed plastic bag: four samples for , and testing, and one sample for , and Syphillis testing.

The facility policy "Work Practice Controls" read, "Separate refrigerators should always be used for food, medications and patients' clinical specimens such as or ." Thus, the facility was in violation of this policy.

During an interview of the Senior Director of Patient Services on at approximately 12:42 PM she confirmed the findings, and that the policy had not been followed.