

# Notice of Activity without Proper Licensure

August 5, 2015

Planned Parenthood of SW & Central Florida 8950 Martin Luther King St. St. Petersburg, FL 33702

The Agency for Health Care Administration (Agency) has determined that this facility is providing services beyond the scope of the license. This notice will serve as the official notification from the agency substantiating findings to support this facility is providing services beyond the scope of the license.

Under Florida law, it is unlawful for any person or entity to: own, operate, or maintain an unlicensed provider; or perform any services that require Agency licensure without proper licensure; or offer or advertise services that require Agency licensure to the public without first obtaining a valid license from the Agency. An existing license holder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license.

Any person and entity that fails to immediately cease operation of an unlicensed provider is subject to the penalties set forth under Florida law. Each violation is a separate offense.

If you have any questions regarding this Notice of Activity without Proper Licensure, please contact Patricia Freed at 727-552-2000.

Sincerely,

Patricia Reid Caufman Field Office Manager



Agency for Health Care Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING 08/05/2015 AC13960082 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8950 DR MLK JR STREET NORTH PLANNED PARENTHOOD OF SW & CENTRAL INC SAINT PETERSBURG, FL 33702 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (FACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) A 000 A 000 **INITIAL COMMENTS** An unannounced monitoring visit was completed on 7/31/2015 at the facility. Additional information was received on 8/5/2015. The following deficient practice was found. A 050 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, interview and record review, the provider failed to apply for and receive a license from the Agency prior to the acceptance of 2 out of 13 (#12, #13) sampled patients for care and treatment of second trimester procedures. Further review of reports revealed 25 out of 742 abortions performed between 7/1/14 and 6/30/15 were performed during the second trimester.

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 08/05/2015 B. WING AC13960082 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8950 DR MLK JR STREET NORTH PLANNED PARENTHOOD OF SW & CENTRAL INC SAINT PETERSBURG, FL 33702 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE, DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) A 050 A 050 Continued From Page 1 Findings include: Observation conducted on July 31, 2015 at approximately 10:00 AM revealed the provider 's license was posted on the wall with an effective date of 03/28/2015 and an expiration date of 03/27/2017. Further observation revealed the provider was licensed for first trimester abortion oniv. On July 31, 2015 at 12:30 PM, the clinic manager stated that they provide 1st trimester abortion procedures only. They consider first trimester to be up to 13.6 weeks (13weeks 6 days). A review of sampled patient #12's file revealed an abortion procedure was conducted on 4/8/15 when sampled patient #12's ultrasound gestational age was 13.4 weeks. Sampled patient #13's file revealed an abortion procedure was conducted 4/1/15 when sampled patient #13's ultrasound gestational age was 13.3 weeks. Based upon the finding of second trimester abortions performed during onsite inspection, reports were reviewed and identified 25 second trimester abortions performed between 7/1/14 and 6/30/15. On 8/5/15 at 11:05 AM a telephone interview was conducted with the Director of Compliance Quality and Risk Management for Planned Parenthood in Florida. She confirmed that she submits the reports monthly in regards to the number of weeks at which the abortion was performed. The numbers of weeks are counted from the client 's last reported menstrual period which is verified with ultra sound before the abortion takes place. When asked what gestational age is considered the end of the first trimester, she stated 13.6 weeks. She confirmed

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Agency for Health Care Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 08/05/2015 B. WING\_ AC13960082 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8950 DR MLK JR STREET NORTH PLANNED PARENTHOOD OF SW & CENTRAL INC SAINT PETERSBURG, FL 33702 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY). A 050 A 050 Continued From Page 2 that the reports she sends in monthly are the accurate number of weeks and most months will have numbers that fall into the second column range. She further explained that she uses Chapter 59A-9(14)(a) which states the first 12 weeks of pregnancy is the first 14 completed weeks from the last normal menstrual period. 408.813(3) FS Administrative Fines; Violations CZ828 CZ828 (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class IV violation. Unless otherwise specified by law, the amount of the fine may not exceed \$500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the (e) Violating a moratorium imposed pursuant to s. 408.814. This Statute or Rule is not met as evidenced by: Based upon the finding of second trimester abortions performed during an on-site inspection, reports were reviewed and identified 25 out of 742 abortions performed between 7/1/14 and 6/30/15 were performed during the second trimester. The clinic provided services beyond the scope of the license. Findings included: Observation conducted on July 31, 2015 at approximately 10:00 AM revealed the provider 's license which indicated the provider was licensed

AHCA Form 3020-0001

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	for first trimester ab	ortion only.				•	
÷	stated that they pro- procedures only. Th	12:30 PM, the clinic m vide 1st trimester abort ney consider first trimes s (13weeks 6 days).	ion			i,	
	abortion procedure when sampled patie gestational age was #13's file revealed a conducted 4/1/15 w	d patient #12's file reve was conducted on 4/8/ ent #12's ultrasound is 13.4 weeks. Sampled an abortion procedure ver then sampled patient #1 nal age was 13.3 week	15 patient was 13's				
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AHCA Form 3020-0001

RIDP11



## NOTICE OF ACTIVITY WITHOUT PROPER LICENSURE

August 5, 2015

Administrator Planned Parenthood of Southwest and Central Florida, Inc. 8595 College Parkway, Suite 250 Fort Myers, Florida 33919

#### Dear Administrator:

The Agency for Health Care Administration (Agency) has determined that this facility is providing services beyond the scope of the license. This notice will serve as the official notification from the agency substantiating findings to support this facility is providing services beyond the scope of the license.

Under Florida law, it is unlawful for any person or entity to: own, operate, or maintain an unlicensed provider; or perform any services that require Agency licensure without proper licensure; or offer or advertise services that require Agency licensure to the public without first obtaining a valid license from the Agency. An existing license holder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license.

Any person and entity that fails to immediately cease operation of an unlicensed provider is subject to the penalties set forth under Florida law. Each violation is a separate offense.

If you have any questions regarding this Notice of Activity without Proper Licensure you may contact me at (239) 335-1315.

Sincerely.

don Seehawer, RN Field Office Manager

Division of Health Quality Assurance

Area 8 Field Operations

JS/cs



FORM APPROVED Agency for Health Care Administration (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING 08/05/2015 AC13960081 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8595 COLLEGE PARKWAY SUITE 250 PLANNED PARENTHOOD OF SW & CENTRAL FL-FT # FORT MYERS, FL 33919 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 000 A 000 INITIAL COMMENTS An unannounced monitoring visit was conducted on 7/31/2015 at the facility. Additional information was received on 8/5/2015. The following deficient practice was found. A 050 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, interview and record review, the clinic failed to apply for and receive a license prior to the acceptance of 2 (#4, #5) of 5

AHCA Form 3020-0001

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

sampled patients for care and treatment of second trimester procedures. Florida Administrative Code 59A-9.019(14) definitions specific to abortion clinics include "(b) Second Trimester. That portion of a pregnancy following

TITLE

(X6) DATE

Agency for Health Care Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ B. WING 08/05/2015 AC13960081 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8595 COLLEGE PARKWAY SUITE 250 PLANNED PARENTHOOD OF SW & CENTRAL FL-FT N FORT MYERS, FL 33919 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 050 A 050 Continued From page 1 the 12th week and extending through the 24th week of gestation ..." Findings include: Observation conducted on 7/31/15 at 12:20 p.m. revealed the clinic's license was posted on the bulletin board. Further observation revealed the clinic was licensed for first trimester abortions. On 7/31/15 at 12:50 p.m., the clinic manager stated that they provide first trimester surgical procedures up to 13.6 weeks. A review of sampled patient #4's file revealed an abortion procedure was conducted when sampled patient #4's gestational age was 13.2 weeks. Sampled patient #5's file revealed an abortion procedure was conducted when sampled patient #5's gestational age was 13 weeks. On 8/5/15 at 1:04 p.m. a telephone interview was conducted with the Director of Compliance Quality and Risk Management for Planned Parenthood in Florida. She confirmed that she submits the reports monthly in regards to the number of weeks at which the abortion was performed and that the numbers of weeks are counted from the client's last reported menstrual period. When asked what gestational age is considered the end of the first trimester, she said 13 weeks, 6 days. She confirmed the reports she sends in monthly are accurate to the number of weeks and most months will have numbers that fall into the second column range. CZ828 CZ828 408.813(3) FS Administrative Fines; Violations (3) The agency may impose an administrative

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STATE FORM

CW3511

Agency for Health Care Administration

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		III, or class IV violation.				
		ecified by law, the amount of				
	the fine may not exce Unclassified violation	eed \$500 for each violation.				
		or condition of a license.				
	(b) Violating any prov	vision of this part, authorizing				
	statutes, or applicable					
	(c) Exceeding license	ed capacity. s beyond the scope of the				
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		is not met as evidenced by:				
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	stated that they prov	ide first trimester surgical				
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	A review of campled	patient #4's file revealed an				and the state of t
		vas conducted when sampled				***************************************
		nal age was 13.2 weeks.				
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		ucted when sampled patient				
[	#5's gestational age	was 13 weeks.				<u> </u>

AHCA Form 3020-0001

STATE FORM 6899 CW3511 If continuation sheet 3 of 4

FORM APPROVED Agency for Health Care Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ 08/05/2015 AC13960081 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8595 COLLEGE PARKWAY SUITE 250 PLANNED PARENTHOOD OF SW & CENTRAL FL-FT I FORT MYERS, FL 33919 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) CZ828 CZ828 Continued From page 3 Review of abortions reported to the state July 2014 through June 2015 revealed 21 second trimester abortions. On 8/5/15 at 1:04 p.m. a telephone interview was conducted with the Director of Compliance Quality and Risk Management for Planned Parenthood in Florida. She confirmed that she submits the reports monthly in regards to the number of weeks at which the abortion was performed, and that the number of weeks are counted from the client's last reported menstrual period. When asked what gestational age is considered the end of the first trimester, she said 13 weeks, 6 days. She confirmed the reports she sends in monthly are accurate to the number of weeks and most months will have numbers that fall into the second column range.

AHCA Form 3020-0001



## NOTICE OF ACTIVITY WITHOUT PROPER LICENSURE

August 5, 2015

Administrator
Planned Parenthood of Collier County, Inc.
1425 Creech Road
Naples, Florida 34103

#### Dear Administrator:

The Agency for Health Care Administration (Agency) has determined that this facility is providing services beyond the scope of the license. This notice will serve as the official notification from the agency substantiating findings to support this facility is providing services beyond the scope of the license.

Under Florida law, it is unlawful for any person or entity to: own, operate, or maintain an unlicensed provider; or perform any services that require Agency licensure without proper licensure; or offer or advertise services that require Agency licensure to the public without first obtaining a valid license from the Agency. An existing license holder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license.

Any person and entity that fails to immediately cease operation of an unlicensed provider is subject to the penalties set forth under Florida law. Each violation is a separate offense.

If you have any questions regarding this Notice of Activity without Proper Licensure you may contact me at (239) 335-1315.

Sincerely.

Jon Seehawer, RN Field Office Manager

Division of Health Quality Assurance

Area 8 Field Operations

JS/cs



Agency fo	r Health Care Adminis	tration		1			
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	Based on observation review, the clinic fails license from the Age 3 (#1, #2, #3) of 3 sattreatment of second Administrative Code specific to abortion of Trimester. That portions	t met as evidenced by: on, interview and record ed to apply for and rece ency prior to the accepta ampled patients for care trimester procedures. 59A-9.019(14) definition binics include "(b) Secondon of a pregnancy follo extending through the 2	eive a ance of e and Florida ons ond owing				

AHCA Form 3020-0001

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

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Agency fo	r Health Care Administ	ration	,				
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	confirmed the report	s she sends in monthly ber of weeks and most mbers that fall into the					

Agency fo	r Health Care Adminis	tration					
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Agency for	r Health Care Adminis	tration						
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STATE FORM

0LMQ11

**SECRETARY** 



August 5, 2015

Administrator
Planned Parenthood of S. FL & Treasure Coast Pembroke Pines
263 N. University Drive
Pembroke Pines, FL 33024

**RE: Monitoring Visit** 

Dear Administrator:

This letter reports the findings of a state licensure monitoring visit that was conducted on July 29, 2015 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 August 29, 2015.

## The plan of correction must include the following:

- Identify how corrective action will be accomplished for those clients found to have been affected by the deficient practice.
- 2. Describe how the facility will identify other clients 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., client 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 <a href="http://ahca.myflorida.com/Publications/Forms.shtml">http://ahca.myflorida.com/Publications/Forms.shtml</a> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through



Planned Parenthood of S. FL & Treasure Coast Pembroke Pines August 5, 2015 Page 2

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 Arlene Mayo-Davis, Field Office Manager.

Sincerely,

Circlene Mayo- Davis
Arlene Mayo-Davis
Field Office Manager

TBB2

amd Enclosure-State Form 3020

Agency for Health Care Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING \_ 07/29/2015 AC13960122 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 263 N UNIVERSITY DRIVE PLANNED PARENTHOOD OF S FL & TREAS COAST PEMB PEMBROKE PINES, FL 33024 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) A 000 INITIAL COMMENTS A 000 An unannounced monitoring visit was completed on 7/29/2015 at the facility. The following deficient practice was found. A 550 A 550 Disposal of Fetal Remains Fetal remains shall be disposed of in a sanitary and appropriate manner and in accordance with standard health practices and Chapters 381 and 390, F.S., and 64E-16, F.A.C. Chapter 59A-9.030, F.A.C This Standard is not met as evidenced by: Based on interview, observations and record review, the facility failed to follow its policy regarding proper labeling and dating of the disposal of fetal remains. This affected at least the disposal of fetal remains from 25 surgical abortions, including for Patient #1, #2, and #3, performed from 7/10/15 to 7/29/15. The findings include: In an interview conducted with the Health Center Manager (Manager) on 7/29/15 at 3:18 PM, the Manager stated was asked about the process for disposal of fetal remains at the facility. She stated "they are kept in a biohazard freezer until a biohazard disposal company picks them up; pickups are every 30 days." She reported that "All of the fetal remains are handled in the same way." The Manager reported that the clinic performed surgical abortions only on Saturdays. Observations conducted on 7/29/15 starting at 3:22 PM with the Manager revealed a freezer that contained 3 red biohazard bags, wrapped in off-white tape in several locations, each forming a

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency fo	or Health Care Administ	tration					
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/O	ER:		CONSTRUCTION	(X3) DATE S	
AIND PLAN UP	CORRECTION			A. BUILDING _			
		AC1396012	22	B. WNG		07/	29/2015
NAME OF D	ROVIDER OR SUPPLIER	AGIOSOGIA	STREET ADDRESS	S, CITY, STATE	, ZIP CODE	* · · · · · · · · · · · · · · · · · · ·	
		& TREAS COAST PEMB	263 N UNIVER	SITY DRIVE			
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A 550	Continued From Pag	e 1	А	550			
A 550	bundle. Further obsesshapes of the bundle were about 12 inches apparent labels or fabiohazard bags. The freezer "Please checand poc logs daily." note and was asked She stated it stood for She was asked about stated that there were referred to the refrige logs that the facility is this when asked agas several seconds late no such logs and the thermometer logs.  The Manager showe biohazard log and suincluded biohazard log and suincluded biohazard pmost recent pickups receipts were not species. In an interview condition with the Manager, shoutom of the receipt that biohazard Disposited remains. She fur process for the disposite process for the disposite process at the faction of the stated that it coincid. She stated that the facility for the past 3 been in place thru he was asked at that tir who worked on Satuabortions were at the	ervations revealed that the swere irregular, but the sin diameter; there were cility-made markings or re was also a note on the kind the freezer and doc in the Manager reviewed to explain the word "poor" products of concept at the "poc logs" and she eno such logs, but the erator/freezer temperate staff completed. She rea in about the "poc logs" and stated that there is enote was referring to be another than the erator of the poc logs of the poc logs of the erator of the poc logs	he ey re no in the he in lab if the co". tion" . the note ure expeated were  M the chich the the aterial for the icated ed up urrent do been gof the but e date. the had lanager embers formed e stated				

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Agency for	Health Care Administ			(V2) MI II TIDI E	CONSTRUCTION	(X3) DATE	SURVEY
STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBI		200		СОМРІ	
				A. BOILDING _		Ì	0
		AC1396012	22	B. WNG		07/	29/2015
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STATE	, ZIP CODE		
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In an interview conducted or with Staff A, a Family Planni confirmed that she worked or reported that the POC (Production of the processor Staff B handled the		ucted on 7/29/15 at 3:40 Planning Assistant, sh orked on Saturdays. Sl	ne ne	A 550			
	person, Staff B hand will dispose it in a so place it in the top free month the biohazard the regular biohazard According to staff A, the same way". She on site on 7/29/15. S	led the fetal remains as ck and red bag, seal ar ezer". She stated that disposal company picked and embryotic product "all fetal remains are had confirmed that staff B vishe stated "We have mas"; stated she did not keep and red and red and remains are the stated she did not keep as "stated she did not keep as	s "she ad every ked up sts. andled vas not lore				
	Manager on 7/29/15 the clinic performed 7/10/15, the date of biohazard pick up, to a calendar as 3 Satu of the packaged bag Saturday)" about the observed in the free:	rview conducted with the at 3:51 PM, she stated 25 surgical abortions from the last documented of date; this was confirmed that as is for each day (each at three red biohazard by zer and confirmed that dividually packaged in in	that om ed with t "each ags the				
	starting at 3:54 PM vecords for 3 patient had surgical abortion had a surgical abortion a surgical abortion on that staff B indicated	w was conducted on 7/2 with the Manager of the s, Patient #1, #2, and # ns in July 2015. Patient ion on 7/11/15. Patient on 7/18/15. Patient #3 h 7/25/15. The review red in each of the 3 record POC Tissue" with "Rou	e clinical #3 who It #1 #2 had lad a vealed ds that				
		lucted with the Manage she explained that the					

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	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S	
		AC13960122	B. WNG		07/	29/2015
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		s the process that she previous interviews on				
	procedure titled "Pol Retention of POC's" "Procedure for storal have been examined zip lock bag. At the e placed in a red bioha bag is to then be pla and initialed, and pla		red			
	with the Manager, the "Policy and Procedul acknowledged that the indicated that staff who bag in a zip lock bag and initials of the perbag. She acknowledged in the perbag. She acknowledged in the perbag.	ucted on 7/29/15 at 4:33 Place Manager reviewed the re for Retention of POC's" he policies and procedures was to place the red biohazed with indications of the data rson who was preparing the liged that the facility did not the 3 fetal remains bags the efreezer.	and ard e			
	Manager of the 3 fe on 7/29/15 at 4:34 F gloves and handled sides; she confirmed bag and none had a	on was conducted with the tal remains bags in the free PM. The Manager donned the 3 bags, looking at all d that none had the zip locking markings for initials and that she maybe they were ad bags.	<b>.</b>			
	making a telephone surveyor's request of employee did not re	s revealed the Manager call to Employee B, at the on 7/29/15 at 4:36 PM, but espond and did not return the end of the survey.	the			
	In an interview cond	ducted on 7/29/15 at 4:45 F	PM			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			200 000	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		AC1396012	22	B. WNG		07/29	/2015
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		& TREAS COAST PEMB	263 N UNIVE	ERSITY DRIVE PINES, FL 33	E		
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	logs in place for mon	e stated that there are itoring or tracking of PC ance logs or performan sal of fetal remains.	DC's				
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AHCA Form 3020-0001