

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960108	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2013
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF GREATER ORLA	STREET ADDRESS, CITY, STATE, ZIP CODE 726 SOUTH TAMPA AVENUE ORLANDO, FL 32805		

(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 A Relicensure survey was held on 5/22/2013. Planned Parenthood of Greater Orlando had a deficiency found at the time of the visit.	A 000		
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- post-op care; (3) Physician's orders; (4) Standing orders with required signatures; (5) Medications, storage and administration; (6) Treatments; (7) Surgical asepsis; (8) Medical asepsis; (9) Sterilization and (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.	A 250		4 2013

3/21/13 300 3020 0903

N. A. Virtue, N. A. Virtue TITLE Director of Patient Services

(X6) DATE 6/10/13

REGULATORY DIVISION PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

DQR111

Continuation sheet 1 of 2

J.G. 6/15/13.

for Health Care Administration

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A 250	<p>Continued From page 1</p> <p>Chapter 89A-9.024, F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that it kept and labeled, medications in a proper and safe manner.</p> <p>Findings:</p> <p>On _____ at approximately 10:30 a.m. accompanied by the Director of Patient Services (DOPS), observation of the nurses' station in front of examination room 3 revealed ten 60 milliliter (ml.) syringes on the desk top. There was a clear liquid in each syringe up to the 20 ml. line. There was a piece of clear tape on the outside of each barrel on the syringe with "Lido" written on it. A preparation date was not written on them and an expiration date was not on them. Also missing was a name/initials and title of the person who drew up the "Lido".</p> <p>Licensed practical nurse #A walked by the area. She was asked who put the syringes on the desk. She responded, "I did. I just took them out of the cupboard and placed them there." The DOPS confirmed that they were on the desk and she confirmed that they should not be left accessible to everyone in that area.</p>	A 250	<p>No one was effected by this finding and corrections have been completed. All licensed staff are trained regarding policy & procedure, on how to prepare and store medications. Labels were created for all medications that need to be prepared (see attachment of in house medication labels completed on 5/23/13) Plan: The location where _____ station is drawn up will now be prepared where more than one licensed staff member will be present to ensure compliance and closer monitoring. This will be reviewed by our lead clinician monitored monthly.</p>	6/3/13
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Planned Parenthood Of Greater Orlando Inc
726 South Tampa Avenue
Orlando, FL 32805

Re: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on . . . 2013 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 report. All deficiencies shall be corrected no later than** , 2013.

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.shtml> 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 Theresa DeCanio at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC/at
Enclosure: State Form

