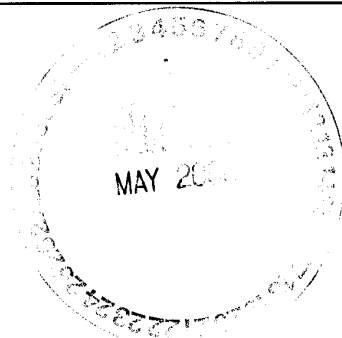


Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2008
NAME OF PROVIDER OR SUPPLIER BSS INTERNATIONAL, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 7707 NORTH UNIVERSITY DRIVE, SUITE 205 TAMARAC, FL 33321		
(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 conducted on 4/14/08. BSS International was not in substantial compliance with Ch. 390 Florida Statutes and 59A-9 Florida Administrative Code for Abortion Clinics and the following are the identified deficiencies.	A 000		
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 infection 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) Infection control, to include at a minimum, universal precautions against blood-borne diseases, 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 disease to patients or other staff members. (b) Fire protection, to include evacuating	A 202	A written orientation program has been developed for all new staff members and will be implemented upon the hiring of new staff. It will be the responsibility of R. Hathaway to see that all new employees have been through orientation. An in-service training program has been created and executed for the purpose of annual training & review for staff members. This training will occur annually or more frequently if needed. It will be the responsibility of R. Hathaway to see that these training sessions occur at least annually.	04/30/08 04/30/08

AHCA Form 3020-0001

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

Michael Bey

TITLE

Michael Bey

(X6) DATE

9/30/08

Agency for Health Care Administration

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A 202	Continued From Page 1 patients, proper use of fire extinguishers, and procedures for reporting fires; (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 interview with the Administrator, it was determined that the facility failed to create and execute a written orientation program for each new staff member and failed implement at least annually in-service training program for all employees. The findings include: In an interview conducted with the Head Nurse on 4/14/08, at approximately 9:45 AM, the Nurse reported, regarding staff, that "everyone has been here for 5 to 6 years". According to the Nurse, the facility had "meetings and go over things", but did not have an orientation and annual training program for the staff. The Nurse reported that she was unable to provide evidence of the information that the facility covered during the meetings. The Nurse further stated that the facility did not allow volunteers; however, the Nurse stated that the facility did not have policies that would support her statements. The Nurse reviewed the requirement and stated that the facility did not have policies and procedures that would satisfy this requirement. Correction Date: 5/14/08	A 202		

Agency for Health Care Administration

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A 250	Continued From Page 2	A 250		
A 250	<p>Clinic Policies/Procedures-2nd Trimester</p> <p>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:</p> <ol style="list-style-type: none"> (1) Patient admission; (2) Pre- and post-operative care; (3) Physician 's orders; (4) Standing orders with required signatures; (5) Medications, storage and administration; (6) Treatments; (7) Surgical asepsis; (8) Medial asepsis; (9) Sterilization and disinfection; (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. <p>Chapter 59A-9.024, F.A.C.</p> <p>This Standard is not met as evidenced by:</p>	A 250	<p>Written policies and procedures have been developed to assure quality care for patient's having 2nd trimester abortions. These policies and procedures are to be reviewed and approved by the medical director on an annual basis. These written policies and procedures shall be made accessible to all clinic personnel. It is the responsibility of R. Hathaway to see that these policies and procedures are updated as needed and reviewed by the medical director on an annual basis.</p>	

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A 250	Continued From Page 3 Based on interview with the Administrator, it was determined that the facility failed to have written policies and procedures to assure appropriate patient care, including patient care policies related to second trimester abortions, that were accessible to the clinic personnel and that were approved annually by the medical director. The findings include: In an interview conducted with the Head Nurse on 4/14/08, at 9:45 AM, the Nurse reviewed the requirement and stated that the facility did not have the policies and procedures shown in the requirement. The Nurse further stated that the facility did not allow volunteers and did not allow visitors to accompany patients into the operation and recovery rooms; however, the Nurse stated that the facility did not have policies that would support her statements. According to the Head Nurse, the facility had a Medical Director, but the Director did not review and approve policies annually. Review of the facility's reports to the Office of Vital Statistics, on 4/14/08, from December 2007 to March 2008 revealed that the facility performed second trimester abortions. Review of 5 patient records, on 4/14/08, revealed that although the facility performed second trimester abortions for 2 of the 5 patients reviewed. Class IV Correction Date: 5/14/08	A 250		
A 300	Medical Screening/Eval.-2nd Trimester Each abortion clinic that provides second	A 300		

Agency for Health Care Administration

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A 300	<p>Continued From Page 4</p> <p>trimester abortions shall formulate and adhere to written patient care policies and procedures designed to ensure professional and safe care for patients undergoing second trimester abortions and shall maintain a medical record for each such patient that records history, care and services. These patient care policies and procedures, for patients undergoing second trimester abortions, shall include but not be limited to the following:</p> <p>(a) Admission criteria and procedures;</p> <p>(b) Identification in the medical record of physician(s) and nurse(s) involved in providing the services offered for patients undergoing second trimester abortions;</p> <p>(c) Specific details regarding the pre-operative procedures performed, to include:</p> <ol style="list-style-type: none"> 1. History and physical examination, to include verification of pregnancy, estimation of gestational age, identification of any preexisting conditions or complications; including allergies to medications, antiseptic solutions, or latex; and a complete obstetric and gynecological history. 2. Special examinations, lab procedures, and/or consultations required, to include ultrasonography to confirm gestational age and a physical examination including a bimanual examination estimating uterine size and palpation of the adnexa. The physician shall keep original prints of each ultrasound examination of a patient in the patient's medical history file. For an abortion in which an ultrasound examination is not performed before the abortion procedure, urine or blood tests for pregnancy shall be performed before the abortion procedure. <p>Chapter 59A-9.025(1), F.A.C.</p>	A 300	<p><i>Written patient care policies and procedures have been developed and implemented to assure that 2nd trimester abortion patients receive safe care. Complete electronic medical records are maintained on all patients.</i></p>	

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A 300	Continued From Page 5 This Standard is not met as evidenced by: Based on interview with the Administrator, it was determined that the facility failed to formulate written policies and procedures regarding patient care to ensure professional and safe care for patients undergoing second trimester abortions. The findings include: In an interview conducted with the Head Nurse on 4/14/08, at approximately 9:45 AM, the Nurse reviewed the requirement and stated that the facility did not have the policies and procedure shown in the requirement. Review of the facility's reports to the Office of Vital Statistics, on 4/14/08, from December 2007 to March 2008 revealed that the facility performed second trimester abortions. Review of 5 patient records, on 4/14/08, revealed that although the facility performed second trimester abortions for 2 of the 5 patients reviewed. Correction Date: 5/14/08	A 300		
A 350	Abortion Procedure-2nd Trimester Any abortion clinic which is providing second trimester abortions must be in compliance with the following standards relative to second trimester abortion procedures: (1) A physician, registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant shall be	A 350		

Agency for Health Care Administration

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A 350	Continued From Page 6 available to all patients throughout the abortion procedure. (2) The abortion procedure will be performed in accordance with obstetric standards and in keeping with established standards of care regarding the estimation of gestational age of the fetus. (3) Anesthesia service shall be organized under written policies and procedures relating to anesthesia staff privileges, the administration of anesthesia, and the maintenance of strict safety controls. (4) Prior to the administration of anesthesia, patients shall have a history and physical examination by the individual administering anesthesia, including laboratory analysis when indicated. (5) Appropriate precautions, such as the establishment of intravenous access at least for patients undergoing post-first trimester abortions. (6) Appropriate monitoring of the patient's vital signs by professionals licensed and qualified to assess the patient's condition will occur throughout the abortion procedure and during the recovery period until the patient's condition as specified by the type of abortion procedure performed, is deemed to be stable in the recovery room. Chapter 59A-9.026, F.A.C. This Standard is not met as evidenced by: Based on interview with the Administrator and record review, it was determined that the facility, which provides second trimester abortions, failed to have appropriate policies and procedures for	A 350	Written policies and procedures for anesthesia have been created and implemented to allow patients having 2nd trimester abortions access to safe and adequate anesthesia.	04/30/08

Agency for Health Care Administration

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A 350	Continued From Page 7 anesthesia. The findings include: In an interview conducted with the Head Nurse on 4/14/08, at approximately 9:45 AM, the Nurse reviewed the requirement and stated that the facility did not have the policies and procedure shown in the requirement. Review of the facility's reports to the Office of Vital Statistics, on 4/14/08, from December 2007 to March 2008 revealed that the facility performed second trimester abortions. Review of 5 patient records, on 4/14/08, revealed that although the facility performed second trimester abortions for 2 of the 5 patients reviewed, the lack of policies and procedures did not result in any adverse occurrences to the patients. Correction Date: 5/14/08	A 350		



CHARLIE CRIST
GOVERNOR

HOLLY BENSON
SECRETARY

VIA CERTIFIED MAIL
7007 3020 0001 8912 2002

April 21, 2008

Ms. Robin Hathaway, Head Nurse
BSS International
7707 N. University Drive
Tamarac, FL 33321

Dear Ms. Hathaway:

This letter confirms the findings of a Licensure Renewal survey conducted on April 14, 2008, by Alexandra Pelin, HFE II, of this office.

Attached is the State Form (Statement of Deficiencies and Plan of Correction for Licensure Requirements), which identifies the deficiencies, discussed at the exit conference upon completion of the survey. Please provide a plan of correction in accordance with the enclosed instructions; sign and return the original copy of State Form to this office **within ten (10) calendar days of receipt**.

Documents relating to State Licensure requirements will be made available for public disclosure as required by Florida Law.

If there are any questions concerning this report, please contact this office at (561) 496-5900.

Sincerely,


Diane Reiland
Field Office Manager
Division of Health Quality Assurance

DR
Enclosure: State Form
Plan of Correction Guidelines

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 ahca.myflorida.com/Publications/, as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Forms** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



Area 9 - HQA Office
5150 Linton Blvd., Suite 500
Delray Beach, FL 33484
Tel. (561) 496-5900



CHARLIE CRIST
GOVERNOR

HOLLY BENSON
SECRETARY

Guidelines for Development of Plans of Correction

Your Plan of Correction must contain the following:

- What corrective action(s) will be accomplished for those patients found to have been affected by the deficient practice;
- How you will identify other patients having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Plan of correction dates.

