



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
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:**

1. 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 <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

AHCA.MyFlorida.com  
5150 Linton Blvd., Suite 500  
Delray Beach, FL 33484  
T - (561) 381-5840  
F - (561) 496-5925



Facebook.com/ACHAFlorida  
Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida

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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,



Arlene Mayo-Davis  
Field Office Manager

TBB2

amd  
Enclosure-State Form 3020

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960122</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/29/2015</b>
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NAME OF PROVIDER OR SUPPLIER <b>PLANNED PARENTHOOD OF S FL &amp; TREAS COAST PEMB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>263 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024</b>
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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
A 000	INITIAL COMMENTS  An unannounced monitoring visit was completed on 7/29/2015 at the facility. The following deficient practice was found.	A 000		
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	A 550		

AHCA Form 3020-0001

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

TITLE

(X6) DATE



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A 550	Continued From Page 1  bundle. Further observations revealed that the shapes of the bundles were irregular, but they were about 12 inches in diameter; there were no apparent labels or facility-made markings on the biohazard bags. There was also a note on the freezer "Please check the freezer and doc in lab and poc logs daily." The Manager reviewed the note and was asked to explain the word "poc". She stated it stood for "products of conception". She was asked about the "poc logs" and she stated that there were no such logs, but the note referred to the refrigerator/freezer temperature logs that the facility staff completed. She repeated this when asked again about the "poc logs" several seconds later and stated that there were no such logs and the note was referring to thermometer logs.  The Manager showed on 7/29/15 at 3:31 PM the biohazard log and supporting documents, which included biohazard pickups each month, with the most recent pickups occurring on 7/10/15. The receipts were not specific to what kind of material (e.g. fetal remains) was picked up.  In an interview conducted on 7/29/15 at 3:36 PM with the Manager, she stated that a note on the bottom of the receipts, "incinerate only" indicated that biohazard Disposal Company had picked up fetal remains. She further stated that the current process for the disposal of fetal remains had been in process at the facility since the beginning of the center; she was not sure of the exact date, but stated that it coincided with the initial license date. She stated that she had been employed at the facility for the past 3 years and the process had been in place thru her employment. The Manager was asked at that time if any of the staff members who worked on Saturdays and assisted/performed abortions were at the clinic at this time; she stated that one staff member, Staff A was present.	A 550			

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A 550	<p>Continued From Page 2</p> <p>In an interview conducted on 7/29/15 at 3:40 PM with Staff A, a Family Planning Assistant, she confirmed that she worked on Saturdays. She reported that the POC (Products of Conception) person, Staff B handled the fetal remains as "she will dispose it in a sock and red bag, seal and place it in the top freezer". She stated that every month the biohazard disposal company picked up the regular biohazard and embryotic products. According to staff A, "all fetal remains are handled the same way". She confirmed that staff B was not on site on 7/29/15. She stated "We have more than one, two persons"; stated she did not know their names, "I don't, I'm sorry".</p> <p>In a subsequent interview conducted with the Manager on 7/29/15 at 3:51 PM, she stated that the clinic performed 25 surgical abortions from 7/10/15, the date of the last documented biohazard pick up, to date; this was confirmed with a calendar as 3 Saturdays. She stated that "each of the packaged bags is for each day (each Saturday)" about the three red biohazard bags observed in the freezer and confirmed that the remains were not individually packaged in its own red bag.</p> <p>A side by side review was conducted on 7/29/15 starting at 3:54 PM with the Manager of the clinical records for 3 patients, Patient #1, #2, and #3 who had surgical abortions in July 2015. Patient #1 had a surgical abortion on 7/11/15. Patient #2 had a surgical abortion on 7/18/15. Patient #3 had a surgical abortion on 7/25/15. The review revealed that staff B indicated in each of the 3 records that the facility handled "POC Tissue" with "Routine Disposal".</p> <p>In an interview conducted with the Manager on 7/29/15 at 4:01 PM, she explained that the</p>	A 550		



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A 550	Continued From Page 3  "routine disposal" was the process that she explained during the previous interviews on 7/29/15.  Review of the facility's undated policy and procedure titled "Policy and Procedure for Retention of POC's" revealed that it called for "Procedure for storage of POC's: after the POCs have been examined, they are to be placed in a zip lock bag. At the end of the shift all will be placed in a red biohazard bag, and ties, the red bag is to then be placed in a larger zip lock, dated and initialed, and placed in a freezer."  In an interview conducted on 7/29/15 at 4:33 PM with the Manager, the Manager reviewed the "Policy and Procedure for Retention of POC's" and acknowledged that the policies and procedures indicated that staff was to place the red biohazard bag in a zip lock bag with indications of the date and initials of the person who was preparing the bag. She acknowledged that the facility did not follow the policy for the 3 fetal remains bags that were observed in the freezer.  A second observation was conducted with the Manager of the 3 fetal remains bags in the freezer on 7/29/15 at 4:34 PM. The Manager donned gloves and handled the 3 bags, looking at all sides; she confirmed that none had the zip lock bag and none had any markings for initials and dates. She stated that she maybe they were noted "within" the red bags.  Further observations revealed the Manager making a telephone call to Employee B, at the surveyor's request on 7/29/15 at 4:36 PM, but the employee did not respond and did not return the telephone call by the end of the survey.  In an interview conducted on 7/29/15 at 4:45 PM	A 550		

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A 550	Continued From Page 4  with the Manager, she stated that there are no logs in place for monitoring or tracking of POC's and no Quality Assurance logs or performance tracking for the disposal of fetal remains.	A 550			