

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910041	(X3) DATE SURVEY COMPLETED 03/18/2016
NAME OF PROVIDER OR SUPPLIER BREAD AND ROSES	STREET ADDRESS, CITY, STATE, ZIP CODE 1560 SOUTH HIGHLAND AVENUE CLEARWATER, FL 33756	

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

0000 INITIAL COMMENTS

accepted 4/11/16

An unannounced Licensure survey was conducted at Bread and Roses, an abortion clinic located in Clearwater Fl. on 3/18/16.

The provider had deficiencies at the time of the visit.

0201 Clinic Personnel-2nd Trimester

Based on interviews and record reviews, the facility failed to maintain position descriptions that delineate duties and responsibilities for 4 (staff B, C, D, E) of 5 clinic staff whose personnel records were reviewed.

Findings included:

A review of the personnel records of 4 clinic staff revealed there were no job descriptions maintained within the files.

An interview with the Administrator was conducted at 2:30 p.m. on 3/18/16. She stated the duties of the four clinic staff whose records were reviewed were:

- Staff B was a sonogram technician and surgery assistant,
- Staff C was an LPN/recovery
- Staff D was a hand holder
- Staff E was a hand holder

She also stated all 4 staff perform duties other than those described above. They assist with first and second trimester abortions. She said at times the hand holders are in recovery and/or assist with a patient. Their responsibilities are above and beyond those of a hand holder. When asked to provide job descriptions for each clinic staff that would delineate their duties and responsibilities, she was not able to provide the documentation. She confirmed the clinic did not maintain job descriptions that delineate duties for each person who assists with second trimester abortions.

The Administrator attempted to locate job descriptions in the clinic's Protocols Manual. A job description for a Hand holder and Sonogram Technician were found. The Administrator stated they only described partial duties assigned to the 4 staff reviewed.

Z818 Minimum Licensure Requirement - Client Notice

Based on interview and record reviews, the facility failed to ensure all clients, families or representatives

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/30/2016
FORM APPROVED**

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are informed of the right to report complaints, and Medicaid Fraud for 10 of 10 records reviewed.

Findings included;

A review of 10 medical records revealed no evidence that on or before the first day services are provided, the client, families or representatives were informed of their right to report a complaint to the Agency for Health Care Administration, neglect or to the central hotline or Medicaid Fraud to the central Medicaid Fraud hotline.

An interview was conducted with the Administrator at 3:00 p.m. on . She stated she was unaware of the requirement. She confirmed the facility did not provide the numbers to the clients. In addition, she stated the clinic did not have a policy and procedure established in order to do so.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

....., 2016

Administrator
Bread And Roses
1560 South Highland Avenue
Clearwater, FL 33756

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on
2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than . , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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(s). Should you have any questions please call Nila Perrone, RNC at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/dw

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