PRINTED: 03/01/2018 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING AC13910041 07/17/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1560 SOUTH HIGHLAND AVENUE BREAD AND ROSES CLEARWATER, FL 33756 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 000 INITIAL COMMENTS A 000 An unannounced Licensure survey was conducted at Bread and Roses, an abortion clinic located in Clearwater Fl. on #778 The provider had deficiencies at the time of the visit. A 050 390.014(2) FS Licensure Procedures A 050 390.014 Licenses: fees.-(2) A separate license shall be required for each clinic maintained on separate premises, even though it is operated by the same management as another clinic; but a separate license shall not be required for separate buildings on the same premises. This Statute or Rule is not met as evidenced by: Based on observation and interview it was determined the facility failed to display the facility license in a conspicuous place readily visible to clients who enter at the address that appears on the license. Findings included:

facility license was located behind a locked door, across from recovery area and in the laboratory

above findings.

An interview with ICNAl certified nursing assistant at 2:00 p.m. confirmed the (G) on

at 9:00 a.m. the surveyor entered facility and did not see the facility license. The

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

TITLE

(X6) DATE

Agency for Health Care Adminis	tration		FORM APPROVED
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	AC13910041	B. WING	07/17/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BREAD AND ROSES

1560 SOUTH HIGHLAND AVENUE

SUMMARY STATEMENT OF DEPICIENCIES PREFIX EACH DEPICIENCY MUST SE PRECEDED BY PULL FACO PROMORES THAN CORRECTION COMMUNITY PREFIX TAG A 100 Continued From page 1	ALAD A	CLEARW	ATER, FL 33756		
A 100 59A-9.022, FAC Physical Plant Req2nd Trimester The following are minimum standards of construction and specified minimum essential physical plant requirements which must be met when providing second trimester abortions. These requirements shall apply to any abortion clinic construction and shall apply to any abortion clinics receiving an initial license after the effective date of these rules when the abortions. Any abortion clinic bricish provides second trimester abortions. Any abortion clinic which provides second trimester abortions and is in operation at the time of adoption of this rule shall be given one year within which to comply with the physical plant requirements. (1) Consultation (s) with adequate private space specifically designated for interviewing, counseling, and medical evaluations; (2) Dressing — designated for staff and patients; (3) Handwashing station(s) equipped with a mixing valve and wrist blades and located in each patient exam/procedure — area; (4) Private procedure (s) with adequate light and — for abortion procedures; (5) Post procedure recovery (s) equipped to meet the patient's needs; (6) Emergency exits wide enough to accommodate a standard stretcher or gurney; (7) Cleaning and sterilizing area(s) adequate for the cleaning and sterilizing of instruments; (8) Adequate and secure storage area(s) for the storage of medical records and necessary equipment and supplies; and, (9) If not otherwise required by the Florida Building Code, at least one general use toilet	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
Trimester The following are minimum standards of construction and specified minimum essential physical plant requirements which must be met when providing second trimester abortions. These requirements shall apply to any abortion clinic construction and shall apply to any abortion clinics receiving an initial license after the effective date of these rules when the abortion clinic provides second trimester abortions. Any abortion clinic hybrid provides second trimester abortions. Any abortion clinic hybrid provides second trimester abortions. Any abortion clinic which provides second trimester abortions. Any abortion filis rule shall be given one year within which to comply with the physical plant requirements. (1) Consultation (s) with adequate private space specifically designated for interviewing, counseling, and medical evaluations; (2) Dressing designated for staff and patients; (3) Handwashing station(s) equipped with a mixing valve and wrist blades and located in each patient exam/procedure area; (4) Private procedure (s) with adequate light and for abortion procedures; (5) Post procedure recovery (s) equipped to meet the patient's needs; (6) Emergency exits wide enough to accommodate a standard stretcher or gurney; (7) Cleaning and sterilizing area(s) adequate for the cleaning and sterilizing of instruments; (8) Adequate and secure storage area(s) for the storage of medical records and necessary equipment and supplies; and, (9) If not otherwise required by the Florida Building Code, at least one general use toilet	A 100	Continued From page 1	A 100		
construction and specified minimum essential physical plant requirements which must be met when providing second trimester abortions. These requirements shall apply to all new abortion clinics receiving an initial license after the effective date of these rules when the abortion clinic provides second trimester abortions. Any abortion clinic hybrid provides second trimester abortions. Any abortion clinic which provides second trimester abortions. Any abortion clinic which provides second trimester abortions and is in operation at the time of adoption of this rule shall be given one year within which to comply with the physical plant requirements. (1) Consultation (a) with adequate private space specifically designated for interviewing, counseling, and medical evaluations; (2) Dressing designated for staff and patients; (3) Handwashing staflon(s) equipped with a mixing valve and wrist blades and located in each patient examiprocedure area; (4) Private procedure (a) with adequate light and for abortion procedures; (5) Post procedure recovery (s) equipped to meet the patient's needs; (6) Emergency exits wide enough to accommodate a standard stretcher or gurney; (7) Cleaning and sterilizing area(s) adequate for the cleaning and sterilizing of instruments; (8) Adequate and secure storage area(s) for the storage of medical records and necessary equipment and supplies; and, (9) If not otherwise required by the Florida Building Code, at least one general use toilet	A 100		A 100		none and a section of the section of
		The following are minimum standards of construction and specified minimum essential physical plant requirements which must be met when providing second trimester abortions. These requirements shall apply to all new abortion clinic construction and shall apply to any abortion clinic provides second trimester abortions. Any abortion clinic provides second trimester abortions. Any abortion clinic provides second trimester abortions and is in operation at the time of adoption of this rule shall be given one year within which to comply with the physical plant requirements. (1) Consultation (s) with adequate private space specifically designated for interviewing, counselling, and medical evaluations; (2) Dressing — designated for staff and patients; (3) Handwashing station(s) equipped with a mixing valve and wrist blades and located in each patient exam/procedure — area; (4) Private procedure (s) with adequate light and — for abortion procedures; (5) Post procedure recovery (s) equipped to meet the patient's needs; (6) Emergency exits wide enough to accommodate a standard stretcher or gurney; (7) Cleaning and sterilizing of instruments; (8) Adequate and secure storage area(s) for the storage of medical records and necessary equipment and supplies; and, (9) If not otherwise required by the Florida			

07/17/2017

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

AC13910041

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BREAD AND ROSES

1560 SOUTH HIGHLAND AVENUE

BREAD A	ND ROSES	CLEARWATER, FL 3375	6	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIC		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 100	Continued From page 2	A 100		AL PROPERTY OF THE PARTY OF THE
	This Statute or Rule is not met as evidenced Based on observation and interview it was determined the facility failed to have Handwashing station(s) equipped with a mixit valve and wrist blades located in each patien exam/procedure area. Findings included, On at 9:30 a.m. a tour of the facility revealed one procedure a handwashing sink located in the latter was exam/procedure. The first procedure have a small handwashing sink but failed to have wrist blades and the second not have a handwashing sink.	ng t ity		
	An Interview on at 1:00 p.m. with certified nursing assistant (G) confirmed the above findings.	the		
A 151	59A-9.0225(2), FAC Clinic Supplies/eqpt2nd Trimest-Emerg eqpt	A 151		
	59A-9.0225 Clinic Supplies and Equipment Standards for Second Trimester Abortions.			and and and and and
	(2) Emergency equipment shall be provided frimmediate use, maintained in functional condition, and capable of providing at least the following services: (a) Inhalation,; (b) (c) monitoring; (d) Suctioning; and, (e) Maintenance of patient airway.			
	This Statute or Rule is not met as evidenced	by:		ti e constante de la constante

AHCA Form 3020-0001

STATE FORM 699 E2EC11 H continuation sheet 3 of 6

07/17/2017

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING:

NAME OF PROVIDER OR SUPPLIER

B. WING ___ STREET ADDRESS, CITY, STATE, ZIP CODE

AC13910041

BREAD AND ROSES		1560 SOUTH HIGHLAND AVENUE CLEARWATER, FL 33756			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 151	Continued From page 3 Based on observation and interview it was determined the facility failed to have three of three medications that were not expired for patient use and an emergency suction machin	A 151			
A 302	Findings included, A tour of the sterilization/medication . the following expired medications: - one 1 milliliter single use vial of 0.4 milligram/milliliter expired . one 10 milliliter mutit dose vial of 0.4 milligram/milliliter expired . one 10 milliliter mutit dose vial of 0.4 milligram/smilliliter expired . one 10 milliliter mutit dose vial of milligram/10 milliliter nutit dose vial of milligram/10 milliliter nutit dose vial of milligram/10 milliliter opened date. A tour of the facility did not reveal a portable machine for suctioning patients in an emerger An interview on with the certified nursing assistants (E) at 9:45 a.m. and (G) at 2:00 p.m. confirmed the above findings. 59A-9.025(3), FAC Medical Screening/eval-2 Tri-Lab Eq/Suppl S4A-9.025 Medical Screening and Evaluation Patients Receiving Second Trimester Abortior (3) Laboratory Equipment and Supplies (a) All equipment and supplies for the collections of Chapter 59A-7, F.A.C., and shall maintained according to manufacturer's instructions and in a manner that ensures accurate test results. (b) Temperature controlled spaces for the stor of specimens or testing supplies shall be	of ss. on, the libe			

07/17/2017

Agency for Health Care Adminis	stration		ONWAFFROVED
AND DEAN OF CODDECTION INCOME INTERIOR SHERRED.		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE 1560 SOUTH HIGHLAND AVENUE

AC13910041

BREAD A	ND ROSES 1560 SC	VENUE		
(MA) ID	SUMMARY STATEMENT OF DEFICIENCIES	WATER, FL 33756	PROVIDER'S PLAN OF CORRECTION	nen.
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A 302	Continued From page 4	A 302		tura de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición del
	monitored and recorded to ensure that the proper storage temperature is maintained. (c) All dated supplies and materials shall not be used beyond their expiration date. (d) Adequate facilities and supplies for the collection, storage and transportation of laboratory specimens shall be available on site. This Statute or Rule is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure all dated supplies and materials were used according to the manufacturer's recommendation for use and shall not be used beyond the expiration date.			
	Findings included,			
	The tour of the laboratory at approximately 9:45 a.m. revealed the following expired laboratory supplies: - 4 of 4 Lavender top vacuum tubes expired			
	- 4 of 4 Red top vacuum tubes expired - 4 of 4 Red top vacuum tubes expired - 4 of 4 Red/Black top vacuum tubes expired			randrandrandrandrandrandrandrandrandrand
	~ 1 of 1 Red/Black top vacuum tubes expired			and
	- 7 of 7 Red/Black top vacuum tubes expired			and
	- 9 of 9 Red/Black top vacuum tubes expired			
	- 6 of 6 Red/Black top vacuum tubes expired			and
	The tour of the Sterilization at approximately 9:48 a.m. revealed the following expired supplies: - 3 of 3 #10 surgical blade expired - 1 of 1 bottle of test strips expired			e santana pia e santana para para para para para para para p

PRINTED: 03/01/2018 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING AC13910041 07/17/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1560 SOUTH HIGHLAND AVENUE BREAD AND ROSES CLEARWATER, FL 33756 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 302 A 302 Continued From page 5 The tour of the storage approximately 10:10 a.m. revealed the following expired supplies: - 1 of 1 22 gauge x 1 inch needle expired . - 1 of 1 Ziploc baggy containing 19 Red/Black top vacuum tubes expired - 1 of 1 Ziploc baggy containing 21 Red/Black top vacuum tubes expired An interview on . . . at approximately 2:00 p.m. with certified nursing assistant (G) confirmed the above findings.

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: AC13910041 B. WING_ 07/17/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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1560 SOUTH HIGHLAND AVENUE

BREAD A	ND ROSES	TH HIGHLAND A TER, FL 33756		
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CZ803	408.804 FS License Required; Display 408.804 License required; display (1) It is unlawful to provide services that require licensure, or operate or maintain a provider that offers or provides services that require licensure, without first obtaining from the agency a license authorizing the provision of such services or the operation or maintenance of such provider. (2) A license must be displayed in a conspicuous place readily visible to clients who enter at the address that appears on the license and is valid only in the hands of the license to whom it is issued and may not be sold, assigned, or otherwise transferred, voluntarily or involuntarily. The license is valid only for the license, provider, and location for which the license is issued. (3) Any person who knowingly alters, defaces, or falsifies a license certificate issuided by the agency, or causes or procures any person to commit such an offense, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 Any license or provider who displays an altered, defaced, or falsified license certificate is subject to the penalties set forth in s. 408.815 and an administrative fine of \$1,000 for each day of illegal display. This Statute or Rule is not met as evidenced by: Based on observation and interview it was determined the facility failed to display the facility license in a conspicuous place readily visible to clients who enter at the address that appears on the license. Findings included: On at 9:00 a.m. the surveyor entered facility and did not see the facility license. The facility license in a concevery area and in the laboratory	CZ803		

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

TITLE (X6) DATE

Agency f	or Health Care Adminis	tration): 03/01/2018 1 APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/O		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		AC13910041	B. WING		07/1	7/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE		
BREAD A	ND ROSES		JTH HIGHLAND A' ATER, FL 33756	VENUE		
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CZ803	Continued From page	1	CZ803			A TABLES TO SERVICE A SERV
	An interview with [CN	A] certified nursing assistant				
	(G) on at above findings.	2:00 p.m. confirmed the				
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