

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960123	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/27/2020
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NAME OF PROVIDER OR SUPPLIER AMERICAN FAMILY PLANNING	STREET ADDRESS, CITY, STATE, ZIP CODE 6115 VILLAGE OAKS DRIVE PENSACOLA, FL 32504
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{A 000}	<p>INITIAL COMMENTS</p> <p>An unannounced revisit survey was conducted on _____ at American Family Planning. This was a follow-up to the recertification and licensure survey originally completed on _____. At the time of the revisit, previously cited deficiencies were found not corrected.</p>	{A 000}		
{A 150} SS=E	<p>59A-9.0225(1), FAC Clinic Supplies/Equip. Stand.-2nd</p> <p>59A-9.0225 Clinic Supplies and Equipment Standards for Second _____</p> <p>(1) Each _____ clinic providing second _____ shall provide essential clinic supplies and equipment as required in subsections (1) through (7) when performing second _____. Any such _____ clinic which is in operation at the time of adoption of this rule and providing second _____ shall be given one year within which to meet these standards as follows:</p> <p>(a) A surgical or _____ examination table(s);</p> <p>(b) A bed or recliner(s) suitable for recovery;</p> <p>(c) _____ with flow meters and masks or equivalent;</p> <p>(d) Mechanical suction;</p> <p>(e) _____ equipment to include, at a minimum, _____ bags and oral airways;</p> <p>(f) Emergency medications, _____ fluids, and related supplies and equipment;</p> <p>(g) Sterile suturing equipment and supplies;</p> <p>(h) Adjustable examination light;</p> <p>(i) Containers for soiled linen and waste materials with covers; and.</p> <p>(j) Appropriate equipment for the administering of general _____, if applicable.</p>	{A 150}		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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{A 150}	<p>Continued From page 1</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to meet requirements for clinic supplies for equipment and emergency medications and related supplies and equipment.</p> <p>The findings included:</p> <p>During a tour of the facility on between 10:00AM and approximately 11:15AM, the following expired items were discovered:</p> <p>In exam/procedure # : The emergency kit contained solution which expired on and 20mg/2ml which expired A box of BD Vacutainer collection sets were expired on 2019-....., as well as a winged set which expired on 2020-....., Jelco expired on 2020-....., and Nipro 5ml syringes expired</p> <p>In a desk in the hall across from sterilization room and midway between exam rooms and recovery room: 6 boxes of Surflo winged sets in the cupboard were identified to expire on 2019- (4 boxes) and 2020-..... (2 boxes). A box of Nipro 5ml syringes in the adjacent cupboard expired in 2020-09.</p> <p>In exam/procedure # : A box of Jelco expired 2020-05030 and several BD Vacutainer collection sets found to be expired 2019-..... in a drawer containing approximately 14 sets. The emergency medication cart in exam #2 contained 4 bottles with an expiration date of which expired on, and</p>	{A 150}		

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{A 150}	<p>Continued From page 2</p> <p>... expired on ... A box containing 18 vials of ... expired on ...</p> <p>In the Recovery room, the pads on the ... were expired on 2019- ... (Photographic evidence obtained)</p> <p>During an interview on ... at approximately 10:15AM, staff A, a healthcare team member, said she was not familiar with the emergency kit containing the expired medications in exam/procedure # ... Staff A added, during the tour of exam/procedure # ..., the room was last used two days prior on ...</p> <p>During the tour of the recovery room, staff A confirmed the (automated external defibrillator) pads were expired and she could not locate a replacement set.</p> <p>In an interview on ... at 3:57 PM, the director of operations confirmed there were no replacement pads available to replace the expired ... pads in the recovery room.</p> <p>Class III</p>	{A 150}		
{A 250} SS=E	<p>59A-9.024, FAC Clinic Policies/Procedures-2nd</p> <p>An ... clinic providing second ... 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 ... and shall be available and accessible to clinic personnel and shall be reviewed and approved annually by the clinic's medical director. Any ... clinic which is in operation at the</p>	{A 250}		

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{A 250}	<p>Continued From page 3</p> <p>time of adoption of this rule and providing second shall be given six months within which to comply with these clinic policies and procedure requirements which shall include but not be limited to the following:</p> <ol style="list-style-type: none"> (1) Patient admission; (2) Pre- and post- care; (3) Physician's orders; (4) Standing orders with required signatures; (5) Medications, storage and administration; (6) Treatments; (7) Surgical ; (8) Medial ; (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) ; (18) Equipment and supplies: availability and maintenance; (19) Volunteers; and, (20) Visitors. <p>This Statute or Rule is not met as evidenced by: Based on observations, interviews, and policy reviews, the facility failed to implement its policies to assure quality patient care related to medication storage and administration, surgical and medical , and emergency measures.</p> <p>The findings included:</p> <p>The medication storage and administration policy, undated, on pages . indicated: Keep all drugs tightly covered and properly labeled. Do not keep</p>	{A 250}		
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{A 250}	<p>Continued From page 4</p> <p>medications in any container without proper means of identification. Medications are cared for and stored properly according to the manufacturer's instructions on the label. Refrigerated drugs are kept in a separate refrigerator marked "Drugs Only, No Food." Drug supplies are checked monthly. Outdated drugs are discarded.</p> <p>During a tour of the facility on between 10:00 AM and approximately 11:15 AM, the following observations related to expired medications and improper storage of medications were discovered:</p> <p>The emergency kit in exam/procedure # contained solution which expired on and 20mg/2ml which expired</p> <p>The emergency medication cart in exam #2 contained 4 bottles with an expiration date of which expired on and expired on A box containing 18 vials of expired on</p> <p>Staff A was present for the tour and at approximately 10:35 AM, confirmed a box of (a prescription drug commonly used to treat conditions) and 4 bottles of were stored in an unlocked cabinet above the desk in the hallway between the exam rooms. A locked refrigerator under the desk and cabinets in the hallway labeled "drugs only, no food" was unlocked by staff A during this observation. Staff A confirmed there was no thermometer inside the refrigerator and was not aware if a temperature log was kept for the refrigerator.</p>	{A 250}		
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{A 250} Continued From page 5

In an interview with the director of operations on at 12:08 PM, the director of operations stated there was no temperature control log and she was not aware that there was no thermometer in the refrigerator.

An observation on _____ at about 1:37 PM of the locked medication refrigerator located in the hallway between exam _____ # _____ revealed 5 boxes of Rho (D) _____, 4 single vials of Rhogam, 3 full boxes of 10 vials each and one opened box with 5 vials remaining of _____, and another box of Rho(D) _____, and one vial of _____ The Rho (D) _____ and _____ both have instructions to be kept at a temperature of between _____ degrees Celsius (36-46 degrees Fahrenheit). The _____ was labeled with instructions to be kept at 20-25 degrees Celsius (68-77 degrees Fahrenheit). These medications were stored in the refrigerator with no thermometer, no temperature log and no process for ensuring temperatures are kept constant.

The policy and procedure manual, page 10, under the heading Emergency Measures, indicated the nurses, administrators, and healthcare team members must know the contents of the crash cart, its location, and where other emergency equipment is located. Emergency Measures continued on page 11 to state the clinic shall ensure that all appropriate equipment and services are readily accessible to provide appropriate emergency resuscitative and life support procedures.

During an interview on _____ at approximately 10:15 AM, staff A, a healthcare team member, said she was not familiar with the emergency kit containing the expired medications

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{A 250}	<p>Continued From page 6</p> <p>in exam/procedure ... # .</p> <p>During the tour of the recovery room, staff A confirmed the (automated external defibrillator) pads were expired and she could not locate a replacement set.</p> <p>In an interview on ... at 3:57 PM, the director of operations confirmed there were no replacement pads available to replace the expired ... pads in the recovery room.</p> <p>The policy and procedure manual on page 8-9 described measures for surgical and medical ... as follows: All surfaces (counters, exam tables, machinery and lights) are wiped with ... solution/wipes between patients and at the end of the day. Surfaces should be cleaned and then decontaminated with appropriate chemical germicide if contaminated with ... or ... These surfaces should be cleaned and decontaminated at the end of the work day.</p> <p>During an observation of exam/procedure # on ... at approximately 10:45 AM, the table housing the suction machine was dusty and the suction machine also was covered by a layer of dust. Staff A was present during the observation and said in an interview the room was last used on Saturday () and the room is cleaned daily but agreed there was a thick layer of dust on the machine and table. (photographic evidence obtained)</p> <p>Class III</p> <p>A 650 SS=D 390.0112(1,) FS; 59A-9.034, FAC Reports</p> <p>390.0112</p>	{A 250}			
		A 650			

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A 650	<p>Continued From page 7</p> <p>Termination of _____; reporting-</p> <p>(1) The director of any medical facility in which _____ are performed, including a physician's office, shall submit a report each month to the agency. The report may be submitted electronically, may not include personal identifying information, and must include:</p> <p>(a) Until the agency begins collecting data under paragraph (e), the number of _____ performed.</p> <p>(b) The reasons such _____ were performed.</p> <p>(c) For each _____, the period of _____ at the time the _____ was performed.</p> <p>(d) The number of _____ born alive or alive immediately after an attempted _____.</p> <p>(e) Beginning no later than _____ information consistent with the United States Standard Report of _____ Termination of _____ adopted by the Centers for _____ Control and Prevention.</p> <p>(3) If the termination of _____ is not performed in a medical facility, the physician performing the procedure shall be responsible for reporting such information as required in subsection (1).</p> <p>(4) Reports submitted pursuant to this section shall be confidential and exempt from the provisions of s. 119.07(1) and shall not be revealed except upon the order of a court of competent jurisdiction in a civil or criminal proceeding.</p> <p>(5) Any person required under this section to file a report or keep any records who willfully fails to file such report or keep such records may be subject to a \$200 fine for each violation. The agency shall be required to impose such fines when reports or records required under this section have not been timely received. For</p>	A 650		

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A 650	<p>Continued From page 8</p> <p>purposes of this section, timely received is defined as 30 days following the preceding month.</p> <p>59A-9.034, FAC</p> <p>Pursuant to Section 390.0112, F.S., an _____ clinic must submit a report each month to the Agency, regardless of the number of terminations of _____. Monthly reports must be received by the Agency within 30 days following the preceding month. Monthly reports must be submitted on the Monthly Report of _____ Terminations of _____ AHCA Form 3130-1010 OL, _____, which is hereby incorporated by reference. This form is only accepted electronically and is available at: <http://ahca.myflorida.com/ITOP>. A copy of the form can also be found at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-06701>. Failure to submit this report so that it is timely received by the Agency will result in an administrative fine being imposed pursuant to Section 390.0112(4), F.S.</p> <p>This Statute or Rule is not met as evidenced by: Based on interviews and record reviews facility failed to submit a report for _____ of facilities _____ terminations of _____ (ITOPs) within 30 days following the preceding month.</p> <p>Findings include:</p> <p>On _____, a review of the monthly submitted ITOP reports revealed the monthly report from _____ had not yet been submitted to the Agency for Health Care Administration.</p>	A 650		

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A 650	<p>Continued From page 9</p> <p>On ... , at approximately 2:10pm, an interview was conducted with the Director of Operations. She said, it was my omission, I did not send in the ITOPs for ... until today.</p> <p>Class III</p> <p>{CZ817} 408.810() FS; 59A-35.100(1) FAC Minimum SS=E Licensure Requirement - Inform AHCA</p> <p>408.810 Minimum licensure requirements.-In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must comply with the requirements of this section in order to obtain and maintain a license.</p> <p>(3) Unless otherwise specified in this part, authorizing statutes, or applicable rules, any information required to be reported to the agency must be submitted within 21 calendar days after the report period or effective date of the information, whichever is earlier, including, but not limited to, any change of:</p> <p>(a) Information contained in the most recent application for licensure.</p> <p>(b) Required insurance or bonds.</p> <p>(4) Whenever a licensee discontinues operation of a provider:</p> <p>(a) The licensee must inform the agency not less than 30 days prior to the discontinuance of operation and inform clients of such discontinuance as required by authorizing statutes. Immediately upon discontinuance of operation by a provider, the licensee shall surrender the license to the agency and the license shall be canceled.</p> <p>(b) The licensee shall remain responsible for retaining and appropriately distributing all records</p>	A 650		

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{CZ817}

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within the timeframes prescribed in authorizing statutes and applicable rules. In addition, the licensee or, in the event of or dissolution of a licensee, the estate or agent of the licensee shall:

1. Make arrangements to forward records for each client to one of the following, based upon the client's choice: the client or the client's legal representative, the client's attending physician, or the health care provider where the client currently receives services; or
2. Cause a notice to be published in the newspaper of greatest general circulation in the county in which the provider was located that advises clients of the discontinuance of the provider operation. The notice must inform clients that they may obtain copies of their records and specify the name, address, and telephone number of the person from whom the copies of records may be obtained. The notice must appear at least once a week for 4 consecutive weeks.

59A-35.100 Minimum Licensure Requirements. Provider location. A licensee must maintain proper authority for operation of the provider at the address of record. If such authority is denied, revoked or otherwise terminated by the local zoning or code enforcement authority, the Agency may deny or revoke an application or license, or impose sanctions.

This Statute or Rule is not met as evidenced by: Based on interview with the Agency for Health Care Administration (AHCA) licensure unit, interview with clinic staff, review of the licensure application and policy and procedure review, the clinic failed to report changes in the most recent application for licensure to include a change in Medical Director, a change in transfer agreement

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{CZ817}	<p>Continued From page 11</p> <p>and updated clinic hours to the AHCA licensure unit. The current Medical Director was physician L, but he application continued to identify physician H as the Medical Director.</p> <p>The findings include:</p> <p>On _____, a revisit survey was conducted at American Family Planning. An interview was conducted with a representative of the licensure unit on _____ at about 10:15 AM regarding the licensure application. The representative stated that they have not received an updated application to change the Medical Director, the transfer agreement or update the clinic hours.</p> <p>A review of the most recent application for clinic licensure, dated _____, identified physician H as the clinic Medical Director, identified hours of operation as Thursday from 12:00 PM to 4:00 PM and identified a transfer agreement with a hospital in Pensacola.</p> <p>During the revisit survey on _____, the facility provided documentation (physician schedule) showing the facility was open 6 days a week, and a transfer agreement with a different hospital than the one identified on the application, and that the Medical Director remained physician L.</p> <p>During the survey of _____, the following was found:</p> <p>A review of correspondence dated _____ from physician H revealed that physician H had removed himself as Medical Director effective _____.</p> <p>A review of the policy and procedure manual</p>	{CZ817}		

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{CZ817}	<p>Continued From page 12</p> <p>included a cover page, signed on, which indicated that the current Medical Director was Physician L.</p> <p>On at approximately 12:25 PM, the DO was asked for documentation showing when the new MD, physician L, was appointed, and any documentation indicating notification to AHCA of the change in Medical Director. At approximately 3:00pm the DO confirmed that the current Medical Director was physician L. The DO stated that physician H had never performed any procedures at the clinic.</p> <p>By the conclusion of the onsite survey on at approximately 6:00 PM, the DO was unable to provide evidence of Medical Director change notification to AHCA, or board minutes or other documentation showing changes and dates of Medical Directors since</p> <p>Class III</p>	{CZ817}		