

Mission:

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

**Ron DeSantis**

Governor

Joseph A. Ladapo, MD, PhD

State Surgeon General

Vision: To be the Healthiest State in the Nation

Medfleet Llc. #10020
12200 US 19 North
Hudson, FL 34667

Dear Brian Haff,

Congratulations on your outstanding Compliance Monitoring site survey conducted on 03/22/2024, by the Bureau of Emergency Medical Services. Your vehicles and service records were outstanding, and we found no deficiencies during our visit. Thank you for being a role model of excellence as an EMS provider in the state of Florida.

Also, please extend my sincere gratitude to your staff for their assistance and overall contribution to your service and the community. Your continued support of emergency medical services is deeply appreciated.

Please take a moment to complete the survey, via the link below, for your Regional EMS Coordinator's site visit, this will help us ensure quality customer service and improve our processes.

<https://www.surveymonkey.com/r/ReviewerBentley>

Again, thank you for your assistance in the Compliance Monitoring program and I look forward to hearing from you.

Sincerely,

Brian J. Bentley

Brian J. Bentley, Region 4 EMS Coordinator
Bureau of Emergency Medical Oversight

Enclosure:

Records and Facilities
Records Supplemental
ALS/BLS Inspection
Site Visit Narrative

STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
SERVICE RECORDS AND FACILITIES INSPECTION REPORT (SECTION 401.31, F.S.)

Service Name: Medfleet Ambulance Llc. #10020

Inspection Date: 03/22/2024

County: Pasco

Type of Inspection: Announced



Use Type: ALS Transport

Date of Last Inspection: 01/17/2020

License Expiration Date: 01/06/2026

Inspection Codes:

1 = Item meets inspection criteria.

1a = Item corrected during inspection to meet criteria.

2 = Items not in compliance with inspection criteria.

Rating Categories:

1 = Lifesaving equipment, medical supplies, drugs, records or procedures

2 = Intermediate support equipment, medical supplies, drugs, records or procedures

3 = Minimal support equipment, medical supplies, records or procedures

I. ADMINISTRATIVE AND RECORDS STORAGE (Chapter 64J-1, F.A.C.)	
1. Records storage and security.	1
2. Records storage for 5 years.	1
II. RECORDS (Section 401, F.S., Chapter 64J-1, F.A.C)	
1. Current service license on display. (Chapter 64J-1, F.A.C)	1
2. Vehicle/Aircraft Records (Chapter 64J-1, F.A.C.) To Include:	
A. Registration.	1
B. Verification of vehicle permit.	1
3. Previous Inspection Forms, (Chapter 64J-1, F.A.C.)	1
4. Personnel Records for each EMT, paramedic (Chapter 6EJ-1, F.A.C.) To Include:	
A. Date of employment.	1
B. Record of training.	1
C. Current professional certification.	1
D. Documentation of completion of the D.O.T. Air Medical Crew National Standard Curriculum-Advanced, for Paramedic Crew 1988 members (Chapter 64J-1, F.A.C.)	N/A
E. Ambulance driver record (for each per Section 401.281(1), F.S.) To include: Statements attesting to A.B.C.	
A. 18 years old.	1
B. Not addicted to alcohol or controlled substances.	1
C. Free from physical or mental defect or disease that would impair ability to drive.	1
D. Driving record verification.	1
E. Possess valid class "D" or chauffeur license.	1
F. Is trained in safe operation of emergency vehicle – 16 hours E.V.O.C.	1
G. Possesses a valid American Red Cross First Aid and Personal Safety card or its equivalent.	N/A
H. Possesses a valid American Red Cross or American Heart Association CPR or ACLS card.	1
NOTE: Current EMT or paramedic certification is evidence of compliance with items A, B, C and G above. (Section 401.27(4), F.S.)	
6. Medical Director (Section 64J-1, F.A.C.)	
A. Qualifications: Current ACLS certification or board certification (Chapter 64J-1, F.A.C.)	1
B. Duties and responsibilities (Chapter 64J-1, F.A.C.)	
1. Write/review operating procedures for patient care.	1
2. Written quality assurance program operating procedures that require the following:	1
a. Prompt review of run reports.	1
b. Direct observation of personnel.	1
3. Documentation of implementation of #2 above.	1
4. Documented participation in direct contract time with EMS Field Level Providers for a minimum of 10 hours per year.	1
7. Inventory, storage and security procedures for medications, fluids and controlled substances (Sections 499, 893, F.S., and Chapters 64J-1, F.A.C.)	
A. Observe if the following requirements for medications and fluids are being met:	1
1. Storage area is secured by a locking mechanism.	1
2. All items are inventoried at least monthly.	1
3. Deteriorated or expired items are stored in a quarantine area, separate from usable items.	1
B. Storage procedures:	
1. Items are stored in a climate controlled (i.e. – heated and air conditioned) location.	1
2. The area is clean and sanitary.	1
B. Observe if the following requirements for controlled substances are being met:	
1. The requirements listed in items 105 above are being met.	1
2. Medical director has registered storage areas with DEA (Chapter 64J-1, F.A.C.)	1
C. Written operating procedures for the storage and handling of fluids and medications specify the following:	
1. Security procedures.	1
2. Items stored in a climate-controlled location (i.e. – Heated and air conditioned)	1
3. Deteriorated or expired items stored in a quarantine area, separate from usable items.	1
4. Inventory procedures.	1
D. Written operating procedures for the storage and handling of controlled substances specify the following:	
1. Storage procedures.	1
2. The positions that have access to controlled substances.	1
3. Shift change inventory procedures for vehicles.	1
4. Procedures to be used for the documentation of use, disposal of excess and resupply of vehicles with controlled substances.	1
5. Procedures used for inventory discrepancies.	1
F. Verify that the following occurs with regard in controlled substances:	
1. Storage records are maintained on file at the location where he controlled substances are stored.	1
2. All required inventories and records are maintained at least two years.	1
3. Records are maintained separately from other records.	1
8. Equipment substitutions when authorization by medical director (Chapter 64J-1, F.A.C.)	1
9. Biomedical Waste operating procedures (Section 381.80, F.S. and Chapters 64J-1, F.A.C.) to include:	
A. Proper handling	1
B. Proper storage	1
C. Proper disposal	1
10. EMS providers disaster plan integrates both local and regional disaster plan (Chapter 64J-1, F.A.C.)	1
11. Adult and pediatric CID approval in writing by medical director (Chapter 64J-1, F.A.C.)	1
If an EMS provider maintains an air ambulance license or has permitted aircraft, the following record requirements that apply (Section 401.251 F.S. and Chapter 64J-1, F.A.C.)	
A. Emergency protocol for overdue aircraft, when radio communications cannot be established, or when aircraft cannot be located.	N/A
B. Rotary Wing air ambulances shall document every 15 minutes of the flight while enroute to and from patient's location. 64J-1.005(3)	N/A
C. Safety committee to include:	
1. Membership of one pilot, on flight medical crew member, medical director, EQ representative and one hospital administrator (if hospital based).	N/A
2. Written safety procedures.	N/A
3. Meetings held quarterly to review safety policies, procedures, unusual occurrences, safety issues, and audit compliance with safety policies and procedures.	N/A
4. Safety audit results communicated to all program personnel.	N/A
5. Minutes of meetings recorded and retained on file for 2 years.	N/A

Comments: Records were well organized and in order. No deficiencies found.

STATE OF FLORIDA
 DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
 ADVANCED LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)

Service Name: Medfleet Llc. #10020

Inspection Date: 03/22/2024

Unit No. 123

Inspection Codes:

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ALS EQUIPMENT AND MEDICATIONS

MEDICATIONS	WT/VOL	QTY		MEDICAL EQUIPMENT (Cont.)	
1. Atropine Sulfate		2	1	n. Intraosseous needles 15 or 16 gauge and three way stop-cocks. As allowed by medical director.	1
2. Dextrose, 50 percent		2	1	o. Syringes from 1 ml. To 20 ml.	1
3. Epinephrine HCL	1:1,000 1 mg/ml	2	1	p. DC battery powered portable monitor defibrillator capable of delivering energy below 25 watts/sec with adult and pediatric paddles (or pediatric paddle adapters) and EKG printout and spare battery.	1
4. Epinephrine HCL	1: 10,000 1 mg/10cc	6	1	q. Adult and pediatric monitoring electrodes.	1
5. Ventricular dysrhythmic		6	1	r. Pacing electrodes, if monitor or defibrillator requires.	1
6. Benzodiazepine sedative/anticonvulsant		2		s. Glucometer approved by the Medical Director	1
7. Naloxone (Narcan)	1 mg/ml 2 mg amp.	2	1	t. Approved sharps container per Chapter 64J-E, F.A.C	1
8. Nitroglycerin	0.4 mg	Spray or tablet	1	u. Flexible suction catheters	1
9. Inhalant beta adrenergic agent	Nebulizer apparatus approved by the Medical Director	10	1	v. Electronic waveform capnography capable of real-time monitoring and printing record of the intubated patient	1
				w. Pediatric length based measurement tape for equipment selection and drug dosage	1

IV SOLUTIONS
 MINIMUM QTY

1. Lactated ringers or Normal Saline	In any combination	1
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Other ALS Requirements

Medical Equipment		
a. Laryngoscope handle with batteries	1	1. Standing orders – authorized by current medical director within last 24 months
b. Laryngoscope blades, adult, child and infant sizes	1	2. Controlled substances stored in a locked drug compartment.
c. Pediatric IV arm board or splint appropriate for IV stabilization	1	3. Controlled substance written vehicle log:
d. Disposable endotracheal tubes; adult, child and infant sizes (Two each within the ranges 2.5mm – 5.0mm shall be uncuffed; range 5. mm – 7.0mm; 7.5mm – 9.0mm)	1	A. Inventory conducted at beginning and end of shift.
e. Pediatric and adult endotracheal tube stylets.	1	B. Log consecutively, permanently numbered pages.
f. Pediatric and adult Magill forceps.	1	C. Log on each vehicle specifies:
g. Device for intratracheal meconium suctioning in newborns	1	1. Vehicle unit or number;
h. Tourniquets	1	2. Name of employee conducting inventory;
i. IV cannulae between 14 and 24 gauge	1	3. Date and time of inventory;
j. Micro drip sets	1	4. Name, weight, volume or quantity and expiration date of each controlled substance;
k. Macro drip sets	1	5. Run report no. (if administered);
l. IV pressure infuser	1	6. Each amount administered or disposed;
m. Needles between 18 and 25 gauge	1	7. Printed name and signature of administering Paramedic or other authorized licensed professional.
		8. Printed name and signature of person witnessing the disposal of each unused portion.

Comments:

STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
BASIC LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)

Service Name: Medfleet Ambulance #10020 Inspection Date: 03/22/2024 County: Pasco Type of Inspection: Announced

Vehicle Information: Unit# 127

Year/Make: 2022 Ford 350

Permit Type: BLS Permit#006718

Vehicle Identification Number: 1FDWE3FNOND39981

Tag# MIT49E

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Name	EMT/Para/Driver	Certificate Number	Crew credentials: Section 401.27(1) And 401.281, F.S.
Brian Haff	Paramedic	10038	1
Trina Brown	EMT	574817	Minimum Staffing = One EMT and One Driver
I. VEHICLE REQUIREMENTS (Sections 316 and 401, F.S., Chapter 64J-1, F.A.C. and KKK-A-1822)			d. Roller gauze
1. Exhaust System	1		
2. Exterior Lights:	1		
A. Head lights (high and low beam)	1		
B. Turn signals	1		
C. Brake Lights	1		
D. Tail Lights	1		
E. Back-up lights and audible warning device	1		
3. Horn	1		
4. Windshield wipers	1		
5. Tires	1		
6. Vehicle free of rust and dents	1		
7. Two-way radio communication – radio test	1		
A. Hospital (cab and patient compartment)	1		
B. Dispatch Center	1		
C. Other EMS units	1		
D. Emergency Lights	1		
E. Fan	1		
10. Two ABC fire extinguishers fully charged and inspected in brackets. Minimum 5 lbs each.	1		
11. Doors open properly, close securely.	1		
12. Rear and side view mirrors.	1		
13. Windows and windshield	1		
II. TRANSPORT VEHICLE REQUIREMENTS (Section 401, F.S., and Chapter 64J-1, F.A.C. and KKK-A-1822).			22. Burn sheets.
1. Primary stretcher and three straps.	1		
2. Auxiliary stretcher and two straps.	1		
3. Two ceiling mounted IV holders.	1		
4. Two no-smoking signs.	1		
5. Overhead grab rail.	1		
6. Squad bench and three sets of seat belts.	1		
7. Interior lights.	1		
8. Exterior floodlights.	1		
9. Loading lights.	1		
10. Heat and air conditioning with fan.	1		
11. Word-“Ambulance” – sides, back and mirror image front.	1		
III. MEDICAL EQUIPMENT FOR TESTING (Chapter 64J-1, F.A.C., and KKK-A-1822)			31. One approved biohazardous waste plastic bag or impervious container per Chapter 64J-E, F.A.C.
1. Installed suction. (Transport only)	1		
Items 14, 18 and 26 in section IV must be tested.	N/A		
IV. MEDICAL SUPPLIES AND EQUIPMENT (Chapter 64J-1, F.A.C., GSA KKK-A-1822)			31a. Pediatric length based measurement device for equipment selection and drug dosage
1. Bandaging, dressing and taping supplies:	1		
a. Rolls adhesive, silk or plastic tape.	1		
b. Sterile gauze pads, any size	1		
c. Triangular bandages	1		
d. Other:	1		
GENERAL SANITATION (Section 401.26(2)(e), F.S.)			I. Vehicle and Contents <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
Inspection Narrative (Section 401.31, F.S.)



Service Name: Medfleet Ambulance # 10020

Date: 03/22/2024

County: Pasco

Page 1 of 1

Comments (Use additional sheet if necessary)

Records and Facilities: Records well organized and kept a book for state site visit. No deficiencies found.

Records Supplemental: All personnel records kept in order and up to date. No deficiencies found.

ALS Inspection: Medications in well secured safe. Narcotics security and records organized. Equipment secure and clean. No deficiencies found.

BLS Inspection: Unit clean and well organized. Crew was a pleasure to interact with. No deficiencies found.

Site reviewer: Brian J. Bentley



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: **MEDFLEET, LLC** **Provider Number # 10020**
Name of Provider

12200 US 19 NORTH HUDSON, FL 34667
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

CITRUS, HERNANDO, PASCO, POLK
County (s)

A handwritten signature in black ink that reads "Michael Hall".

Michael Hall, Section Administrator
Emergency Medical Services
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 01/06/2026

This certificate shall be posted in the above mentioned establishment