

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:

Rating Categories:

- 1 = Item meets inspection criteria.
 1a = Item corrected during inspection to meet criteria.
 2 = Items not in compliance with inspection criteria.

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

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

Compliance Officer: Brian J. Bentley

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 AMOUNTS

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:

Compliance Officer: Brian J. Bentley

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

FDWE3FNONDC39981

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	
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
1. Exhaust System	1	e. ABD (minimum 5x9 inch) pads	1
2. Exterior Lights:	1	2. One pair of Bandage Shears	1
A. Head lights (high and low beam)	1	3. One set each, patient restraints – wrist and ankle	1
B. Turn signals	1	4. One each blood pressure cuffs: infant, pediatric, and adult.	1
C. Brake Lights	1	5. One stethoscope: pediatric and adult	1
D. Tail Lights	1	6. Blankets	1
E. Back-up lights and audible warning device	1	7. Sheets. (not required on non-transport vehicles)	1
3. Horn	1	8. Pillows with waterproof covers and pillowcases or disposable single use pillows. (Not required on non-transport vehicles.)	1
4. Windshield wipers	1	9. One disposable blanket or patient rain cover.	1
5. Tires	1	10. One long spine board and three straps or equivalent.	1
6. Vehicle free of rust and dents	1	11. One short spine board and two straps or equivalent.	1
7. Two-way radio communication – radio test	1	12. One each adult and pediatric cervical immobilization device (CID), approved by the medical director of the service. This approval must be in writing and made available by the provider for the department to review.	1
A. Hospital (cab and patient compartment)	1	13. Set of padding for lateral lower spine immobilization of pediatric patients or equivalent.	1
B. Dispatch Center	1	14. Two portable oxygen tanks, "D" or "E" cylinders, with one regulator and gauge. Each tank must have a minimum pressure of 1000 psi.	1
C. Other EMS units	1	15. Each transparent oxygen masks; adult, child and infant sizes, with tubing	1
D. Emergency Lights	1	16. Set of pediatric and adult nasal cannulae with tubing.	1
E. Emergency Lights	1	17. One each hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant transparent masks capable of use with supplemental oxygen.	1
10. Two ABC fire extinguishers fully charged and inspected in brackets. Minimum 5 lbs each.	1	18. One portable suction, electric or gas powered, with wide bore tubing and tips, which meet the minimum standards as published by the GSA in KKK-A-1822 specifications.	1
11. Doors open properly, close securely.	1	19. Assorted sizes of extremity immobilization devices.	1
12. Rear and side view mirrors.	1	20. One lower extremity traction splint. (Pediatric and Adult)	1
13. Windows and windshield	1	21. One sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel and cord clamps or cord-ties.	1
II. TRANSPORT VEHICLE REQUIREMENTS (Section 401, F.S., and Chapter 64J-1, F.A.C. and KKK-A-1822).		22. Burn sheets.	1
1. Primary stretcher and three straps.	1	23. One flashlight with batteries.	1
2. Auxiliary stretcher and two straps.	1	24. Occlusive dressings.	1
3. Two ceiling mounted IV holders.	1	25. Assorted sizes of oropharyngeal airways. Pediatric and Adult	1
4. Two no-smoking signs.	1	26. One installed oxygen with regulator gauge and wrench, minimum "M" size cylinder. (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director. This approval must be in writing and available to the department for review.)	1
5. Overhead grab rail.	1	27. Sufficient quantity of gloves – suitable to provide barrier protection from biohazards for all crew members.	1
6. Squad bench and three sets of seat belts.	1	28. Sufficient quantity of each for all crewmembers – Face Masks – both surgical and respiratory protective.	1
7. Interior lights.	1	29. Assorted pediatric and adult sizes rigid cervical collars as approved in writing by the medical director and available for review by the department.	1
8. Exterior floodlights.	1	30. Nasopharyngeal airways, French or mm equivalents (infant, pediatric, and adult)	1
9. Loading lights.	1	31. One approved biohazardous waste plastic bag or impervious container per Chapter 64J-E, F.A.C.	1
10. Heat and air conditioning with fan.	1	31a. Pediatric length based measurement device for equipment selection and drug dosage	1
11. Word-"Ambulance" – sides, back and mirror image front.	1	32. One per crewmember, safety goggles or equivalent meeting A.N.S.I.Z87.1 standard.	1
III. MEDICAL EQUIPMENT FOR TESTING (Chapter 64J-1, F.A.C., and KKK-A-1822)		33. Bulb syringe separate from obstetrical kit.	1
1. Installed suction. (Transport only)	1	34. Thermal absorbent reflective blanket.	1
Items 14, 18 and 26 in section IV must be tested.	N/A	35. Multi-trauma dressings.	1
IV. MEDICAL SUPPLIES AND EQUIPMENT (Chapter 64J-1, F.A.C., GSA KKK-A-1822)		GENERAL SANITATION (Section 401.26(2)(e), F.S.)	
1. Bandaging, dressing and taping supplies:	1	I. Vehicle and Contents <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
a. Rolls adhesive, silk or plastic tape.	1		
b. Sterile gauze pads, any size	1		
c. Triangular bandages	1		

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)

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