| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | AC13960055 | A. BUILDING _____ B. WING _____ | 11/02/2009 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ALL WOMEN'S HEALTH CENTER OF ORLAND | 431 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701 |

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| A 000 | INITIAL COMMENTS<br><br>A Relicensure survey was conducted on 11/2/09. Non-compliance was cited . | A 000 | **A150**- A staff meeting was held on 11/3/2009 regarding the deficiencies found during the state relicensure survey. A medication inventory log was implemented . A medical assistant was assigned to ensure all medications are checked monthly and replaced within two weeks of expiration date. All expired medications shall be properly disposed. The administrator will be required to initial the log book monthly for verification . Expired Medications and supplies 1-9 were disposed of properly. The clinic did have these medications (non expired) in the cabinet mixed in with the expired. | |
| A 150 | Clinic Supplies/Equip. Stand.-2nd Trimester<br><br>Each abortion clinic providing second trimester abortions shall provide the following essential clinic supplies and equipment:<br><br>(a) A surgical or gynecological examination table(s);<br><br>(b) A bed or recliner(s) suitable for recovery;<br><br>(c) Oxygen with flow meters and masks or equivalent;<br><br>(d) Mechanical suction;<br><br>(e) Resuscitation equipment to include, at a minimum, resuscitation bags and oral airways;<br><br>(f) Emergency medications, intravenous fluids, and related supplies and equipment;<br><br>(g) Sterile suturing equipment and supplies;<br><br>(h) Adjustable examination light;<br><br>(i) Containers for soiled linen and waste materials with covers; and<br><br>(j) Appropriate equipment for the administering of general anesthesia, if applicable.<br><br>Chapter 59A-9.0225(1), F.A.C. | A 150 | | |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

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| A 150 | Continued From page 1<br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure that all medications, supplies, and intravenous fluids had not expired according to the manufacturer's specifications.<br><br>Findings:<br><br>On 11/2/09 at approximately 12:00pm, observation of the medications and supplies stored in the medication cabinets revealed the following.<br><br>1. Zofran 40miligrams/20milliliters (mg/ml), opened without a date or signature, expired 8/09.<br><br>2. 2 Bottles containing 1000cc of Sterile Water, expired 2/09.<br><br>3. Iodoform gauze packing in opened bottle, 1/4 inch size, stained dark brown, opening date and expiration date unknown.<br><br>4. 2 bags of 500 ml size of intravenous (IV) Lactated Ringers (LR) solution, expired 3/09.<br><br>5. 2 bags of 500 ml size of LR, expired 9/09.<br><br>6. 6 vials of Rocephin 500mg, expired 8/09.<br><br>7. Blood glucose monitoring strips, expired 1/5/00.<br><br>8. 3 bottles of 500 ml size of Isopropyl alcohol, expired 8/00.<br><br>9. Gen Probe specimen collection kits for endocervical specimens, 14 expired on 5/31/08, and 13 expired 12/31/08. | A 150 | **A150- Continued**<br><br>All expired medications and specimen collection kits were properly disposed of and replaced (if necessary). The Laboratory which supplies the Gen Probes was notified that The sterile swab packaging displays a Different expiration date than The specimen solution containers. All expired medications and Gen Probe specimen collection kits were properly disposed and replaced if necessary . | |

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| A 150 | Continued From page 2<br>10. Bovine Albumin Solution for blood type testing, expired 5/24/09.<br><br>The administrator was interviewed on 11/2/09 at the time of the observations and confirmed the expired supplies and medications. | A 150 | **A150- Continued**<br><br>The Bovine Albumin Solution was expired and disposed of properly. This clinic last used Bovine January 2009. The clinic has placed a stock order to have available as needed. | |
| A 151 | Clinic Supplies/equip. Stand.-2nd Trimester<br><br>Emergency equipment shall be provided for immediate use, maintained in functional condition, and capable of providing at least the following services:<br><br>(a) Inhalation therapy<br><br>(b) Defibrillation<br><br>(c) Cardiac monitoring<br><br>(d) Suctioning<br><br>(e) Maintenance of patient airway<br><br>Chapter 59A-9.0225(2), F.A.C.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure that emergency resuscitative equipment was readily accessible and properly maintained, as indicated by the manufacturer's specifications.<br><br>Findings:<br><br>During the tour of the facility on 11/2/09 at 11:00am, resuscitative equipment was noted stored in an office, remote and removed from the daily flow of surgery. Additionally, the following was observed: | A 151 | **A151-**<br><br>Monday is a non clinic day. The clinic floors are routinely cleaned and waxed every other Monday. The survey was on a Monday and the staff had moved all equipment and floor items. The medical equipment is placed in a secure room to ensure damage or accidents do not occur with the cleaning crew. The equipment is placed back in order for the daily flow of patients on Monday afternoons after floors dry and cleaning crew has exited the premises. | |

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| A 151 | Continued From page 3<br><br>1. The service sticker on the EKG machine indicated that on 2/08, the machine was last checked for Preventive Maintenance (PM), and the next scheduled time would be 2/09. No indication was found that the 2/09 PM was performed.<br><br>2. The service sticker on the Pulse oximeter machine indicated that on 1/25/08, the machine was last checked for PM. The next scheduled interval was not noted.<br><br>3. The service sticker on the Defibrillator machine indicated that on 9/13/07, the machine was last checked for PM. The next scheduled interval was not noted.<br><br>The administrator was interviewed on 11/2/09 at approximately 2pm and confirmed the above findings. She stated, "This is the only place we have for 'that stuff.'" She confirmed she did not know when the next scheduled PM would be performed. She was asked if a written preventative maintenance program for patient monitoring, anesthesia and surgical equipment was developed and implemented and stated "No. If there's one, I don't know where it is." | A 151 | **A151- Continued**<br><br>1. Preventive maintenance was performed on the EKG machine 11/24/2009.<br>2. Preventive maintenance was performed on the Pulse Oximeter machine 11/24/2009.<br>3. Preventive maintenance was performed on the Defibrillator11/24/2009.<br><br>All emergency equipment passed inspection and service stickers are in place. | |
| A 152 | Clinic Supplies/equip. Stand.-2nd Trimester<br><br>Anesthesia.<br><br>(a) The clinic shall have anesthesia equipment maintained in proper working order for the appropriate administering of general and local anesthesia, analgesia, and sedation if ordered by the physician.<br><br>(b) All reusable anesthesia equipment in direct | A 152 | | |

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| A 152 | Continued From page 4<br>contact with the patient shall be cleaned or sterilized as appropriate after each use and such cleaning and sterilization shall be documented.<br><br>Chapter 59A-9.0225,(3), F.A.C.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to ensure anesthesia equipment was maintained in a clean manner, and failed to provide document evidence when reusable anesthesia masks used by patients were cleaned and sterilized.<br><br>Findings:<br><br>On 11/2/09 at 11:30am, an unlabeled pink solution was noted stored in plastic containers in each of the procedure rooms. The medical assistant (MA) was interviewed at that time and stated that the solution was used to "sterilize" the reusable masks that were used by patients receiving nitrous oxide sedation. She stated after use, the masks were cleaned and soaked in a this solution, and that the solution was changed weekly. A log book was stored in each room. The sheet for room 1 indicated that it was last changed on 10/19/09. The sheet for room 2 indicated that it was changed on 5/21, 6/8, 7/1, 7/8, 7/13, and 9/21/09. The sheet for room 3 indicated that it was changed on 5/11/09 and not again until 5/21/09, 7/13/09, and not again until 8/3/09, followed only on 8/24, 9/14, 9/21, 9/28, 10/12/09 and then last on 10/19/09. The MA stated, "Well, we don't really use the one in room 2. I don't know why the others aren't done."<br><br>The administrator was interviewed on 11/2/09 at | A 152 | **A152-**<br><br>The log book verifying<br><br>The mask are soaked<br><br>In the germicidal solution<br><br>Chem-Pink will be updated<br><br>weekly beginning 11/10/2009.<br><br>The containers are now<br><br>labeled correctly. The<br><br>solution will be changed<br><br>weekly regardless if the<br><br>mask were used in that<br><br>particular exam room or not. | |

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| A 152 | Continued From page 5<br>approximately 11:50am and confirmed that these logs were intended to document the frequency of solution change. She was unable to locate a written policy or procedure regarding the frequency for facility use and change of the solution. | A 152 | | |
| A 153 | Clinic Supplies/equip. Stand.-2nd Trimester<br><br>Resuscitative Medications Required.<br><br>The clinic shall have a crash cart at the location the anesthetizing is being carried out. The crash cart must include, at a minimum, those emergency medications to support the procedures performed as determined by the medical director.<br><br>Chapter 59A-9.0225(4), F.A.C.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure that emergency resuscitative medications were immediately available for use.<br><br>Findings:<br><br>During a tour of the facility conducted on 11/2/09 at 1:00pm, the Emergency Drug Kit was examined and the following was noted:<br><br>1. 50% Dextrose injection superjet, expired 7/1/09.<br>2. 50% Dextrose 50 milliliter (ml) vial, expired 5/1/09.<br>3. Flumazenil milligram/10ml vial, expired 7/09.<br>4. 8.4% Sodium Bicarbonate 50ml vial, expired 7/1/09.<br><br>The administrator was present at the time of the | A 153 | **A153-**<br><br>1. 50% Dextrose injection<br>Superjet has been<br>ordered and will be<br>replaced by 12/10/2009.<br><br>2. Currently have 50 %<br>Dextrose (ml)<br>Vial that expires 1/2010<br><br>3. Currently have Flumazenil /10ml<br>vial<br>Expires 1/2010.<br><br>4. 8.4% Sodium Bicarbonate<br>50 Ml vial is on order and will be<br>replaced by 12/10/09 | |

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| A 153 | Continued From page 6<br>tour and confirmed these findings. | A 153 | | |
| A 156 | Clinic Supplies/equip. Stand.-2nd Trimester<br><br>Equipment Maintenance.<br><br>(a) When patient monitoring equipment is utilized, a written preventive maintenance program shall be developed and implemented. This equipment shall be checked and/or tested in accordance with manufacturer's specifications at periodic intervals, not less than annually, to insure proper operation, and a state of good repair. After repairs and/or alterations are made to any equipment, the equipment shall be thoroughly tested for proper calibration before returning it to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance.<br><br>(b) All anesthesia and surgical equipment shall have a written preventive maintenance program developed and implemented. Equipment shall be checked and tested in accordance with the manufacturer ' s specifications at designated intervals, not less than annually, to ensure proper operation and a state of good repair.<br><br>(c) All surgical instruments shall have a written preventive maintenance program developed and implemented. Surgical instruments shall be cleaned and checked for function after use to ensure proper operation and a state of good repair.<br><br>Chapter 59A-9.0225(7), F.A.C.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview the facility failed to develop and implement a written | A 156 | | |

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| A 156 | Continued From page 7<br>preventative maintenance program for patient monitoring, anesthesia and surgical equipment to ensure equipment proper operation and state of good repair according to manufacturer's specifications.<br><br>Findings:<br><br>During the tour of the facility on 11/2/09 at 11am, the following was observed:<br><br>1. The service sticker on the EKG machine indicated that on 2/08, the machine was last checked for Preventive Maintenance (PM), and the next scheduled time would be 2/09. No indication was found that the 2/09 PM was performed.<br><br>2. The service sticker on the Ultrasound #2 machine indicated that on 11/25/08, the machine was last checked for PM. The next scheduled interval was not noted.<br><br>3. The service sticker on the Pulse oximeter machine indicated that on 1/25/08, the machine was last checked for PM. The next scheduled interval was not noted.<br><br>4. The service sticker on the Defibrillator machine indicated that on 9/13/07, the machine was last checked for PM. The next scheduled interval was not noted.<br><br>On 11/2/09 at 1:00pm, the administrator provided a facility policy and procedure (P&P) regarding PM programs. On page 1 of the P&P, it states, "Place all appropriate equipment and devices on a regular inspection and PM schedule. The device's user or maintenance manual should specify recommended time intervals..." On page | A 156 | **A156-**<br><br>Preventive Maintenance was Performed on 11/24/2009 for the EKG Machine, Ultrasound Machine 1&2, Pulse Oximeter And the Defibrillator. All Equipment passed the Inspection . Equipment and Devices are on an annual Preventive Maintenance Schedule . A PM log book Has been implemented Documenting the above and the administrator has read and been tested on the policy and procedure manual. | |

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| A 156 | Continued From page 8<br>2, it states, "Place a copy of the bill indicating what was serviced behind each item serviced in the Preventive Maintenance Instrument Listing Log Book. These records will indicate the history of testing and maintenance...Be certain proof of servicing date 'stickers' are placed on each machine services by an outside preventive maintenance company."<br><br>The administrator was interviewed on 11/2/09 at approximately 2pm and confirmed the above findings. She confirmed she did not know when the next scheduled PM would be performed. She was asked if a written preventative maintenance program for patient monitoring, anesthesia and surgical equipment was developed and implemented and stated "No; if there's one, I don't know where it is." | A 156 | **A156-Continued**<br>The Administrator is now Aware of Annual Preventive Maintenance Procedures. | |
| A9999 | Final Observations<br><br>Based on observation and interview, the facility failed to ensure that equipment and supplies were safely and appropriately stored, failed to ensure that documented evidence was provided to ensure the autoclave sterilizer was cleaned weekly and tested for spores in according to policy and procedure, or accepted surgical standards.<br><br>Findings:<br><br>During the initial facility tour with the Administrator on 11/2/09 at 10:15am revealed the following:<br><br>1. In the clean supply storage room, 3 sterile suction curettes were noted on the floor. The administrator was present at the time of the | A9999 | **A 9999-**<br>1. The sterile suction curettes Should have been picked up When pointed out by surveyor.<br>2. The company that supplies the Nitrous and the Oxygen came the next day to pick up the extra tanks they left during a recent delivery. There was no t a holder for the tanks. The company picked up the tanks . All tanks are supported properly. | |

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| A9999 | Continued From page 9<br>observation and took no immediate corrective action.<br><br>2. An unsecured pressurized tank of nitrous oxide and 2 pressurized tanks for oxygen were noted without a supportive structure were standing in the hallway.<br><br>3. The Medical Assistant (MA) was interviewed on 11/2/09 at approximately 11:30am and asked about the cleaning and testing of the autoclave used to sterilize surgical instruments. The MA stated according to facility policy the autoclave cleaning, and spore testing were to be performed every week. The Autoclave Cleaning log revealed that the last cleaning had been performed on 9/21/09. The documented evidence of the spore testing was reviewed and revealed that the autoclave spore test was performed in on 9/2, 9/11, 9/20, 9/30, 10/14, 10/22, and 10/28/09. The administrator was interviewed on 11/2/09 at 12:00pm and stated "I'm sure it was done every week. They probably just forgot to write it down." She was asked to provide documented evidence to reflect the autoclave was cleaned weekly but unable to locate any additional documentation.<br><br>Review of the facility policy and procedures related to the autoclave indicated, "Due to frequent use the autoclave must be cleaned on a weekly basis...(page 16), and "Steam sterilizers are tested with live bacterial spores on a weekly basis (page 17).<br><br>In an interview with the Administrator on 11/2/09 at 2:00pm, these findings were confirmed. | A9999 | **A 9999 continued-**<br><br>3. The Autoclave machine Is cleaned on a weekly basis. The log book will be documented on a weekly basis (every Monday). The Steam Sterilizers are Tested (weekly) every Wednesday. The Medical Assistants will properly document in the log book. This will be checked by the Administrator on a weekly basis to ensure accuracy. | |

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

CHARLIE CRIST
GOVERNOR

*Better Health Care for all Floridians*

THOMAS W. ARNOLD
SECRETARY

November 18, 2009

Administrator
All Women's Health Center Of Orlando, Inc
431 Maitland Avenue
Altamonte Springs, FL 32701

**Re: Relicensure Survey**

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on November 2, 2009 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this report. All deficiencies shall be corrected no later than December 2, 2009.**

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. Should you have any questions please call Diane King at (407) 245-0850.

Sincerely,

Diane King
Field Office Manager

DK/cid
Enclosure: State Form

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