

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2020
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NAME OF PROVIDER OR SUPPLIER CENTER OF ORLANDO FOR WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1103 LUCERNE TERRACE ORLANDO, FL 32806
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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A 000	<p>INITIAL COMMENTS</p> <p>A Relicensure survey and a complaint investigation for #202002305 were completed on . The Complaint was not substantiated. The Center of Orlando for Women had one deficiency found at the time of the visit.</p>	A 000		
A 100	<p>59A-9.022, FAC Physical Plant Req.-2nd</p> <p>.....</p> <p>The following are minimum standards of construction and specified minimum essential physical plant requirements which must be met when providing second</p> <p>These requirements shall apply to all new clinic construction and shall apply to any clinics receiving an initial license after the effective date of these rules when the clinic provides second</p> <p>.. Any .. clinic which provides second .. 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.</p> <p>(1) Consultation room(s) with adequate private space specifically designated for interviewing, counseling, and medical evaluations;</p> <p>(2) rooms designated for staff and patients;</p> <p>(3) Handwashing station(s) equipped with a mixing valve and .. blades and located in each patient exam/procedure room or area;</p> <p>(4) Private procedure room(s) with adequate light and .. for .. procedures;</p> <p>(5) Post procedure recovery room(s) equipped to meet the patient's needs;</p> <p>(6) Emergency exits wide enough to accommodate a standard stretcher or gurney;</p> <p>(7) Cleaning and sterilizing area(s) adequate for the cleaning and sterilizing of instruments;</p>	A 100		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X8) DATE _____

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A 100	<p>Continued From page 1</p> <p>(8) Adequate and secure storage area(s) for the storage of medical records and necessary equipment and supplies; and,</p> <p>(9) If not otherwise required by the Florida Building Code, at least one general use toilet room equipped with a washing station.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the handwashing station in the procedure room was equipped with blades.</p> <p>Findings:</p> <p>During an observation of the procedure room with the Administrator at approximately 10:20 AM on _____, the sink was observed to have round handles for the turning on of hot and _____ water. This handle design did not qualify as a blade. The Administrator confirmed the observation.</p>	A 100		