PRINTED: 03/09/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B MING AC13910032 02/22/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1135 NORTHWEST 23RD AVENUE, # N ALL WOMEN'S HEALTH CENTER OF GAINESVILLE, II GAINESVILLE, FL 32609 (X433F) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 000 INITIAL COMMENTS A 000 An unannounced re-licensure survey was conducted for All Women's Health Center of Gainesville on February 22, 2021, The provider had deficiencies at the time of the visit. A 156 59A-9.0225(7), FAC Clinic Suppl/eap-2nd A 156 Trimest-Egpt Maintenance 59A-9.0225 Clinic Supplies and Equipment Standards for Second Trimester Abortions. (7) Equipment Maintenance. (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 afterations 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. (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

repair.

This Statute or Rule is not met as evidenced by: LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

operation and a state of good repair. (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

> TITLE (X6) DATE

> > 03/05/21

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ALL WOMEN'S HEALTH CENTER OF GAINESVILLE, II 1135 NORTHWEST 23RD AVENUE, # N

ALL WOMEN'S HEALTH CENTER OF GAINESVILLE, II GAINESVILLE, FL 32609						
(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		
A 156	Continued From page 1	A 156				
	Based on observation and interview the facility failed to maintain equipment in state of good repair.					
	Finding					
	On initial tour of clinic on February 22, 2021 it was observed the suction machine used for evacuation procedure has right side handle unsecured to cabinet. The cabinet front and side have visible paint peeling and rust colored areas throughout (photographic evidence).					
	During an interview on 2/22/21 at 11:30 AM, with Administrator who was shown the suction machine stated, "I see it is rough looking."					
A 250	59A-9.024, FAC Clinic Policies/Procedures-2nd Trimester	A 250				
	An abortion clinic providing second trimester abortions shall have written policies and procedures to assure that quality patient care shall relate specifically to the functional activities of clinic services. These written procedures to shall apply to second trimester abortions and shall be available and accessible to clinic personnel and shall be reviewed and approved annually by the clinic's medical director. These policies and procedures shall include:  (1) Patient admission; (2) Pre- and post-operative care; (3) Physician's orders; (4) Standing orders with required signatures; (5) Medications, storage and administration; (6) Treatments; (7) Surgical asepsis; (8) Medial asepsis; (9) Sterilization and disinfection;					

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STATE FORM 699 QRVG11 H continuation sheet 2 of 5

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Agency for Health Care Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDERSUPPLIERCULA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING: B. WING		COMPI	(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER		ODRESS, CITY, STA			
ALL WOM	EN'S HEALTH CENTER	DE GAINESVILLE. II	RTHWEST 23RD /ILLE, FL 32609			
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A 250	Continued From page	2	A 250	9		and the same of th
	(10) Documentation: records; (11) Patient discharge (12) Patient transfer: (13) Emergency mea: (14) Incident reports; (15) Personnel orient (16) Inservice educat (17) Anesthesia; (18) Equipment and s maintenance; (19) Volunteers; and. (20) Visitors.  This Statute or Rule Base on observation, the facility failed to pr medication, and proportecting from light a Findings	Medical records and clinic s; sures; ation; on record; upplies: availability and is not met as evidenced by: record review and interview operly label bottled				
	on desktop. the unsecured vials h 01/21.	red box containing 3 vials Upon further observation ad an expiration date of				

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were several predrawn 3 milliliter (ml) normal with label dated 2/16/21. During the observation of medication storage cabinets, was noted to contain a full bottle of pills that were not labeled. Label identified the clinic name and no other identifiers were observed. A box was observed that contained an amber vial of ( ) and 2 predrawn 3 milliliter (ml) clear syringes labeled, 2/16/21. (photographic evidence)

STATE FORM QRVG11 If continuation sheet 3 of 5 Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: AC13910032 B. WING \_\_ 02/22/2021

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ALL WOMEN'S HEALTH CENTER OF GAINESVILLE, II 135 NORTHWEST 23RD AVENUE, # N GAINESVILLE, FL 32609						
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A 250	Continued From page 3	A 250		A CONTRACTOR OF THE CONTRACTOR		
	During an interview conducted on on 2/222/1 at 11:30 AM, with Administrator stated "1 Idd not know that the is in an amber bottle could not be pre-drawn up and left in clear syringe, did not know that was not allowed to be kept." Administrator stated "these are to be given whe doctor prescribes them to our patient, we put 4 pills in a pill bottle with patients name and date appointment." The Administrator when shown the unsecured clear box on desktop containing 3 vials, stated "those are expired, I put them there." When shown the normal in 5 ml syringes stated "they are labeled, those are ready for physician to use."	d d on of ne				
	Record review of facility Policy and Procedure Section XII Medications Medication Storage: Medication storage requires particular attention. Storage must ensure the condition of the supplies. Temperature, humidity, and the effects of light, dark and dust need to be taken into account, the package insert must be reviewed in the correct means of storage of medication.	s				
	Securing Medication: Security must be a priority. Medications should centrally located with the Administrator and one other person holding the keys. Any soon to be expired drugs should be replaced and if possibil returned to the pharmacy.					
	Medication Preparation: Label all medications, medication containers, (syringes, medication cups) or other solutions even if there is only one medication involved. Discard any solution or medication found withou an identification label.	ıt.				

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		AC13910032	B. WING		02/22	/2021
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ALL WOM	EN'S HEALTH CENTER		RTHWEST 23RD			
			VILLE, FL 32609			
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