

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2019
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NAME OF PROVIDER OR SUPPLIER A WOMAN'S CHOICE OF JACKSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 4131 UNIVERSITY BLVD SOUTH BLDG 2 JACKSONVILLE, FL 32216
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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
A 000	<p>INITIAL COMMENTS</p> <p>Complaint #s 2019016497, 2019017039, and 2019017455</p> <p>Three state licensure complaint surveys (Complaint #s 2019016497, 2019017039, and 2019017455) were conducted at A Woman's Choice of Jacksonville, an Abortion Clinic located at 4131 University Blvd. South, Bldg.2; Jax. FL 32216, on</p> <p>The complaint allegation for complaint # 2019016497 was substantiated at A0500. Allegations for other complaints could not be substantiated.</p>	A 000		
A 500	<p>59A-9.029, FAC Incident Reporting-2nd Trimester</p> <p>This section shall apply to incidents involving patients receiving second trimester abortions in any abortion clinic providing second trimester abortions. Those abortion clinics providing second trimester abortions which are in operation at the time of adoption of this rule shall be given six months within which to comply with the following clinic incident reporting requirements.</p> <p>(1) At a minimum an abortion clinic shall record each incident that results in serious injury to a patient as defined in Section 390.012(3)(h)1., F.S., or a viable fetus at an abortion clinic and shall report an incident in writing to the agency within 10 days after the incident occurs.</p> <p>(2) If a patient death occurs the abortion clinic shall report the death to the department and the appropriate regulatory board not later than the next workday. The report to the department shall be filed as required by Rule 64V-1.0061, F.A.C.</p>	A 500		

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

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

A WOMAN'S CHOICE OF JACKSONVILLE

**4131 UNIVERSITY BLVD SOUTH BLDG 2
JACKSONVILLE, FL 32216**

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A 500	<p>Continued From page 1</p> <p>This Statute or Rule is not met as evidenced by: Based on physician interview, staff interview and record review, the facility failed to report an Adverse Incident in writing to the Agency for Healthcare Administration (AHCA) within 10 days after the incident occurred for 1 (Patient #1) of 1 sampled patient.</p> <p>The findings include:</p> <p>During a phone interview with the facility's physician on ... at 2:15 PM, he confirmed that he performed a procedure with Patient #1 on ..., which resulted in her having a . He stated that once he was aware there was a problem with the procedure, he removed his instruments, ended the procedure, and immediately instructed staff to call 911 so the patient could be sent to the hospital as soon as possible.</p> <p>During an interview with the Clinical Director on at 2:25 PM, she confirmed that Patient #1 had a procedure in her second trimester of pregnancy on , which resulted in a . She stated the facility immediately called 911 and emergency medical staff took the patient to the closest hospital. When she was asked if the facility reported an Adverse Incident Report in writing to AHCA, she replied, "I thought we mailed it, but I don't have a copy of it."</p> <p>A record review of Patient #1 found she had a</p>	A 500		

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A 500	<p>Continued From page 2</p> <p>... procedure at the facility on During the procedure, the physician had to stop what he was doing due to a ... and 911 was called. Patient #1 was then sent to the hospital emergency room.</p> <p>A record review of hospital notes for Patient #1 revealed she was sent to the hospital's Emergency Room on ... from the ... Clinic due to an ... complication needing emergency intervention.</p> <p>Record review of facility documentation revealed no evidence an Adverse Incident was reported to AHCA within 10 days of the incident, nor anytime thereafter. Record review of Adverse Incident Reporting (AIRS) for AHCA revealed there were no adverse incidents on file from the facility.</p> <p>Class III</p>	A 500		