AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AC13960038	03/13/2018
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	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

DOOD - INITIAL COMMENTS

A Re-licensure survey was completed on, at A Woman's Choice of Jacksonville, an Abortion Clinic located in Jacksonville, FL.

This facility was found to be NOT in compliance with the Abortion Clinic licensure requirements of FS 483, 59A-9, F.A.C. at the time of this survey.

D202 - Clinic Personnel-2nd Tri-Orientation/Training - 59A-9.023(4-5), FAC

Based on record review and staff interview, the facility failed to ensure required Staff Members received ... control training for two of six employee records, and failed to ensure one of six Staff Members received a form of orientation to the clinic and fire safety training.

The findings include:

The record review on of the Employee Training showed missing initial Control training for Staff Member #2 and Staff Member #4. Staff Member #3 was missing orientation and fire safety training.

The interview on at 10:32am with the Executive Director of Clinical Services confirmed the records were missing from the employee folders.