

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960068	(X3) DATE SURVEY COMPLETED 02/05/2016
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NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 2100 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33308
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 INITIAL COMMENTS

An unannounced relicensure survey commenced on 2/1/16, and was completed on 2/4/16 at All Women's Clinic. The facility had a deficiency found at the time of the visit.

0100 Physical Plant Req.-2nd Trimester

Based on observation and interview, the facility failed to provide an adequate area for the cleaning and sterilizing of instruments.

The findings include:

At approximately 11:00 AM on 2/1/16, during a tour of the facility with the Owner/Medical Director, a [redacted] for cleaning surgical instruments prior to them being sterilized in an autoclave machine located in another [redacted] toured, the following observations were made: " a brush with a long handle and blue bristles lying behind the sink in the [redacted] observed to have particles of brown matter between the bristles of the brush, a screwdriver caked with rust like matter was observed on the counter next to the sink, approximately 3 empty jars utilized to contain products of conception during surgical abortion procedures were observed on the counter in the [redacted], an uncovered tray containing [redacted] stained disposable cloths utilized during surgical abortion procedures was lying on the counter, a basin containing soiled surgical instruments which were being cleaned in a liquid solution, was also lying on the counter in the [redacted]. The portion of the counter to the left of the sink was caked with rust like matter, and white particles. During interview with the Medical Director and Medical Assistant #1 at approximately 11:10 AM on 2/1/16, they explained that the brush with the soiled blue bristles lying behind the sink was utilized to clean the empty jars which had previously contained the products of conception, the screwdriver caked with a rust like matter lying on the counter near the sink was utilized by the Medical Director to pry open the jars which had contained products of conception, they stated that the uncovered tray containing [redacted] stained disposable cloths utilized during surgical procedures was emptied at the end of the day, after additional surgical abortion procedures were completed, they explained that the basin containing soiled surgical instruments was being cleaned in a solution of clorox, pine sol, and detergent, and the surgical instruments were observed soaking in the solution prior to being sterilized in the autoclave machine, located in another [redacted]. At approximately 11:30 AM on 2/1/16, during an interview with the Medical Director, he stated that the brush utilized to clean the jars containing the product of conception was also placed in the basin containing the surgical instruments soaking in the clorox, pine sol, and detergent solution, at the end of the day. Observation revealed that he placed the brush in the solution during the interview.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
All Women's Clinic
2100 E Commercial Blvd
Fort Lauderdale, FL 33308

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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