

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910031	(X3) DATE SURVEY COMPLETED 11/07/2016
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4131 CENTRAL AVE SAINT PETERSBURG, FL 33713	

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

0000 INITIAL COMMENTS

accepted this

An unannounced Licensure survey was conducted at All Women's Health Center, Inc., an abortion clinic located in St. Petersburg, Fl. on 11/07/16. License #838.

The provider had deficiencies at the time of the visit.

0151 Clinic Supplies/eapt.-2nd Trimest-Emera eapt

Based on observation and staff interview it was determined the facility failed to ensure emergency equipment was available for immediate use for inhalation and suctioning.

Findings included:

On 11/7/16 at approximately 9:30 a.m. a tour of the facility was conducted. Observation of the facility's emergency equipment available for immediate use revealed no evidence of equipment available to provide inhalation. In exam room #1 a suction machine was observed with no supplies for patient use.

Interview with the Administrator on 11/7/16 at approximately 10:15 a.m. confirmed there was no emergency equipment for inhalation and no supplies present in the facility for use of the suction machine.

0156 Clinic Suppl/eap-2nd Trimest-Eapt Maintenance

Based on observation and interview it was determined the facility failed to ensure electrical equipment was tested, not less than annually, to ensure proper operation and a state of good repair.

Findings Included:

On 11/7/16 at 9:38 a.m. accompanied by the administrator, a tour of the facility was conducted. Observation revealed the suction machine did not have any preventative maintenance or electrical safety check stickers.

A review of the preventative maintenance log and electrical safety checks did not list the suction machine.

An Interview with the administrator on 11/7/16 at 11:30 a.m. confirmed the above findings.

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0201 Clinic Personnel-2nd Trimester

Based on review of personnel files and staff interview it was determined the facility failed to ensure a position description for the Administrator delineating duties and responsibilities and failed to ensure an Allied Health Professional had competency established for one (C) of two Allied Health Professionals reviewed.

Findings included:

Review of the personnel file for the Administrator revealed a job description present for a Medical Assistant position. There was no evidence a job description as the Administrator, delineating duties and responsibilities, was present.

Interview with the Administrator on // at approximately 12:30 p.m. revealed she had been the administrator for approximately one month.

Review of the personnel file for (AHP) Allied Health Professional (C) revealed no evidence competencies had been established. Review of medical records confirmed the AHP was actively providing patient care at the facility during the past 12 months.

Interview with the Administrator on // at approximately 12:30 p.m. confirmed the findings.

0302 Medical Screenina/eval.-2nd Tri-Lab Ea/Suppl

Based on observation and staff interview it was determined the facility failed to ensure supplies were within the manufacturer's recommended dates for safe use.

Findings included:

On // at approximately 9:40 a.m. accompanied by the administrator a tour of the twenty-six expired supplies:

- Seven-9 millimeter disposable currettes
- Fourteen-12 millimeter disposable currettes expired //
- Five-7 millimeter disposable currettes expired

On // at approximately 9:45 a.m. accompanied by the administrator a tour of the storage three hundred thirty three expired supplies:

- Eighty-6 millimeter disposable currettes expired

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/16/2016
FORM APPROVED

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One-hundred-8 millimeter disposable currettes expired
 Eighteen-6 millimeter disposable currettes expired
 One-7 millimeter disposable currettes expired
 Thirty two-6 millimeter disposable currettes expired
 Thirty two-8 millimeter disposable currettes expired
 Two-8 millimeter disposable currettes expired
 One-8 millimeter disposable currettes expired
 Sixty five-7 millimeter disposable currettes expired

On 11/07/2016 at approximately 9:50 a.m. accompanied by the administrator a tour of exam room #1 revealed sixty one expired supplies:

Seventeen-11 millimeter disposable currettes expired 10/2013
 Thirty two-7 millimeter disposable currettes expired
 Twenty two-6 millimeter disposable currettes expired
 Two-Thin Prep Test expired //

On 11/ at approximately 9:50 a.m. accompanied by the administrator observation of the emergency equipment cart located between exam # and exam # revealed three expired supplies:

Three-1000 ml (milliliters) D5LR (5%) () solution bags expired

On // at approximately 9:55 a.m. accompanied by the administrator a tour of exam # revealed twenty three expired supplies:

One-6 millimeter disposable currettes expired
 Twenty two-6 millimeter disposable currettes expired

An interview with the administrator on // at 10:00 a.m. during the tour confirmed the above findings.

Z803 License Required: Display

Based on observation and interview it was determined the facility failed to display the facility's Florida State license readily visible to all who enter the facility.

Findings included:

On // at approximately 9:00 a.m. observation of the entrance and public waiting area did not reveal a Florida State License.

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An interview at the time of observation conducted with the facility administrator revealed the license was not displayed in a conspicuous place for all who entered facility to view. It was posted in a restricted access hall.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

February 11, 2016

Administrator
All Women's Health Center, Inc.
4131 Central Ave
Saint Petersburg, FL 33713

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on February 11, 2016 by representative(s) 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 February 11, 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 surveyor(s). Should you have any questions please call Nila Perrone at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/eah
Enclosure

XG90

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