

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED MAR - 2 2011
NAME OF PROVIDER OR SUPPLIER FLORIDA WOMEN'S CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 3599 UNIVERSITY BLVD S SUITE 1200 JACKSONVILLE, FL 32216		
(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	INITIAL COMMENTS At the time of the licensure survey conducted on 2011, Florida Women's Health Center was found not to be in compliance with the requirements of Chapter 390 F.S. and 59A-9 F.A.C.	A 000	A 000: Response for deficiency correction attached below. A0201 (Finding #1): The deficiencies noted by the reviewer reflect a lack of written documentation relating to annual recurrent personnel training. While documentation of employee orientation pursuant to A0202 was provided, and the reviewer was expressly informed that training is ongoing by the attending physicians and involving every employee, there was insufficient written documentation and records to reflect annual program content and attendance to satisfy the statutory requirement. The POC that has been implemented: A detailed annual in-service formal record incorporating A0201, A0202, and A0203 , reflecting annual attendance and training in the following required categories: <ul style="list-style-type: none"> • patient counseling and advocacy • _____ control, including precautions for _____ borne sanitation, hand washing, use of gloves and masks, and _____ transmittal likelihood. • Fire protection, including evacuation, fire extinguisher use, reporting • Confidentiality of records and patient rights • Licensing regulations • Incident reporting In addition, annual sign off sheets have been developed for the clinic policies and procedures relating to A203. A0201 (Finding #2): The reviewer has indicated a lack of information relating to incident reporting after reviewing the policies, procedures, Rules and protocols, and workplace behavior. This finding is inaccurate as a numbered and detailed list of procedures reflecting the A0250 regulations was shown to	
A 201	Clinic Personnel-2nd Trimester Each abortion clinic providing second trimester abortions shall have a staff that is adequately trained and capable of providing appropriate service and supervision to the patients. The clinic will have a position description for each position delineating duties and responsibilities and maintain personnel records for all employees performing or monitoring patients receiving a second trimester abortion. The clinical staff requirements are as follows: Physicians. The clinic shall designate a licensed physician to serve as a medical director. Nursing Personnel. Nursing personnel in the clinic shall be governed by written policies and procedures relating to patient care, establishment of standards for nursing care and mechanisms for evaluating such care, and nursing services. Allied health professionals, working under appropriate direction and supervision, may be employed to work only within areas where their competency has been established. Chapter 59A-9.023(1),(2), and (3), F.A.C. This STANDARD is not met as evidenced by: Based on a review of the facility's personnel training records and interviews with the Physician in charge and the Office Manager, this	A 201		

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Handwritten notes:
3/1/11
[Signature]

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Lab/Clinic Director* (X6) DATE *3/1/11*

STATE FORM

6999

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If continuation sheet 1 of 2

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A 201	<p>Continued From page 1</p> <p>requirement has not been met. The findings include:</p> <p>1. On _____ at 10am, a review of the facility's In-service Training records from _____ 2010 to current date revealed that the facility had not conducted annually required personnel training specific to _____ Control practices including universal/standard precautions against _____ borne _____ handwashing, use of personal protective equipment such as masks and gloves, and instruction to staff on what should be done if there is a likelihood of transmitting a _____ to patients or other staff members.</p> <p>2. On _____ at 10 am, a review of the facility's policies, procedures, Rules and Protocols, and Workplace Behavior revealed no information specific to Incident Reporting. A review of the In-service Training records from _____ 2010 to current date revealed that the facility had not conducted annually required personnel training on Incident Reporting.</p> <p>On _____ at 10:15am, an interview with the facility's Office Manager confirmed that the In-Service Training records for facility personnel conducted in _____ 2010 to current date did not include information specific to _____ Control and Incident reporting. She further confirmed that those specific topics had not been included in the annual personnel training.</p> <p>On _____ at 10:30 am, an interview with the Physician revealed that the facility has not had any incidents to report therefore there was no need for staff training.</p>	A 201	<p>her in the company policy and procedure book and enclosed, reflected in paragraph #14. (see attached exhibit A). The substance of this problem was that there were no incidents to report pursuant to section A500 or section 390.012(3)(h), F.S. Reflecting this fact and due to the fact that there were no statutorily defined incidents to report, there were subsequently no entries in an identifiable record or log.</p> <p>The POC that has been implemented: We have generated an ongoing log page to document and reflect the presence OR absence of incidents and will continue with our responsibility to report as required any incident in continued accordance with the statutory requirements. As stated in the previous paragraph, (Finding #1), _____ control and incident reporting annual training and attendance logs have been implemented.</p> <p>All above POC's will be monitored by the clinic director and recur annually.</p>	