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 FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960062	(02) MULTIPLE CONSTRUCTION A. BUILDING: AUG - 6 2014 B. WING: AHCA - HC 87/29/2014	(03) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER FLORIDA WOMEN'S CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3599 UNIVERSITY BLVD S SUITE 1200 JACKSONVILLE, FL 32218
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(04) 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)	(05) COMPLETE DATE
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A 000	INITIAL COMMENTS An unannounced Re-licensure survey was conducted on 2014 at Florida Women's Center, LLC. Florida Women's Center had Licensure deficiencies found at the time of this visit.	A 000	Core elements of corrections: Prefix Tag A202: Corrective action completed 2014 Category: Clinic personnel-2nd tri	Aug 1 2014
A 202	Clinic Personnel-2nd Trimester Orientation. Each facility shall have and execute a written orientation program to familiarize each new staff member, including volunteers, with the facility and its policies and procedures, to include, at a minimum, fire safety and other safety measures, medical emergencies, and control. In-service Training. In-service training programs shall be planned and provided for all employees including full time, part time and contract employees, at the beginning of employment and at least annually thereafter and will also apply to all volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually, and for surgical assistants and volunteers, must include training in counseling, patient advocacy and specific responsibilities associated with the services they provide: (a) Infection control, to include at a minimum, universal precautions against -borne diseases, general sanitation, personal hygiene such as hand washing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members. (b) Fire protection, to include evacuating patients.	A 202	All current employees have undergone a repeat annual full in-service including counseling, policy and procedures, fire safety, safety measures, control, medical emergencies, licensing requirements, incident reporting, patient confidentiality and rights and multiple subcategories as required. Employee (B) who failed to sign the 2014 attendance form has now signed the updated new annual in-service training. Employee (E) who was not a hired employee at the time of the previous in-service has also been in-serviced and signed the updated attendance form. Calendar reminders remain in place. A new protocol for hiring and documentation of oriented new and current employees and volunteers has been instituted with a continued calendar reminder. Staff counseling and education has been reinforced and enhanced. The administrator has implemented an additional personal checklist to monitor and assure continued permanence, lack of omissions, and effectiveness of the changes of employee responsibilities and diligence in training and operations.	Aug 1 2014

Rec Accepted 8/14/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Aracelis Brown* TITLE: *Asst Dir* DATE: *Aug 6, 2014*

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES
AND PLAN OF(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

AC13980062

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: _____
B. WING: _____(X3) DATE SURVEY
COMPLETED

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
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETE
DATE

A 202

Continued From page 1

proper use of fire extinguishers, and procedures for reporting fires;
(c) Confidentiality of patient information and records, and protecting patient rights;
(d) Licensing regulations; and
(e) Incident reporting.

Chapter 59A-9.023.(4) and (5), F.A.C.

This STANDARD is not met as evidenced by:
Based on facility record reviews and staff interviews, the facility failed to ensure staff orientation and annual training including fire safety, other safety measures, medical emergencies, and control, were completed for 2 (Employee B and Employee E) of 5 employees.

The findings include:

- 1). A review of the facility's in-service staff meeting record dated _____ reveals no evidence that Employee B, who has a hire date of 7/29/2008, attended the Annual Regulatory Training/In-service Meeting.
- 2). A review of the facility's in-service staff meeting record dated _____ reveals no evidence that Employee E attended the Annual Regulatory Training In-service Meeting. Employee E worked in the facility as an intern prior to her hire date of _____. A review of the personnel file for Employee E reveals no evidence that the facility's orientation included the required regulatory training. A review of the personnel file for Employee E reveals she reviewed and signed

A 202

All enhancements, changes, and modifications are effective immediately as of 2014

Aug 1,
2014

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

07/29/2014

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FLORIDA WOMEN'S CENTER, INC.

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 202	Continued From page 2 verification of understanding of the OSHA Policy and Procedures Manual on _____ during her internship. An interview with the Administrator on 7/29/14 at 11:27 am reveals that the OSHA Policy Manual Training includes the entire office Policy and Procedures Manual. The Administrator stated that he is responsible for all staff training for the Medical Assistants, and can assure the surveyor that all employees have completed the required training. The Administrator was unable to provide written evidence and documentation of the completed training for Employee B and Employee E upon request.	A 202	Prefix Tag A302: Corrective action completed 2014 Category: Medical Screening/eval 2 nd Trimester. Immediately upon the finding of the Emergency med kit containing unopened yet expired medications, a complete set of all medications in the kit were ordered and have been received. All medications identified with any expiration dates close to expiration or beyond manufacturer recommendations were identified and destroyed or _____ for destruction in accordance with proper disposal techniques. The remote Emergency medication kit as a unit has been added as a unique item of inspection with checklist for stocking, supply and control of this kit to assure expiration dates remain current.	Aug 1 2014 July 30, 2014
A 302	Medical Screening/eval.-2nd Trimester Laboratory Equipment and Supplies. (a) All equipment and supplies for the collection, storage, and testing of specimens shall meet the provisions of Rule 59A-7 F.A.C., and shall be maintained according to manufacturer's instructions and in a manner that ensures accurate test results. (b) Temperature controlled spaces for the storage of specimens or testing supplies shall be monitored and recorded to ensure that the proper storage temperature is maintained. (c) All dated supplies and materials shall not be used beyond their expiration date. (d) Adequate facilities and supplies for the collection, storage and transportation of laboratory specimens shall be available on site.	A 302	<ul style="list-style-type: none"> All employees underwent reinforcement of specific and focused management techniques of reinforced monitoring, rotation, and proper handling of medications and supplies. The facility medication instituted a new enhanced organizational protocol for enhanced separation of all medications being prepared and continued safe labeling and identification. 	July 30 2014 July 30 2014 July 30 2014

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

AC13960082

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

07/29/2014

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 302	<p>Continued From page 3</p> <p>Chapter 59A-9.025(3), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interviews, the facility failed to ensure that all supplies and medications were not available for patient use beyond the manufacturer's expiration date.</p> <p>The findings include:</p> <p>1). An observation of the Emergency Medication Kit on 7/29/2014 at 10:50 am reveals it contains the following:</p> <p>1 vial of _____ 20mg, with an expiration date of _____ 2012; 2 vials of _____ 20mg with an expiration date of _____ 2012; 1 vial of Dexamethasone 20mg with an expiration date of _____ 2012;</p> <p>1 vial of _____ 100mg with an expiration date of _____ 2013;</p> <p>1 vial of _____ 0.4mg with an expiration date of _____ 2012; 1 vial of Methylprednisolone 40mg with an expiration date of _____ 2012; 2 vials of Sterile Water 10cc with an expiration May 2014, and</p> <p>1 vial of Sterile Water 10cc with an expiration date of _____ 2011.</p> <p>An interview with the Office Manager on _____ at 10:50 am reveals the Emergency Medication Kit has not been used since she was hired, and no one really looks in the Emergency Medication Kit to see if the medications are expired. However, the facility will get the expired medications replaced.</p>	A 302	<ul style="list-style-type: none"> A protocol has been enhanced and established requiring preparation of one medicine type at a time in the medication _____ a single employee from start to finish and at no time can the monitor leave the medications unattended without completing the task of labeling and proper secure storing. All medications are prepared in a one-step/one-task/one person method to assure continued systemic control. A protocol has been established to no longer store identified expired medications waiting for disposal in the medication _____ but to remove them and place them in a separate and designated area specifically for expired medications that need to be properly disposed. This disposal area is under the administrator's control and the administrator is to be notified each time there are medications that are identified as being close to expiration date or expired to assure proper monitoring, handing, replacement, and safe disposal. An additional monthly monitoring checklist has been implemented to check expiration dates on medicines in the medication _____ office. All staff has been re-instructed and counseled in detail regarding diligence of rotation of stock and checking expiration dates to assure systemic continued monitoring, compliance and reliability. 	<p>July 30 2014</p> <p>July 30 2014</p> <p>July 30 2014</p> <p>July 30 2014</p>

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

AC1396062

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY COMPLETED

07/29/2014

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)

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PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETE DATE

A 302

Continued From page 4

A 302

2). An observation of the facility's Medication at 10:04 am reveals there are 54 pre-filled syringes of 10cc's of clear liquid on the counter with an orange Post-It Note on top of it labeled '1%'. There is a separate batch of 82 10cc syringes filled with clear liquid on the same counter with an orange Post-It Note on top labeled '2%'. There is a box on the counter top containing 21 bottles of 1% with an expiration date of 2014.

An observation of another counter top in the Medication Storage there are 25 bottles containing 4 pills each, of an unlabeled medication with a large empty bottle of Misoprostol 200mg sitting on top of that counter. There is another set of 30 bottles containing 10 pills each of unlabeled medications, with a partially filled bottle of 500mg pills observed on top of the counter.

An interview with the Office Manager on at 10:32 am reveals that the this Surveyor is used to store medications. The Office Manager stated that the pre-filled syringes of clear liquid on the counter tops are 1% and 2%, which were drawn up by the Medical Assistants yesterday. She stated the Lidocaine was drawn up into the syringes using the bottles from the counter top. The Office Manager confirmed the expiration date of 2014 on the 21 bottles of 1%

July 30
2014



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

VIA U. S. Mail & FAX:

, 2014

Patrick Kelly, M.D., Administrator
Florida Women's Center, Inc.
3599 University Boulevard South; Suite 1200
Jacksonville, FL 32216

Dear Dr. Kelly:

Re: RE-LICENSURE SURVEY

This letter reports the findings of an unannounced re-licensure survey completed on 2014 by a representative of this office. It was determined that Florida Women's Center was not in compliance.

Attached is State (3020) Form, indicating the Standard level deficiencies cited.

You must provide the Agency with an acceptable Plan of Correction (PoC) for all deficiencies cited within **ten calendar days** from receipt of the Form CMS 2567. Please complete a Plan of Correction (PoC) for the deficiencies, including the **date corrective action was accomplished or is anticipated to be accomplished**. Please indicate correction date(s) in the right-hand column of the State Form, under "Completion Date", for each deficiency. Please sign and date page 1 on the bottom, and return to the Jacksonville Field Office within ten calendar days of receipt. Failure to submit a reply within this time frame may jeopardize your licensure status. All deficiencies must be corrected no later than **2014**.

In order for a PoC to be acceptable, it must include the following elements:

Core Elements of PoC:

- How the corrective action will be accomplished for individuals found to have been affected by the deficient practice;
- How the facility will identify other individuals who have the potential to be affected by the same deficient practice, and how the facility will act to protect individuals in similar situations;
- What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- How the facility will monitor its corrective actions/performance to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change to ensure that solutions are permanent; and

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SideShare.net/AHCAFlorida

- What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and,
- When corrective action will be accomplished. Please refer to above paragraph for instructions on how to complete the *State Form*.

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. If you have questions, please contact us at (904) 798-4201.

Sincerely,



Joan M. Lynch, RN, MSN
Registered Nurse Consultant
Division of Health Quality Assurance

RED/JML/JR/je
Enclosure

BNOB