

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LAKELAND WOMEN'S HEALTH CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4444 SOUTH FLORIDA AVENUE LAKELAND, FL 33813
---	--

(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 A re-licensure survey was conducted at the Lakeland Women's Health Center, Inc. on . The provider had deficiencies at the time of the visit.	A 000		
A 050	390.014(2) FS Licensure Procedures 390.014 Licenses; fees.- (2) A separate license shall be required for each clinic maintained on separate premises, even though it is operated by the same management as another clinic; but a separate license shall not be required for separate buildings on the same premises. This Statute or Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to display the facility license in a conspicuous place readily visible to clients who enter at the address appearing on the license. Findings included: On at 08:41 a.m., the surveyor entered facility and did not see the facility license. The facility license was located behind a locked door, across from reception desk. An interview on at 09:00 with the Administrator confirmed the findings and the license was moved to a readily visible location.	A 050		
A 100	59A-9.022, FAC Physical Plant Req.-2nd The following are minimum standards of construction and specified minimum essential	A 100		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
--	-------	-----------

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LAKELAND WOMEN'S HEALTH CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4444 SOUTH FLORIDA AVENUE LAKELAND, FL 33813
---	--

(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 100	<p>Continued From page 1</p> <p>physical plant requirements which must be met when providing second</p> <p>These requirements shall apply to all new clinic construction and shall apply to any clinics receiving an initial license after the effective date of these rules when the clinic provides second</p> <p>. Any clinic which provides second and is in operation at the time of adoption of this rule shall be given one year within which to comply with the physical plant requirements.</p> <p>(1) Consultation room(s) with adequate private space specifically designated for interviewing, counseling, and medical evaluations;</p> <p>(2) rooms designated for staff and patients;</p> <p>(3) Handwashing station(s) equipped with a mixing valve and blades and located in each patient exam/procedure room or area;</p> <p>(4) Private procedure room(s) with adequate light and for procedures;</p> <p>(5) Post procedure recovery room(s) equipped to meet the patient's needs;</p> <p>(6) Emergency exits wide enough to accommodate a standard stretcher or gurney;</p> <p>(7) Cleaning and sterilizing area(s) adequate for the cleaning and sterilizing of instruments;</p> <p>(8) Adequate and secure storage area(s) for the storage of medical records and necessary equipment and supplies; and,</p> <p>(9) If not otherwise required by the Florida Building Code, at least one general use toilet room equipped with a washing station.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview it was determined the facility failed to have Handwashing station(s) equipped with a mixing valve and blades located in each patient</p>	A 100		
-------	--	-------	--	--

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LAKELAND WOMEN'S HEALTH CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4444 SOUTH FLORIDA AVENUE LAKELAND, FL 33813
---	--

(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 100	Continued From page 2 exam/procedure room or area. Findings included, On at 08:45, a tour of the facility revealed three [3] exam/procedure rooms. Each exam/procedure room was equipped with a handwashing sink but failed to have . blades. An Interview on during the tour confirmed the above findings and it was stated the omission would be corrected.	A 100		
A 156	59A-9.0225(7), FAC Clinic Suppl/eqp-2nd Trimest-Eqpt Maintenance 59A-9.0225 Clinic Supplies and Equipment Standards for Second (7) Equipment Maintenance. (a) When patient monitoring equipment is utilized, a written preventive maintenance program shall be developed and implemented. This equipment shall be checked and/or tested in accordance with manufacturer's specifications at periodic intervals, not less than annually, to insure proper operation, and a state of good repair. After repairs and/or alterations are made to any equipment, the equipment shall be thoroughly tested for proper calibration before returning it to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance. (b) All and surgical equipment shall have a written preventive maintenance program developed and implemented. Equipment shall be checked and tested in accordance with the manufacturer's specifications at designated intervals, not less than annually, to ensure proper operation and a state of good repair.	A 156		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LAKELAND WOMEN'S HEALTH CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4444 SOUTH FLORIDA AVENUE LAKELAND, FL 33813
---	--

(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 156	<p>Continued From page 3</p> <p>(c) All surgical instruments shall have a written preventive maintenance program developed and implemented. Surgical instruments shall be cleaned and checked for function after use to ensure proper operation and a state of good repair.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure one of seven portable e-cylinder tanks were secured.</p> <p>Findings include,</p> <p>During facility tour on _____ at approximately 09:00 it was observed seven [7] portable e-cylinder tanks were stored in the sterilization/supply room. Six [6] of seven [7] portable tanks were properly stored within a secured rack. One [1] of seven [7] was stored unsecured within a two-wheeled cart. The cart was missing the secure screw/pin.</p> <p>An interview on _____ during the tour with the facility Administrator confirmed the above findings.</p>	A 156		
A 302	<p>59A-9.025(3), FAC Medical Screening/eval.-2nd Tri-Lab Eq/Suppl</p> <p>59A-9.025 Medical Screening and Evaluation of Patients Receiving Second</p> <p>(3) Laboratory Equipment and Supplies. (a) All equipment and supplies for the collection, storage, and testing of specimens shall meet the provisions of Chapter 59A-7, F.A.C., and shall be</p>	A 302		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
LAKELAND WOMEN'S HEALTH CENTER, INC.

STREET ADDRESS, CITY, STATE, ZIP CODE
**4444 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813**

(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 Continued From page 4

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.

This Statute or Rule is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure all dated supplies and materials were used according to the manufacturer's recommendations for use and shall not be used beyond their expiration date.

Findings included,

The tour of the laboratory room on at approximately 08:45 a.m. revealed the following expired laboratory supplies:

- 1 bottle of 100 tubes-expired
- 2 of 6 Rho D (human)-expired
- 5 of 5-expired
- 1 box Multi sample needles 22 X 1-expired
- 1 box collection needles-expired
- 1 box collection needles-expired
- 1 box vacutainer needles expired-

The tour of the exam sterilization/supply room on at approximately 09:00 a.m., revealed the following expired supplies:

- 9 of 9 pink capped

A 302

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LAKELAND WOMEN'S HEALTH CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4444 SOUTH FLORIDA AVENUE LAKELAND, FL 33813
---	--

(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	Continued From page 5 expired The tour of exam/procedure . . # on at approximately 09:10 a.m., revealed the following expired supplies: - 1 of 1 set expired An interview on at approximately 11:00 a.m. with the Administrator confirmed the above findings.	A 302		
A 600	59A-9.031(1), FAC Clinical Records (1) A permanent individual clinical record shall be kept on each clinic patient. Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval. (a) Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval. (b) Clinical records involving second procedures shall be kept confidential and secure. (c) reports signed by the physician performing the second shall be recorded in the clinical record immediately following the procedure or that an progress note is entered in the clinical record to provide pertinent information. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to maintain complete and accurate clinical medical records for three (#6, 7, and 9) of 10 records sampled. Findings included:	A 600		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LAKELAND WOMEN'S HEALTH CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4444 SOUTH FLORIDA AVENUE LAKELAND, FL 33813
---	--

(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 600	<p>Continued From page 6</p> <p>A review of Patient # 6's record found the patient was admitted to the facility on _____ for a second _____ surgical procedure. A review of the post-op assessment notes found no documentation of the post procedure _____ size and tone assessment. The assessment for _____ size and tone was left blank.</p> <p>A review of Patient # 7's record found the patient was admitted to the facility on _____ for a second _____ surgical procedure. A review of the post-op assessment notes found no documentation of the post procedure _____ size and tone assessment. The assessment for _____ size and tone was left blank</p> <p>A review of Patient # 9's record found the patient was admitted to the facility on _____ for a second _____ surgical procedure. A review of the post-op assessment notes found no documentation of the post procedure _____ size and tone assessment.</p> <p>An interview on _____ at approximately 11:00 a.m. with the facility Administrator confirmed the above findings.</p>	A 600		
-------	---	-------	--	--