

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910025	(X3) DATE SURVEY COMPLETED 12/18/2018
NAME OF PROVIDER OR SUPPLIER TAMPA WOMAN'S HEALTH CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2010 E. FLETCHER AVENUE TAMPA, FL 33612	

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

0000 - INITIAL COMMENTS

An unannounced Re-Licensure Survey was conducted at Tampa Woman's Health Center, Inc. on

The facility had deficiencies at the time of the survey.

License #815

D201 - Clinic Personnel-2nd - 59A-9.023(), FAC

Based on personnel file review, policy review, and staff interview it was determined five of five direct care employees personnel files (A, B, C, D, E), of a total sample of nine employees, failed to include appropriate documentation.

Findings included:

The review of the document titled Employee and Job Title revealed a list of nine current employees. The job titles for employees A, B, C, D, and E indicated these employees had direct patient care responsibilities. The review of the employee files for A, B, C, D, and E revealed each file contained lists of various job responsibilities. There was no document or documents in any of the files that included the job title, the education required, licensure requirements, previous experience required, physical demands, performance expectations, or any of the components commonly included in a job description. None of the five sampled files included any evidence of the review of the employee's job performance or competencies related to the lists of responsibilities.

The review of the document listing the responsibilities for recovery room personnel indicated all personnel working in the recovery room must have current certification in (). The review of the document titled Employee and Job Title revealed the job titles for employees A, B, C, D, and E indicated each of these employees provided care to patients in the Recovery Room. The review of the personnel file for employee C failed to reveal any evidence of certification. The review of the personnel file for employee D revealed a copy of a certificate displaying and expiration date of .

The review of the document titled Employee and Job Title revealed the job title for employee C indicated the employee was a Registered Nurse (RN). The review of the personnel file for employee C failed to reveal any evidence employee C was a licensed registered nurse.

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The findings were confirmed in an interview with the Front Office Manager conducted on _____ at 3:00 p.m.

0500 - Incident Reporting-2nd - 59A-9.029, FAC

Based on record review and staff interview it was determined the facility failed to ensure the serious injury of one (#1) of three sampled second _____ patients, of a total 11 sampled patients, was reported as required.

Findings included:

The sonogram dated _____ indicated Patient #1 had an _____, determined to be 16 weeks, 2 days _____. The Flow Sheet dated _____ at 2:34 p.m. and signed by the attending physician included documentation Patient #1 experienced complications following her procedure on _____. Patient #1 was transferred to the closest hospital emergency department by ambulance. The notes included documentation Patient #1 required immediate surgery and was admitted to the _____ post-_____.

The facility was unable to comply with a request to produce evidence of a report of the serious injury being submitted to the agency.

The facility was unable to comply with a request to produce a policy related to the requirement to report the serious injury or _____ of second-_____ patients to the agency within specified time frames.

The Administrator confirmed the facility had not reported the incident to the agency as of the date of the survey in an interview conducted on _____ at 12:15 p.m.