Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13960091	A. BUILDING _____ B. WING _____	05/31/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST FLORIDA WOMEN'S CLINIC	710-12 PONDELLA ROAD N FT MYERS, FL 33903

(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 This was an unannounced Relicensure survey which was conducted on 5/31/12 for Southwest Florida Women's Clinic. The following is a description of non-compliance:	A 000		
A 156	Clinic Supplies/equip. Stand.-2nd Trimester 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 anesthesia 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. (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.	A 156	We have called Clinical Equipment Repair to service the autoclave and that will be done the week of June 18th. We will have it done annually thereafter. We will also begin to keep a log of the dates the autoclave is cleaned. While the manual says weekly, this is based on usage -- every 20 cycles. Since we use the autoclave only 2 or 3 times a week, monthly cleanings are certainly sufficient, and we will adhere to that schedule.	6/22/12

AHCA Form 3020-0001

Sally R Ojima — Office Manager, — 6/8/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

PRINTED: 06/05/2012
FORM APPROVED

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A 156	Continued From page 1 Chapter 59A-9.0225(7), F.A.C. This STANDARD is not met as evidenced by: Based on observation during the clinic tour and staff interview the clinic failed to provide a written preventive maintenance program for the Auto Calve sterilization machine. The clinic failed to follow the manufacturer's specifications for periodic checking and testing to insure proper operation. The findings include: On 5/31/12, at 9:15 a.m., during the tour of clinic the Auto Clave was observed in the back room. The inspection date on the label attached to the Auto Clave was 4/2008. The instrument tray was a dark brown and dust was on the Auto Clave door. During interview of the Nurse she stated, "I clean it once a month. That sticker was put on when we had to get it fixed. It still works, the indicator strips turns dark brown. This is a steam sterilizer." A review of the Auto Clave Manufacturer's Manual, noted it should be cleaned once a week. The Nurse was not able to provide a history of testing, maintenance, or cleaning of the sterilizer. Class III Correction Date: 6/30/12	A 156		
A 350	Abortion Procedure-2nd Trimester Any abortion clinic which is providing second trimester abortions must be in compliance with the following standards relative to second trimester abortion procedures: (1) A physician, registered nurse, licensed	A 350	Second trimester abortions are NOT performed in this clinic, and placement of laminaria does not "initiate" the abortion.	6/12/12

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A 350	Continued From page 2 practical nurse, advanced registered nurse practitioner, or physician assistant shall be available to all patients throughout the abortion procedure. (2) The abortion procedure will be performed in accordance with obstetric standards and in keeping with established standards of care regarding the estimation of gestational age of the fetus. (3) Anesthesia service shall be organized under written policies and procedures relating to anesthesia staff privileges, the administration of anesthesia, and the maintenance of strict safety controls. (4) Prior to the administration of anesthesia, patients shall have a history and physical examination by the individual administering anesthesia, including laboratory analysis when indicated. (5) Appropriate precautions, such as the establishment of intravenous access at least for patients undergoing post-first trimester abortions. (6) Appropriate monitoring of the patient's vital signs by professionals licensed and qualified to assess the patient's condition will occur throughout the abortion procedure and during the recovery period until the patient's condition as specified by the type of abortion procedure performed, is deemed to be stable in the recovery room. Chapter 59A-9.026, F.A.C. This STANDARD is not met as evidenced by:	A 350	We have written to Tallahassee requesting an opinion on this issue. Until we receive an answer from them, we will discontinue placing laminaria in patients determined to be over 12 weeks pregnant.	

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A 350	Continued From page 3 Based on client medical record reviews and staff interviews, the clinic failed to ensure the appropriate abortion procedures was in keeping with the clinic's licensed procedures for first trimesters abortions, for 1 (Client #2) of 10 sampled clients. The findings include: On 5/31/12, during Client #2's medical record review, it was noted the mechanical abortion was perform over a two day period, 2/21/12 - 2/22/12. It is noted on 2/21/12 the client was assessed as 14 weeks gestation; this was confirmed by Ultra Sound, and a Pelvic Examination, which is the second trimester of pregnancy. It is noted the treatment was a vaginal Betadine Tent insertion, Tetracycline was also given. On 5/31/12, at 9:45 a.m., during an interview with the Nurse it was stated, "Yes this was done in his private office in Port Charlotte. The tent was inserted here in Fort Myers, were the assessment revealed she was 14 week. We only do first trimester abortions up to 13 weeks here. The mechanical aspiration was done in Port Charlotte in the doctor's office." It was confirmed abortion was initiated in the Fort Myers office. Class III Correction Date: 6/11/12	A 350		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

June 5, 2012

Administrator
Southwest Florida Women's Clinic
710-12 Pondella Road
N Ft Myers, FL 33903

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on May 31, 2012 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this faxed report**. You will not receive a copy of this report in the mail, you will only receive this faxed report. **All deficiencies shall be corrected no later than July 1, 2012.**

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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372

AGENCY FOR HEALTH CARE ADMINISTRATION

INSTRUCTIONS FOR PLAN OF CORRECTION

Please review the following Prior to completing the
Plan of Correction section of AHCA 3020-0001

1. Prepare your reply by using a typewriter or computer to ensure legibility.

2. Note that each deficiency is consecutively numbered with an ID Prefix tag. This tag number is repeated in column #3, and your plan of correction (POC) should begin opposite the number.

3. The POC must be specific and realistic, have reasonable time frames based on dates discussed during the exit conference and state exactly how the deficiency was (or will be) corrected. Stating simply that "staff will be trained" is not acceptable. An acceptable POC might state that "staff were trained regarding policy and procedure, before and after tests were given, daily staff monitoring will be performed, staff will be re-evaluated in one month, then quarterly."

4. POC's should address the problem and be aimed at correction in a systematic sense, as opposed to correcting an example or an isolated problem.

5. The plan may not be argumentative. Generalized, unsubstantiated arguments are not acceptable. A deficiency may be disputed provided it is supported by factual attached documentation. For example, attached is the controlled substance verification log which has the date, time and signature of oncoming and outgoing nurses who have counted controlled substances.

6. The responsibility for correction and ongoing monitoring should be assigned to a specific position to preclude recurrence.

7. You must sign the bottom of page 1 of the statement of deficiencies, include your title and date.

After the completed POC is received, it will be evaluated. Failure to submit a timely report may result in a finding of non-compliance.