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<tr>
<th>Prefix Tag</th>
<th>ID</th>
<th>INITIAL COMMENTS</th>
<th>A.000</th>
<th>Core elements of corrections:</th>
<th>A.000</th>
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<td>A.000</td>
<td></td>
<td>Initial comments</td>
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<tr>
<td>A.202</td>
<td></td>
<td>Clinic Personnel: 2nd Trimester</td>
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<td>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, medical emergencies, and infection control.</td>
<td>A.202</td>
<td>All current employees have undergone a repeat annual in-service training including counseling, policy and procedures, fire safety, safety measures, infection control, medical emergencies, and multiple subcategories as required.</td>
<td>Aug 1, 2014</td>
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<td>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.</td>
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<td>Aug 1, 2014</td>
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<td>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.</td>
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<td>Aug 1, 2014</td>
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<td>2. Infection control: to include at a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene such as hand washing, use of masks and gloves, and instruction to staff</td>
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<td>Aug 1, 2014</td>
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<td>(a) Fire protection, to include evacuating patients,</td>
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<td>Aug 1, 2014</td>
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## Statement of Deficiencies and Plan of Correction

### A202

**Summary Statement of Deficiencies**

- 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 infection 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 1/10/2014 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 1/10/2014 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 1/27/2014. 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
<table>
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<tr>
<th>(X4) ID PREFIX TAG</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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<tr>
<td>A.202</td>
<td>A.202</td>
<td>Prefix Tag A.202: Corrective action completed July 30, 2014</td>
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<td>Category: Medical Screening/eval 2nd Trimester</td>
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<td>• 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 isolated 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.</td>
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<td>• All employees underwent reinforcement of specific and focused management techniques of reinforced monitoring, rotation, and proper handling of medications and supplies.</td>
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<td>• The facility medication room has instituted a new enhanced organizational protocol for enhanced separation of all medications being prepared and continued safe labeling and identification.</td>
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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.

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 protocol has been enhanced and established requiring preparation of one medicine type at a time in the medication room by 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 room area 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 room and 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.
2. An observation of the facility's Medication Room on 7/29/2014 at 10:04 am reveals two 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% Lidocaine'. There is a separate batch of 10 10cc syringes filled with clear liquid on the same counter with an orange Post-it Note on top labeled '2% Lidocaine'. There is a box on the counter top containing 21 bottles of 1% Lidocaine with an expiration date of April 1, 2014.

An observation of another counter top in the Medication Storage Room reveals 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 Amoxicillin 500mg pills observed on top of the counter.

An interview with the Office Manager on 7/29/2014 at 10:32 am reveals that the room provided this Surveyor is used to store medications. The Office Manager stated that the pre-filled syringes of clear liquid on the counter tops are Lidocaine 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 April 2014 on the 21 bottles of 1% Lidocaine.
August 1, 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-LICENSE SURVEY

This letter reports the findings of an unannounced re-licensure survey completed on July 29, 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 August 29, 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/performace 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
Florida Women's Center, Inc.
August 1, 2014
Page 2

- 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 Lynch, RN
Registered Nurse Consultant
Division of Health Quality Assurance

RED/JML/JR/Jf
Enclosure