Agency	for Health Care Adm	Inistration					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTU A. BUILDIN	PLE CONSTRUCTION		SURVEY PLETED
	: :	AC13910054		B. WING _		11	/17/2011
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>			STATE, ZIP CODE		
A WOMA	N'S WORLD MEDICA	AL CENTER, INC.	503 SOUT FORT PIE	H 12TH STR RCE, FL 34	REET 950		
(X4) ID PREFIX TAG	FACH DEFICIENC	atement of deficiencie Y must be preceded by Sc identifying inform	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPLICATION OF CORRECT OR CROSS-REFERENCED TO THE APPLICATION OF CROSS-REFERENCED TO THE APPLICA	ULD BE	CXS) COMPLETE DATE
A 000	INITIAL COMMEN	TS		A 000			
	conducted, beginni	lioensure survey was ing on 11/16/2011 thr man's World Medical es found at the time o	ough Center				
A 050	Licensure Procedu	res		A 050			
	clinic under the pro shall make applica for Health Care Ad a license prior to tr care and treatmen		90, F.S., he Agency st receive	AO50	LICENSURE PROCEDURES To ensure our license is displayed in Place within the premises. Lab Director To make a copy of license and tape in	ctor direct	zí us
	Chapter 59A-9.020	D(1)			Parient window at all times for anyon	c to obser	ve it.
,	A current license s conspicuous place where it can be vie Chapter 59A-9.020	within the licensed pawed by patients.	premises				
	Based on observation determined this clip was displayed in a premises where it. The findings included the control of the cont	is not met as evidention and interview it value did not ensure the conspicuous place value by parties. 16/2011 at approximate was empty. The conspicuous experies.	vas eir license within the tients.				
•		relace m	TANKE OF	MAYISOE	Adminis trayor		(X6) DATE
STATE FOR		IDER/SUPPLIER REPRESE	W (M) (AE.9. 2)/C	9468	PHO HILLIS TRATO! QB5211	1/ con	Unication sheet 1 of 29

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Agency 1	for Health Care Adm	inistration					<u> </u>	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE (DENTIFICATION NUM		(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	TAG (EX) MOS		
		AC13910054				11	/17	//2011
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, S	TATE, ZIP CODE			
A WOMA	n's world medica	L CENTER, INC.		H 12TH STR RCE, FL 349				
(X4) ID PREFIX TAG	(EACH DEFICIEND)	ITEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE		(X5) COMPLETE DATE
A 050	license was not located in the lobby. When the Administrative Assistant opened the sliding glass window, the license was not visualized by this surveyor. This surveyor was "buzzad in" and to the left was a high counter and then the reception desk that was located behind the glass sliding window. The clinic license was noted to be in a frame on the wall; above eye-level; over the counter area; and facing the reception desk and not the lobby or patients approaching the reception window. The (self-identified) LPN was			A 050				
	reception window. The (self-identified) LPN was seated at the reception deak and was asked about the location of the license. She said ask the Administrator. The Administrator arrived on 11/16/2011 at approximately 11:15 AM. Concerns that had been identified during the past hour and ten minutes were reviewed with her. She stated the license has always been in that location. She stated they cannot put their license in the lobby where it would be stolen or destroyed.							
A 100	O Physical Plant Req2nd Trimester The following are minimum standards of construction and specified minimum essential physical plant requirements which must be met when providing second trimester abortions. (1) Consultation room(s) with adequate private space specifically designated for interviewing, counseling, and medical evaluations; (2) Dressing rooms designated for staff and patients; (3) Handwashing station(s) equipped with a mixing valve and wrist blades and located in each patient exam/procedure room or area;			A 100				
West of	(4) Private procedu	re room(s) with adec	quate light				#	

Agency	or Health Care Adm	Inistration				, 		 -
SYATEMEN' AND PLAN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION MUI		(XZ) MULTIF A. BUILDING B. WING		(X3) DAT	PLE	TED
		AC13910054				1 17	<i>/17</i>	//2011
NAME OF P	ROYDER OR SUPPLIER			•	TATE, ZIP CODE	ľ		
A WÖMA	N'S WORLD MEDICA	L Center, Inc.		H 12TH STR RCE, FL 34				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX YAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE		COMPLETE DATE
A 100	Continued From pa	ge 2		A 100				
	and ventilation for a	abortion procedures;						
	(5) Post procedure meet the patient's r	recovery room(s) eq needs;	ulpped to					
	(6) Emergency exits wide enough to accommodate a standard stretcher or gurney; (7) Cleaning and sterilizing area(s) adequate for		umey;					
	(7) Cleaning and sterilizing area(s) adequate for the cleaning and sterilizing of instrumente;		quate for ts;					
	(8) Adequate and secure storage area(s) for the storage of medical records and necessary equipment and supplies; and		s) for the ary					
	Building Code, at le	required by the Flori east one general use a hand washing sta	toilet					
	Chapter 59A-9.022	, F.A.C.						
) :: :::::::::::::::::::::::::::::::::							
	Based on observati determined this clir requirements when abortions, specifica	s not met as evidence ion and interview it was nic did not meet the reproviding second trially related to providing	ras ninimum mester 1g					
,	The findings includ	n the consultation roc e:	olu,					
,	identified as an LPI 11/16/2011 at appro- asked where the co	at the reception desk N), was interviewed o eximately 10:15 AM, onsultation room is to desk behind the rece	on and ocated.					

Agency fo	or Health Care Adm	inistration						
STATEMENT	of deficiencies F correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	r/CLIA MBER:	A, BUILDING			PLETE	⊉D
	1,1	AC13910054				1	117/	2011
NAME OF PE	ROMDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE			1
		AL CENTER, INC.		H 12TH STRI RCE, FL 349	50			
(X4) ID PREFIX TAG	FACH DEFICIENCY	Y MUST BE PRECEDED BY	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE		(X5) COMPLETE DATE
A 100	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 desk, She stated the following procedures are performed in this area: vitals are obtained; weight is obtained; Rh test is conducted; and procedures are discussed. This room has the sliding glass reception window; a door that is locked providing access to and from lobby; a closet door (containing patient records); and a door leading to the hallway that accesses all areas of clinic. The 2 desks are separated by 2 six footiall shelves. During interview and observation with the Administrator, conducted on 11/16/2011 at approximately 11:15 AM, she was asked how this area provided confidentiality to each patient. She stated that nobody can hear anything. She stated the door can be closed if necessary. This concern had been previously cited during the August 2010 re-licensure survey. The clinic's plan of correction indicated that this area would not be utilized as the consultation room. The administrator acknowledged that was the plan of correction. Review of the clinic's policy and procedure, related to pre-op appointment and counseling sections, indicates patient counseling includes discussion of the following confidential topics: - demographics - previous pregnancies - drug addiction status - medical conditions or problems - what they should expect the day of procedure - counselor will discuss any questions related to feelings or fears of the patient - counselor will also note why procedure is being conducted: financial; age; finish education first, and future birth control options (if requested)		A100	Physical Plant Req-2 nd Trimester Patients for abortion services will or Counseled on abortion procedure, m History, in the exam room within a c Room with a door that is closed. The Ensure patients privacy. Any discumple with patients will be in the exam room With closed door to ensure patients	edical closed his will essions		1/1/12	
A 150				A 150				
AHCA FOR	Each abortion clinic providing second trimes				<u> </u>	<u> </u>	1	<u></u>

5618400163 P 7/15 5618815066 P. 08 PKIN (ED: 1208/2017) FORM APPROVED

	i. La Usalib Asan Aden	inistration				FU	KIM P	PPROVED
STATEMENT	or Health Care Adm r of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU AC13910054		(X2) MULTIP A. BUILDING B. WING			PLE	RVEY FED
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CTTY, 9	TATE, ZIP CODE			
	N'S WORLD MEDICA	al center, inc.		H 12TH STR RCE, FL 349				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Atement of Deficiencie Y Must be preceded by SC Identifying Inform	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE		(X5) COMPLETE DATE
A 150	Continued From pa	age 4		A 150				
	abortions shall pro- clinic supplies and	vide the following ess equipment:		,				
	(a) A surgical or gy table(s):	necological examina	not					
	(b) A bed or recline	er(s) suitable for reco	very;					
	(c) Oxygen with flo equivalent							
	(d) Mechanical suction;							
	(e) Resuscitation e minimum, resuscit	equipment to include, ation bags and oral a	at a nirways;					
	(f) Emergency med and related supplie	dications, intravenous as and equipment;	s fluids,					
	(g) Sterile suturing	equipment and supp	olies;					
	(h) Adjustable exa	mination light;		,				
	(i) Containers for s with covers; and	olled linen and waste	e materials					
	(j) Appropriate equ general anesthesia	uipment for the admir a, if applicable.	nisterIng of					
	Chapter 59A-9.022	25(1), F.A.C.						
	:							
	Based on observa determined this clitrimester abortions	nis STANDARD is not met as evidenced by: ased on observation and interview, it was stermined this clinic, which provides 2nd mester abortions, did not ensure the provisional essential supplies and equipment.						
	3030,0001							<u> </u>

Agency f	or Health Care Adm	ninistration				1			
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA ABER;	(X2) MULTIP A. BUILDING B. WING			SURVEY LETED 17/2011		
_	<u> </u>	AC13910054			747E 710 CODE	1	1172011		
NAME OF P	ROVIDER OR SUPPLIER				TATE, ZIP CODE				
A WOMA	N'S WORLD MEDIC	AL CENTER, INC.	FORT PIE	H 12TH STR RCE, FL 349	950				
(X4) ID PREFIX TAG	パスクロ ひをこうじゅんご	ATEMENT OF DEFICIENCIE BY MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD 8E	CAS) COMPLETE DATE		
A 450	Continued From p	200 5		A 150					
A 150	The findings include			A150	Clinic Supplies/Equip.Stand-2 nd Trim	ester	1/1/12		
	During observation	nal tour and interview	with		ortable oxygen tank has been added to		ment		
	heginging at appro	iducted on 11/16/2011 eximately 11:15 AM, s	ne was		nually				
	itoms to this sill'Ve	ovided the opportunity to point out the required tems to this surveyor. The portable oxygen tank the procedure room, contained a sticker dated 3/10/2010. The Administrator confirmed this nk was over due to be checked. She was			With all medical equipment annually t	o assure it	រុំទ		
	03/10/2010, The				Working properly. Butterfields Oxyge		II		
	asked if there wer	re any more oxygen to	was anks, She	Oxygen tank and flow meter. Butterfields has been					
		ed if there were any more oxygen tanks. She led that there were not.			Called for a routine check, Per Medical Director				
;	Administrator: cor	n and interview with t inducted on 11/16/201	1 at	li .	Orders staff is to call for equipment ch		41		
	approximately 11:	:40 AM, the resuscital ast being checked on	tion bags	ŀ	For Equipment Maintence check for a	ll equipme	int that has		
	10/28/2009. The	Administrator acknow ated the bags had ne	vledged the		A maintence log sheet.	nester	1/1/12		
	used.			A150	Clinic Supplies/Equip.Stand-2 ^{ad} Trit Resuscitation bags were added to equ) ; PS.		
	This clinic's policy	y and procedure man /10/2009, contained a	ual, document		These resuscitation bags are one time		! }		
,	entitled Equipme	nt Maintenance progr s the facility is to ensi	am. This		Throwed away. Per Medical Director				
	inspection of all e	equipment on an annu	ial basis of		Resuscitation bags will be checked		y staff		
	(for each item) W	ill be maintained. The iscitation bags were	e oxygen		To Ensure it's working properly in l				
	in the equipment	maintenance section dure. The Administra	of the		Annually.				
	acknowledge the	absence of logs.							
A 15	1 Clinic Supplies/e	quip. Stand2nd Ττίπ	ester	A 151					
	immediate use, r	pment shall be provid maintained in function	ıaı						
	condition, and ca following service	apable of providing at	least the						
	m 3020-0001								

	or Health Care Adr	ninierañon				701	MAPPROVED
STATEMENT	of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA MBER;	(X2) MULT A. BUILDIN B. WING		COM	SURVEY PLETED /17/2011
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE		
	N'S WORLD MEDIC		503 SOUT FORT PIER	H 12TH ST	REET 1950		
A HOUSE	1 M		<u> </u>		PROVIDER'S PLAN OF CORRECT	TION	(XS)
(X4) ID PREFIX TAG	IEACH DESIGNA	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LBC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETE
A 151	Continued From p	page 6		A 151			
	(a) Inhalation ther	•			A151 Clinic Supplies/equip.Stand-2nd	Trimester	1/1/12
	(b) Defibrillation				Portable Oxygen tank will be put in the	maintend	# #
	(c) Cardiac monit	oring			Log for annual check by Butterfields C	xygen co	npany
	d) Suctioning				On an annual basis in November of eac	ch year.	
	(e) Maintenance of patient airway				Administrator will call the companies		
	Chapter 59A-9.0225(2), F.A.C.			Maintence check. The maintence logs			
	This STANDARD is not met as evidenced by:			Documentation that Administrator call			
	This clinic did not was maintained i	t ensure emergency en in functional condition indicapable of providir	quipment for		Appropriate companies for annual mai	ntence ch	etk.
	The findings incl	ıde:					
	Administrator, co beginning at app provided the opp items to this sur- in the procedure 03/10/2010. The tank was over du	The findings include: During observational tour and interview with Administrator, conducted on 11/16/2011 beginning at approximately 11:15 AM, she was provided the opportunity to point out the required items to this surveyor. The portable oxygen tank in the procedure room, contained a sticker dated 03/10/2010. The Administrator confirmed this tank was over due to be checked. She was asked if there were any more oxygen tanks. She					
A 156	Clinic Supplies/e	quip. Stand2nd Trim	ester	A 156			
	Equipment Main	tenance.					
	a written prevent be developed ar shall be chacked	t monitoring equipmer five maintenance prog nd implemented. This if and/or tested in acco er's specifications at p	gram shall equipment ordance				

Agency f	or Health Care Adm	inistration	-			1	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	A BUILDING		(XS) DAT	SURVEY PLETED
		AC13910054	_			11	/17/2011
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, 8	STATE, ZIP CODE		
	N'S WORLD MEDICA	L CENTER, INC.		H 12TH STI RCE, FL 34			
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SO IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETE DATE
A 156	• •	ige 7 han annually, to insu	re proper	A 156	A 156 Clinic Supplies/equip. Stand-2	nd Trimest	ar
	operation, and a strenger and/or alter	ate of good repair. At ations are made to a sipment shall be thore	fter ny		Equipment preventive maintenance p	program	{ 1/1/12
	equipment, the equ	alibration before retui	rning it to		Will be written for all medical equip	ment:	
	service: Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance.			ı	Ultrasound, vacuum aspiration mach	inc,	
	testing and maintenance.				Oxygen tank, defibrillator, B/P cuffs	, Rh	
	(b) All anesthesia and surgical equipment shall		nt shall		Factor light, exam light, heat sterilize	er 1 & 2,	
	have a written preventive maintenance program developed and implemented. Equipment shall be		nt shall be		Freezer, colposcope microscope, fing	ger oximit	J r.
	checked and tester	d in accordance with pecifications at design	the		Resuscitation bags one time use only	, SureTe	np Plus
	intervals, not less t	han annually, to ensi	ure proper		Thermometer, HemoCuc Hb 201+	All equipm	ent
	operation and a sta		_		Shall be checked and/or tested in acc	ordance v	vith
	(c) All surgical inst	ruments shall have a sance program devel	written		Manufacturer's specifications at peri	iodic inter	vals.
,	implemented Surg	ical instruments sha ded for function after	ll be		Not less than annually, to insure pro-	per operati	ion,
	ensure proper ope	ration and a state of	good		And a state of good repair. If any re	pairs/alter	acions
	repair.				Are made to any equipment, the equ	ipment she	all be
	Chapter 59A-9.022				Thoroughly tested for proper operati	on before	returning
	Based on observa	is not met as evidention, interview, and re	ecord		It to service. Records shall be maint		1
		mined this clinic did e maintenance progr			Piece of equipment to indicate it's hi	istory or te	sking
	developed and/or i	implemented, specifi	cally		And maintenance. This program wi	ill be impl	emented
	related to patient monitoring equipment; anesthesia and surgical equipment; and all surgical instruments.		d all		As soon as possible.		
	The findings include:						
	The findings include: During tour and Interview with the administr conducted on 11/16/2011 beginning at approximately 11:15 AM the facility monitor						

			t-taboulies				700	IAI UT	PROVED
STATEMENT	OF DEFICE	Care Adm ENCIES TION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	R/CLIA ABER:	(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION	(X3) DAT COM	LET	ED 2011
NAME OF D	POVIDE®.O	O SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE			
	: 1	i i			H 12TH STRE				
AWOMA	N'S WOR	LD MEDIC	AL CENTER, INC.	FORT PIER	ice, FL 3491	5 0			
(X4) ID PREFIX TAG	/PAC	H DEPICIENC	Y MUST BE PRECEDED BY	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE		(X5) COMPLETE DATE
A 156	Continu	ed From p	age 8		A 156				
A 106	equipment anesthe identifie of the control of the control of the control of the control of the instant of the i	503 SC		the room servation equipment 08/1010. It has a sam. She can that the ks when that the ks when that the ks when the contract of					
		.i							

Agency f	or Health Care	Administration		. ,		l l	
STATEMENT	OF DEFICIENCIES	1	R/CLIA ABER:	A BUILDIN	•	COM	SURVEY
		AC13910054		B. WING_		11	/17/2011
			STREET ADD	RESS. CITY.	STATE, ZIP CODE		
	ROVIDER OR SUPP N'S WORLD ME	EDICAL CENTER, INC.	503 SOUT FORT PIE	H 12TH ST	REET 4950		
(X4) ID PREFIX TAG	/ことのひ ひこばん	RY STATEMENT OF DEFICIENCIE CIENCY MUST BE PRECEDED BY Y OR LSC IDENTIFYING INFORMA	FULL I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROFICIENCY)	ULD BE	
A 301	Continued Fro	om name 9	1	A 201		•	2/1/2012
	! : i 1	nel-2nd Trimester		A 201	A-201 Clinic Personnel - 2 nd Tr	rimester	1
	phortions sha	clinic providing second tr Il have a staff that is adeq	uacely		Personnel does include the fo		11 1
	trained and c	ned and capable of providing appropriate vice and supervision to the patients. The clin have a position description for each position			Positions to care for patients		
	i will have a po	e a position description for each position ing duties and responsibilities and hersonnel records for all employees			Monitoring 2 nd trimester pati		
	maintain pers	nnel records for all employees nonitoring a			Physician, to perform 2 nd trir	nester	
	second trimes	ster abortion. The clinical are as follows:	rabortion. The clinical starr		Abortions, nursing staff qual	lified	
	Physicians, T	he clinic shall designate a	licensed		To monitor patients during	•	
	physician to	serve as a medical directo	τ.		Abortion procedure: Writte	n	
	clinic shall be	onnel. Nursing personnel governed by written polic elating to patient care, est	ies and		Policies and procedures wil		
	of standards	for nursing care and mec such care, and nursing s	nanisms		Be written and implemented	d	
	1 :	professionals, working un			For nursing staff and staff		
	anomoriate o	irection and supervision, work only within areas wh	may be	l	Non licensed trained to car	e	
	competency	has been established.			And monitor patients by		
	Chapter 59A	9,023(1),(2),and (3), F.A.	.C.		Physician/ARNP.		
	Based on ob	ARD is not met as evider servations, interviews, an	d record		Staff that assist physician		
	reviews it wa	s determined this clinic (t and trimester abortions)	hat ailed to		In surgery room during		
	ensure each	staff member was adequately capable of providing appropriate			Procedures of 2 nd trimester	•	
	service and	supervision to the patient stated to the lack of appro-	pable of providing appropriate ipervision to the patients, ated to the lack of appropriate for staff assisting with procedures;		Abortions will have		
	secieting in I	recovery room; conducting	ຊີ ທາກສອດກາກ	3	Policies and procedures		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	procedures; and some lab procedures for			Written and implemented		

		ninietration					
STATEMENT	OF Health Care Adr	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	RICLIA MBER:	A BUILDING	LE CONSTRUCTION	(X3) DATES	ETED
		AC13910054				11/	17/2011
NAME OF D	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
			503 SOUT	H 12TH STR	LEET		[
A WOMA	N'S WORLD MEDIC	AL CENTER, INC.	FORT PIEF	RCE, FL 349	45U		
(X4) ID PREFIX TAG	CACH DESIDEN	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETS DATE
A 201	Continued From	page 10		A 201	A-201 Clinic Personnel - 2"	Trimester	2/1/2012
	employee files (#	1, #2, and #3).			Each staff member will have	a	
	In addition, it was	determined this clinic	failed to		Description of their duties an	ıd	
	to nation care es	policies and procedure stablishment of stands	iras ioi		Any training documented		
	care.	mechanisms for evalu	ibling oddir	l 1	In the employee file.		
	The findings inclu	ige,					
					1		
	1) During review	of the employee files lies revealed the follow	on ving		A 201 Clinic Personnel – 2 ⁿ	Trimeste	2/1/12
	concerns:		•		Written policies and proced	ures for	
	Employee #1: - Date of Hire: 0	` 1991/1991			Patient care, standards for n	ursing car	•
	- The file contain	ed a copy of a certification	ate entitled		And mechanisms for evalua		
	Operation of Ultr	asound Equipment. I	nis	1			
	document is date	ed 09/09/2010 and do or content of training.	es not		Care will be written and im	plemented	
	- Evidence of CO	mpletion of lab or phie	botomy				
	training was not	located in the person?	lei file.				
1	l - Joh Description	n indicates: phieboton	ny; iao				
}	technician, assis	st in recovery room; as	isist in Ib biolog				
	procedure room	trains applicants in Ring, and hemoglobin t	estina.		1		
1	Selum HCG lesi	mig, and nomegoes.			•		
	Employee #2:						
	- Date of Hire: 1	1997					
	- The file contain	ned a copy of a certific	ate entitied	1			
}	Successfully Co	mpleting a Course in	ule This				
	Operation of Ult	rasound Equipment. led 09/09/2010 and do	es not				
	indicated length	or content of training.					
}	- Certification of	Completion (3 credit	course),				
	riated 04/29/199	98, noted successful o	ompletion o	f			
	"Resid Concept	s of Phiebotomy".					
	- Ich Descriptio	n indicates: assists d	octors	1			
1	during procedu	res; assiste in recover	y room and			 ,	1
							II.

Agency f	or Health Care Ad	ministration						
QTATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	R/OLIA //BER:	(X2) MULTI A. BUILDIN B. WING	•	CON	E GURVE PLETED	:
		AC13910054				<u> </u>	1111120	
NAME OF P	ROVIDER OR SUPPLIER	·			STATE, ZIP CODE			
		CAL CENTER, INC.	503 SOUTI FORT PIER	1 12TH STI	950			
(X4) ID PREFIX TAG	- COURTON	TATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY R LSC IDENTIFYING INFORMA	FULL I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE AUTION SHO CROSS-REPERENCED TO THE APPL DEFICIENCY)	DLD SE		(XS) MPLETE DATE
A 201	Continued From	page 11		A 201	A-201 Clinic Personnel - 2 nd T	rimeste	2/	/1/2012
	procedure room;	and performs urine			Employee files			
	PGTS/confirmati	ons			#1 DOH 4/21/91 & #2 DOH	1 99 7		
	Employee #3: Date of Hire: Fe	bruary 2010 la LPN (Licensed Prac	tical		Has an employee file. It			
	Murcal Tranca V	vith expiration dats of in her file. Interview w			Shall include documentation			
	Administrator or	onducted on 11/18/201 30 PM, revealed this c	1 a(Of training for basic ultrasou	nd		
	not verify status	of licensed personner	(i.e. active;		Technique to establish amount	nt to cha	uge	
	suspended; or revoked). - Job Description indicates: LPN; phlebotomy; and trimester assistant; procedure counselor;				For abortion services only. I	Physicia	n	
	accide doctors	during procedures; more after second trimeste	Ultola Aligi		Performs ultrasound before a	ınd after	.	
	procedures.	of the LPN on 11/16/20			Procedure with pictures for o	locumer	itation.	
	revealed,	natients (al) 6 schedule	d to arrive		Documentation of training for	or		
	at 1:00 PM) to c	hange into gown and s located in the recover	sit in me		RH factors, serum HCG, her	noglobi	n	
	they were called	f in for the procedure () this day it was 4:30 PM	wnen the 1), Patients	Ţ	by physician and Evidence p	er clia		
	I diven was very	is that medication they relaxing and making th tually observed sleepin	iem sieepy.		Quality Assurance complian	ice testii	ng	
t, pa	This staff	member was observed procedure room; bringing	assisting		Program to ensure tests are			
	hackifrom the D	procedure room; standi inbetween. She was a	ng in the		performed correctly.			
ļ	observed provide	ding a patient with 2 pl	is and a	:	Documentation of training			
	* Verification o	f this LPN's license wa A return visit to the cli	Vic lucinglui	31	By physician to assist in sur	rgery		
	a review of this	documentation and in or, conducted on 11/17	terview with 7/2011 at		With physician direction an	ıd		
	approximately	12:00 PM, revealed thi	s statt v		Supervision. Documentation	on		
	suspension. R	eview of this staff men	nber's file		Of training by ARNP to me	onitor -		
AHCA FOR	m 3020-0001 DRM			6B90	Q Patients in recovery.	α	miiiuadon	sheet 12 of

Agency (or Health Care	Administration		Т			۔ . ۔ ا	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) FROVIDER/SUPFLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUILDIN		(X3) DATE		
	1:	AC13910054		B. WING _		11	1171	2011
			STREET ADD	RESS CITY	STATE, ZIP CODE			
NAME OF P	ROYDER OR SUPPL	JER	503 SOUT					•
AWOMA	IN'S WORLD ME	DICAL CENTER, INC.	FORT PLEF	RCE, FL 34	1950			
(X4) ID	SUMMAR	Y STATEMENT OF DEFICIENCIE	S	ID	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION	RECTION RHOULD BE		(XS) COMPLETE
PREFIX	ACRUM DEELO	IENAY MILIST RE PRECEDED BY	r rull I	PREFIX TAG	CROSS-REFERENCED TO THE	PPROPRIATE		DATE
TAG	REGULATORY	OR LSC IDENTIFYING INFORM	A1101-7	1743	DEFICIENCY)			
	1		i		_	 .	$\ $	A /1 /0010
A 201	Continued Fro	m page 12		A 201	A-201 Clinic Personnel - 2"	'Trimester		2/1/2012
,,,,,,	1 : "!	as 2 IPN (Intervention P	roject For					
	revealed sue	acts that restrict access to	6		Employee files			
	Nurses) conus	2nd contract with a proj	ected		•		1 1	
	narcotics. The	ing (02/10/2011 through	20004					
	SCINE WOUND	eflected on page 5, this p	articipant					
	U4/20/2010) 16	approved to engage in n	ursina		#3 DOH 2/21/10			
	nas not been	time." The Administrate	מר שויים					
	practice at title	staff member has been	working in		Has an employee file. It			
	continued this	fan LPN. She also ackn	owledged		The difference of the second			
	the capacity of	ware of the contract rest	riction		Shall include documentation	1		
	sne was not a	this employee's file). Du	rina		Stratt morage documents			!
	(contained in	f the procedure room with	h the		Of training for basic ultraso	und	1 1	
	Opservation of	conducted on 11/17/201	1 at		Of training for paste sizes			
	Administrator,	12:15 PM, the (unlocked	d and		Technique to establish amo	unt to char	ge	
	approximately	nergency kit (in a tackle	hox on a		rechnique to establish amo	21/4 40	7	
l i	unseching) et	cedure room) contents v	Jere		For abortion services only.	Physician		
	cart in the pro	e Administrator was asks	ed to handle		For abortion services only.	1 lly 3 loid.		
]	reviewed. I fil	dentify type and use. R	estilts are		n c ileuranued hafara	and after		
		dentity type and osc. Th	234113 6.0		Performs ultrasound before	and and		
ì	as follows:	Nubane) hcl 0.4mg/ml vi	al: twilight			dooument	اماناه	1
}	1 1	(Annatie) tici o'attiatiti	21. 1		Procedure with pictures for	document	alioi	l.
	sleep	Valium) 5mg/ml vial: rela	ıx			·		
1	- Diazepain V	ne 25mg/ml vial: nausea	- -		Documentation of training	Ior		
	- Midazolam	50mg/10ml vial: amnesia	a					1
}	- Eninephrine	1mg/ml vial: heart	-	1	"RH factors, serum HCG, h	swogloom		
	- Chilichiling	Tingitti viai via						{
					by physician and Evidence	per cha		
	2) Donno inte	erview and personnel rec	cord review				_	
	with the Admi	inistrator on 11/16/2011,	beginning at	:	Quality Assurance complia	ince testini	3	
	annovimatel	v 2:30 PM, she confirme	d that all	1	}			
	staff conduct	the US (ultrasound screen	ening). She		Program to ensure tests are	2		
j	stated this so	reening is only utilized to	determine					Į į
1	destational a	ge, so the clinic can dete	rmine the		Performed correctly.			ŀ
1	appropriate S	ervice charge. She was	asked		1			1
	where this Us	S picture is placed. She	replied that	1	Documentation of training	5		
	it is taped to	the back of the procedur	e form. This	3				
	clinic had pre	viously been cited for st	aff		By physician to assist in s	urgery		
	conducting U	IS without appropriate tra	aining. She					
1	acknowledge	ed that she recalled this.	The clinic's	i	With physician direction	and		
	approved co	rrection reflected the phy	sician Moulo	1	<u>-</u>		<u> </u>	
AHCA For	m 3020-0001				Supervision. Documenta	tion		Unm ab acc 45
STATE FO				5598	- A	4	TUPLIS!	ijon sheet 13 of
	· · · · · · · · · · · · · · · · · · ·				•-		- 11	

Anonov ří	or Health Care Adn	ninistration					- 1 m 2 m /
	OF DEFICIENCIES	NA BROWNERISHERIE	R/CLIA	(X2) MULTIP	LE CONSTRUCTION	(XS) DATE BURVEY COMPLETED	
NO PLAN O	FCORRECTION	IDENTIFICATION NU	MBER:	A BUILDING			
. , .				B, WNG		11/	17/2011
		AC13910054		2702 01704 0	TATE, ZIP CODE		
VAME OF PI	ROVIDER OR SUPPLIER						
	8 1 1		503 SOUT	H 12TH STR RCE, FL 34	150		
AWOMA	N'S WORLD MEDIC	AL CENTERS INC.	FURI PIE			-CTICN	1 00
over in 1	SUMMARY 91	TATEMENT OF DEFIGIENCE	ES	ום	PROVIDER'S PLAN OF CORRECTIVE ACTION SI	<i>i</i> ould BE	COMPLETE
(X4) ID PREFIX		Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	T PULL :	PREFIX TAG	CROSS-REFERENCED TO THE AP	PROPRIATE	DATE
TAG	REGULATURY OR	POC IDEACH AND MAN OF THE	}		DEFICIENCY)		<u> </u>
				A 201	Of training by ARNP to mo	nitor	1 1
A 201	Continued From F				Of training of your training		2/1/2012
	he the daly staff a	nember to conduct th	e before		Patients in recovery.		2/1/2012
ĺ	and about US Sh	e replied that the phy	SICIZII IS		Parietts in 1900		1
	the only employed	e that does conduct t	ue no		Employees with a history of	of	
	Lathar than the SC	Teening USEO to geve	(11 (() (G		ì		
	Laborated The Ar	iministrator was aske	SQ NOW		Drug abuse will be superv	ised closely	1 1
	many I IR highlight	s should be located in	1 Each		i		
	clinical record. S	he explained there shering by employees;	2nd is US		During surgery days and n	arcotics	
	(1st is diniciscret	e; and the 3rd is the l	JS after the				
	prior to procedure	was asked what days	the		That is given to patients.	All	
	procedure, bitc	at the clinic. She stat	ted				
	Wednesdays and	Saturdays.			Drugs are logged each day	y patients	
	1 11			ļ	to the standard pro-	adure	
	During subseque	ent interview and clinic	cal record		Come in for abortion pro-	COUNTY.	
	muleus with the A	dministrator, conduc	ted on		-leves that has a	dnug	
	11/16/2011 at ap	proximately 3:30 PM	, Sine wes come atto	Ĭ	Any employee that has a	a 6	
	asked why all sa	mpled clinical record only contained 2 US r	olctures and		History and attending a p	rogram	
	#3, #4, [2nd]#5) C	lated 1 day apart. Th	is surveyor				
	each natioeen c	"screening" is utilized	by the		For addiction will not dis	pense	
	i clinic's physician	is, in lieu of the physi	cian's				1 1
	- conducting the i	nitial U.S. The Admin	Straioi		Narcotics until physician	and or	
	- confirmed the U	S "screening" that is	conducted				
	by clinic staff is	the one that the phys	ICIONS WILL		Administrator has docur	nentation	
	use for reference	e prior to the procedu	ure.				_]_ [
		e de la compansión de l	d		Of successfully complete	ed a progr	stu.
	During interview	and review of policy	anu ∙On Visit"				l .
	procedure entitle	ed "Pre-Counsel/Pre- ultrasound section wi	th the		And a probationary per	oa to do	730
	specifically the	conducted on 11/16/2	011 at		1		
	approximately 5	:30 PM, she acknow	leaged mis		Than 2 years has passed	J. CIASII G	~`[
	policy reflects th	ne following: Each Pa	atient will		Medication will be loc	ed in a ser	oured
	have an ultrago	and done to verity ag	je at		Medication will be loca	700 III 0 00	
	nroanslock prior	to the procedure. $ au$	acn		Cabinet with lock for s	ecurity rea	sons.
	ulmscallad dans	a will have a picture r	olitied and		Capmet with lock for s		
	placed in the pa	atlent's chart for the p	onysicien s				
	viewing.						
		bers conduct ultrasor	unds on				
	All J Start mem	t documentation of o	ompletion of	a			ļ
	The second secon		ALLINIA MALL -				

Agency fo	or Health	Cai	re Administration					
STATEMENT AND PLAN C	OF DEFICE	NCI	ES (X1) PROVIDER/SUPPLI	ER/CLIA IMBER:	A, BUILDING		(X3) DATE COMP	ETED
	ŀ	į	AC13910064		B. WING		11/	17/2011
		-		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
name of P	1	Ι.	1		H 12TH STE			
AWOMA	N'S WOR	LD I	MEDICAL CENTER, INC.	FORT PIE	RCE, FL 34	950		
(X4) ID PREFIX TAG	1040	コット	VARY STATEMENT OF DEFICIENCE FICIENCY MUST BE PRECEDED B ORY OR LSC IDENTIFYING INFORM	YPULL	id Prefix Tag	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIEMENT)	ULD BE ROPRIATE	COMPLETE DATE
A 201	Continu	ed F	from page 14		A 201	A-201 Clinic Personnel - 2 nd 7	Frimester	2/1/2012
, , ,	Sanone	Sh.	il Monurse that has been acc	redited		Employees will have documen		
	(Rule 6A-14 030), as meeting the requirements, by the State of Florida.			.of an accredited Sonogram co	urse			
	3) Duri	gi	nterview and personnel rec	ord review		Before performing ultrasounds	s for	
	annrovi	mat	ministrator on 11/16/2011, ely 2:30 PM, she confirmed	tnat all		Abortion procedures. Physici	ans	
	PARCOR	عما	of the Rh testing. This clin a State and Federal CLIA	certincate.		Will perform ultrasound with	pictures	
	of the 3	Irec	the 3 employee records revords contained documents	toon mat me		Before and after abortion prod	oedure	
	amcedi	Ire.	was qualified to perform thi Rh testing is not listed as	a Mained		With signature for evidence t	hat the	
	Service	\$ (0	Center for Medicare and N CMS) listing of "Tests Gran der CLIA."	ted Waived		Physician performed ultrasou	ınd	
	i		observation of the Recover	v Room		And discussed results with pr	atient	
	which v	vas D11	currently the waiting room, 1 at approximately 3:40 PM hit into the room in a wheel	, on , a patient		If requested by patient.		
	Admini	ștra sta	ative Assistant who stated the	nis patient rale (wearing		3) RH testing by staff will be	e nerform	ed 2/1/12
	i a white	lab	jacket) was observed free room and in the lab. He at	luently in and	i			
	thin no	Mary 1	t while stating he would pic with the transfer. The Adm	k her up. He		With documentation from A		formed
	ctated	He I	helps with transfers, some if he had a personnel file.	imes. One		Proficiency program that te		Homou
	that he	did entit	inot, but that he "had a Ho	me Health , know where	}	Correctly and training perfo		
	it is, be	ca	use it was a long time ago.	Review of cifically		Lab Director is documented		
	related) 200	staff responsibilities and di 19 reflected the male that v	uties,daved Vas observed	4	Folders. Training is held in	n Februar	y on an
	provid	ing Libi	transfer for a patient on 11 single from 11 transfer for a patient on 11 transfer from 11 t	/16/2011, This		Annual basis.		
	descri	ptio	on of responsibilities indicat sponsible for obtaining the	es the lab specimen				
	bottle	afte	r the procedure and verify	ing that all				

2011-12-12-11 32.48 A Warran's World	772-466-7267 >> 56188190684001639 P 3/16 PRINTED: 12/08/2011 FORM APPROVED
AND PLAN OF CORRECTION DENTIFICATION NUMBER:) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED WING 11/17/2011
A WOMAN'S WORLD MEDICAL CENTER, INC. S03 SOUTH 121 FORT PIERCE, (X4) ID SUMMARY STATEMENT OF DEFICIENCIES FACT DEFICIENCY MUST BE PRECEDED BY FULL PRI	TH STREET FL 34950 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE AG CROSS-REFERENCED TO THE APPROPRIATE DATE
products of conception are identified. Places the specimen in a Ziploc bag labeled with patient's name and date and how many weeks LMP. Cleans the specimen bottles and returns them to the doctor's assistant. Cleans and sterflizes all surgical instruments. Responsible for maintaining the Dry Heat Sterilizer temperature log. During interview and review of the policy and procedure manual with the Administrator, conducted on 11/16/2011 at approximately 5:30 PM, she was provided the opportunity to locate the required policy and procedure specific to patient gare, establishment of standards for nursing care and mechanisms for evaluating such care. She was not able to locate this information. She stated she was not aware of this requirement. A 250 Clinic Policies/Procedures-2nd Trimester An abortion clinic providing second trimester abortions shall have written policies and procedures to implement policies and procedures to implement policies and to assure that quality patient care shall relate specifically to the functional activities of clinic services. These written procedures shall apply to second trimester abortions and shall be available and accessible to clinic persprinel and shall be reviewed and approved annually by the clinic's medical director. These clinic policies and procedures shall include but not be limited to the following: (1) Patient admission; (2) Pre-land post-operative care; (3) Physician 's orders; (4) Standing orders with required signatures; (5) Med cations, storage and administration;	A 201 Clinic Personnel 2 nd Trimester 4) Trained staff with documentation of training in transferring of patients in their employee files will perform the Transferring of patients from wheel chair to recliners, or exam tables, will Be the only staff to transfer patients. Staff members who are not trained in Transferring will wait by patients until Trained staff members arrive to care For patient. 250 This will be added to the policy & Procedure manual under patient care. Policies and Procedures – 2 nd Trimester Abortion care will have written Policy and procedures for the following: Patient admission, Pre and post operative care, emergency procedures, Physician's orders, Standing orders with required signatures, Medications storage and administration, treatments surgical asepsis,

2011-12-1 DEC-09-	201113248	A Woman's	World	77	'2-466-7267 >> ₅₆	5618400 18815959 FORM	163 ₀ P 4/10 APPROVED
Agency for He STATEMENT OF D AND PLAN OF CO	ealth Care Admi DEFICIENCIES RRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	RICUA (BER:	(X2) MULTIPU A. BUILDING B. WING		(X3) DATE S COMPU	URVEY ETED
		AC13910054			ATT AND COUNT		
	DER OR SUPPLIER	L CENTER, INC.	GO3 SOUT	PRESS, CITY, STA H 12TH STRE RCE, FL 349	50		
(X4) 1D	SUMMARY STA	Tement of Deficiencie Must be preceded by SC Identifying Inform	TULL I	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	E APPROPRIATE	COMPLETE DATE
(8) (9) (10) (11) (12) (13) (14) (14) (14) (15) (16) (17) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	cords: 1) Patient discharación 2) Patient discharación 3) Emergency m 4) Incident report 5) Personnel on 6) Inservice edu 7) Anesthesia; 8) Equipment al aintenance; 9) Volunteers; al 20) Vistors. hapter 59A-9.02 his STANDARD assed do record etermined this colories and processure that patien eviewed and approximately prepared by the During teview of the Administrative Administrative Administrative Administrative the Administrative Administrative the Administrative Administrative the Administrative	d disinfection; in: Medical records a linge; et; heasures; ts; entation; cation record; and supplies: availabil and d. F.A.C. is not met as evide review and interview dinic, providing secon; have all of the requi edures to implement ant care shall relate s intities of clinic service proved on an annual irector).	ity and noed by: it was not trimester ired written and to pecifically to see (and be basis by th and 11/16/201 was 10/2009. erview with 6/2011 at of locate an	1 1			

AHCA Form 3020-0001 STATE FORM carreche recolabors F

FORM APPROVED

	- Health Care	Administration				(X3) DATE SURVEY		
mmatcle NT	OF DEFICIENCIES CORRECTION		ericlia Imber:	(X2) MULTIPI A BUILDING B. WING		11/17/2011		
		AC13910054		(
NAME OF PR	OVIDER OR SUPP		FOR SOUTH	DRESS, CITY, STATE, ZIP CODE TH 12TH STREET ERCE, FL 34950				
(X4) ID PREFIX TAG	SUMM	ary statement of deficienci iciency must be preceded b ry or lsc identifying inform	ES Y FULL MATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOW CROSS-REFERENCED TO THE APP DEFICIENCY) A 250 Clinic Policies/Proceding	ROPRIATE		
A 250		ne last 2 years.	anvinu of	A 250	Policies and Procedures – 2 nd Abortion care will have writt	Trimestor		
	the policy an Administrato were not ind - Patient Adi - Post Opera - Treatment - Surgical A - Medical As - Document records - Discharge - Transfer (- Incident R - Personnel - Inservice - Equipmer maintenanc - Volunteer	mission ative Care s sepsis sepsis ation: medical records at hospital agreement only) eporting Procedure (form Orientation Education Records t and supplies: availabili	wing topics nd facility to only) ty and onsibilities nteers - male		Policy and procedures for the Patient admission. Post operative care, Treatments Surgical Asepsis Medical Asepsis Documentation: Medical re Records. Discharge Transfer (hospital agreeme	ecords and facility		
A3	- Visitors Ool Medical So Each abor trimester a written par designed patients u and shall such patie services. procedure trimester limited to	creening/Eval2nd Trimes tion clinic that provides se abortions shall formulate a tient care policies and pro- to ensure professional an indergoing second trimes maintain a medical record ent that records history, co- These patient care policies, for patients undergoin abortions, shall include b the following: ssion criteria and procedu	ster econd and adhere to bedures nd safe care for ter abortions d for each are and ies and ut not be		Incident Reporting Proced Personnel Orientation Inservice Education Reco Equipment and supplies: Maintenance Volunteers (Staff Duties Visitors Medical Director shall recondence to the Procedures of the Meeting in February each	availability and and Responsibilities view & sign anual at the annual		
AHCA F STATE 1	orm 3020-0001	,		5899	Q85211	if continuellon sneet 18 of 29		

2011-12-19-111-22-48 A Wansan's	s World	77	OHSINH 2-466-7267 >> 551	88156834008631 FORMAPPR	
Agency for Health Care Administration		V2 MIII TIPI F	CONSTRUCTION	(X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES (X1) PROVIDERISUPPI IDENTIFICATION IN AC13910054	IUMBER:	A, BUILDING B, WING		11/17/201	11
NAME OF PROVIDER OR SUPPLIER A WOMAN'S WORLD MEDICAL CENTER, INC. (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED PREFIX TOOK OR INC IDENTIFYING INFOI	STREET ADDRE	12TH STRE CE, FL 3495 ID PREFIX	PROVIDERS PLAN OF COME (EACH CORRECTIVE ACTION CRASS REFERENCED TO THE	APPROPRIATE	(X5) APPLETE DATE
manual for the last 2 years. During the above noted interview and the policy and procedure manual, the Administrator acknowledged the folk were not included: Patlant Admission Post Operative Care Treatments Surgical Asepsis Medical Asepsis Documentation; medical records a records Discharge Transfer (hospital agreement only Incident Reporting Procedure (for Personnel Orientation Inservice Education Records Equipment and supplies: available maintenance Volunteers (Staff Duties and Respresents this clinic does not use voltobserved providing transfer). Please Visitors A 300 Medical Screening/Eval2nd Trimes Each abortion clinic that provides strimester abortions shall formulate written patient care policies and procedures, indergoing second trimes and shall maintain a medical records such patient that records history, of services. These patient care policies procedures, for patients undergoing trimester abortions, shall include the following:	d review of a pwing topics and facility and consibilities unteers - male se see A202. Sector second and adhere to ocedures and safe care for ster abortions and for each care and cies and not be	A 300	DEFICIENCY 250 Clinic Polioies/Procedures and Procedures — Abortion care will have we Policy and procedures for Patient admission, Post operative care, Treatments Surgical Asepsis Medical Asepsis Documentation: Medical Records. Discharge Transfer (hospital agreed Incident Reporting Procedure) Personnel Orientation Inservice Education Recurrence Education Recurrence Volunteers (Staff Dutivisitors	al records and faciliement only) cedure (Form only) excords ex: availability and	ity
(a) Admission criteria and proced	ures;		orrait	Y continualio	n sheet 18 of 29

TEMENT OF DEFICIENCIES OPLAN OF DORRECTION		NCIES	AN DOMESTALISE	IER/CLIA UMBER:	A, BUILDING		(X3) DATE SU COMPLE	
			1040040054		B. WING _		11/17	7/2011
		11	AC13910054	STREET ADDE	RESS, CITY, S	TATE, ZIP CODE		
UE OF P	ROVIDER OF	SUPPL	JER	503 SOUTH				
	NE MORI	DME	DICAL CENTER, INC.	FORT PIER	CE, FL 34	950		
TY CITIC		• 1 .1			tD.	DOWNDERIG PLAN OF CORRE	CTION	(XA) COMPLETE
XA) ID REFIX TAG			Y Statement of Deficiency Diency must be preceded OR LBC IDENTIFYING INFOR		PREFIX TAG	(EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	10010 8= I	DATE
		<u> </u>	46		A 300			}
A 300	Continue	d Fro	m page 18	1	V 300	l Medical Screening/Evaluation	2 ^{ud} Trime	ster 2/1/20
į					A 300	Wiedical Solosius and		1
	(b) Ident	ficatio	on in the medical record	d of		Patient care policies and pro	andures will	Į
		رد.\.غار	nd nursals) involved iii	DICARGING		ratient care poncies and pro	OFFICE WILL	
,	the serv	res o	ffered for patients unus	ergoing		Be written and implemented	with the	
	second	rimes	ter abortions;	ļ		Se written and mipterners		
			A-Mdina the ere	onerative		Following to be included:	į	ł
	(c) Spec	ALC GE	etalls regarding the pre-	Cherenta		1 Offorming to de financia.		
	procedu	res pe	arformed, to include: I physical examination,	to include		Admission criteria and proce	edures	
		ilani me	PROGRAMMENT CONTRACTOR	Ot .	ł			
	1		a identification of City	DIEGYDINIA		To ensure professional and	safe care for	
	1147.00		www.phrone.ilicianiii					1
	aliani	ionel:	anticentic scillions. Of	ISLEX, MILL U		Patients having an abortion	procedure.	
	110	in abo	statric and INNECONOLIC	a ligarolla.				
	100000	محدد السلة	aminah∧ns IZD DTUUZU	HI 53, BINGO		Patient care policies and procedu	res Will	1
	consult	diions	required, to include un	12201109195)		a to the second south	tha	
	to conf	im ge	stational age and a phy	ysical vermination	Ì	Be written and implemented with	,	
	examin	ation	including a bimanual e	n of the		Following to be included:		1
	estima	ing ut	erine size and palpation physician shall keep of	riginal prints		1		
	adnexa	ine	sound examination of a	patient in the		(a) Admission criteria and proce	dures	
	or each	o mod	dical history file. For an	abortion in				
		مأهات بأر	いっちょっとう ちとっかりりのけいひ しち	not		To ensure professional and safe	care for	
	and or	alad He	efore the abbition proc	edrie, nine o	r		and in the	
	higger	ests fo	or pregnancy snall be i	erformed		Patients having an abortion proc	eadis.	
	before	the a	bortion procedure.			(b) Identification of physician's	s name	
	Chapt	59A	4-9.025(1), F.A.C.			Will be typed on the surgery fo		
	This S	TAND	ARD is not met as evicord review and intervi	denced by: ew it was		Doctors sign the surgery sheet.	Nurses	
	deterr	nned	this clinic, that provide ortions, did not ensure	the		Name will be printed on surger	y sheet	
	formu	ation	and adherence of Writt	en panent care ission criteria	e	And recovery sheet in the appr		
	and p	rdcédi Lafita	ure and identification if horizon and nurse(s) involved in		Places to be identified in the a		
	the ni	oped	re (for 5 of 5 clinical re	cords: #1,#2		Procedure and recovery proce	55.	
	40 4	and	#5)			(c) 1. Medical history and pl		

201 <u>12-1</u>	23-12111 233 43 A WANTERN'S	World	773	2-466-7267 >> ₅₆₁₈₈₁	PKINIEU.	1633 P 7/16
OTATEMENT	OF Health Care Administration OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI AC13910054	NBER:	(X2) MULTIPLE CONSTRUCTION A. BLIILDING B. WING		OG) DATE SURVEY COMPLETED	
	ROVIDER OR SUPPLIER N'S WORLD MEDICAL CENTER, INC.	STREET ADDRE	12TH STRE	ET		·
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A 300	Continued From page 19 The findings include: a) Please see A250 related to this clinito develop and maintain an admission policy and procedure. b) During clinical record review of 5 pareceived 2nd trimester abortions (#1, # and #5) and interview with the Administronducted on 11/16/201, the procedure documenting the physician and assist signature was located. The signature legible. The Administrator was asked name of the physician that performed procedure could be determined. The administrator was not able to provide a name of the physicians on these documents of the physicians of the provider of the reflected assistant was the nurse was the nurse was signed to procedure was signed by Patient #1: procedure was signed by Administrative (not qualified to assist with procedure Patient #4: signed by Administrative (not qualified to assist with procedure patient #4: signed by Administrative (not qualified to assist with procedure to assist with procedure patient #4: signed by Administrative (not qualified to assist with procedure patient #4: signed by Administrative (not qualified to assist with procedure patient #4: signed by Administrative (not qualified to assist with procedure patient #4: signed by Administrative (not qualified to assist with procedure patient #4: signed by Administrative (not qualified to assist with procedure patient #4: signed by Administrative (not qualified to assist with procedure patient #4: signed by Administrative (not qualified to assist with procedure patient #4: signed by Administrative (not qualified to assist with procedure patient #4: signed by Administrative (not qualified to ass	ic's failure criteria atients that 12, #3, #4 strator re form ant s were not how the the a legible iments, discussed, build sign identifying or confirmed y LPN on on) Please ministrator e) ployed "lab redure) a Assistant		A 300 cont'd ledical Screening/Evaluation examination. Will include, LMP, results of pregression to coming to the clinic. Estimation of gestational age, Preconditions or complications: aller Medications, antiseptics, latex glocomplete pregnancy History and history. (2) Examinations, lab procedures, required consultations. To include confirm gestational age, a physical bimanual pelvic exam, uterine situations. Pictures of ultrasound physician will be kept in patient Patients who are seen for abortion Can't have ultrasound, will have	cxisting gies to any oves. gynecological and/or de ultrasound cal examination ze, and palpa d signed by file with surg on procedure a pregnancy	on ery sheet, and test
A 30	Laboratory Services. (a) Laboratory services shall be provor through arrangement with a laboratory services shall be provously arrangement with a laboratory state of Florida clinical laboratory lice	ided on-site atory that Laboratory ertificate and	A 301	With a positive result and physician with pelvic examto of Pregnancy before the abortion	estimate lengt	1

56188152884001634 P 8/16 772-466-7267 >> A Woman's World 2011-12-18 11 33 49 PRINIEU IZIUOIZUII FORM APPROVED Agency for Health Care Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING 11/17/2011 B. WING AC13910054 STREET ADDRESS, CITY, STATE, 2IP CODE NAME OF PROVIDER OF SUPPLIER 503 SOUTH 12TH STREET FORT PIERCE, FL 34950 A WOMAN'S WORLD MEDICAL CENTER, INC. COMPLETE (X2) PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX DATE (X4) ID PREFIX TAG DEFICIENCY) TAG A 301 Continued From page 20 A 301 pursuant to Chapter 483, Part I, F.S. (b) All laboratory services provided on-site shall be performed in compliance with state of Florida clinical taboratory licensure and federal CLIA provisions. Rh factor. Rh testing for Rh negative patients shall be conducted, unless reliable written documentation of blood type is available. All laboratory test reports shall be placed in the patient's medical record. All laboratory test and storage areas, records and reports shall be available for inspection by the agency. If a person who is not a physician performs an ultrasound examination, that person shall have documented evidence that he or she has completed a course in the operation of ultrasound equipment. The physician, registered nurse. licensed practical nurse, advanced registered nurse practitioner, or physician assistant shall, at the request of the patient and before the abortion procedure is performed, review the ultrasound evaluation results with the patient, including an estimate of the probable gestational age of the fetus. A test for anemia shall be performed. Chapter 59A-9.025(2), (4), (5), (6), (7), and (8) F.A.C.

AHCA Form 3020-0001 STATE FORM

This STANDARD is not met as evidenced by: Based on record review and interview it was determined this clinic (that conducts 2nd trimester

200	12-1211 6		World	7	72-466-7267 >> ₅₆₁	L881598840UF PKINIEU: FORM	12/05/2011 12/06/2011 APPROVED
STATEMENT	OF Health Care OF DEFICIENCIES OF CORRECTION	Administration (X1) PROVIDER/SUPPLIE IDENTIFICATION NUMBER 13910054	ABER:	A BUILDING B. WING		(XS) DATE 5. COMPLE	1RVEY TED 7/2011
	ROVIDER OR SUPI		STREET ADDR 503 SOUTH FORT PIERO	12TH STR			
(X4) ID PREFIX TAG	MANAGER	RY STATEMENT OF DEFICIENCIE CIENCY MUST BE PRECEDED BY YOUR LSC IDENTIFYING INFORM	COTC !	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	«ISHOULD BE I	COMPLETE DATE
A 301	than a physic examination, course compequipment. The findings During interviting the Administration and the stated this special appropriate where this unducting The clinic's physician we conducting The clinic's physician we conducting the adminionly emision than the seconducting than the seconducting procedure after the pro	inot ensure when a personal performs an ultrasounthat staff have documentated include: include:	review with ning at I that all ening. She determine remine the asked ced. She he or staff ining. Sician is the US (other charges), any US nical record. Is clinic to saturdays, hical record cted on M, she was	RI	According to clia standards for By a staff member who has doe Of training per clia standards a Been trained by the Laboratory Who conducts training session Year in February of each year. Ultrasound examinations are pure By a licensed physician on parameters will be printed out for And signed by physician before the procedure. These picture In patient, file for no longer to the procedure wanting abortion. The ultrasound will be performed only at the time of Printing a picture before the Evidence and a second one	testing commentation and who has beforector. as once a coerformed trients wo or documentation ore and after es will be kept than 5 yrs. multrasounds in procedure. formed by the of the abortion cabortion for	zer 2/1/2012
AHCA FO	#3, #4, ani	all sampled dinical record #5) only contained 2 US	pictures and	1800	Confirmation that uterus is Q85211	the first restaurable	rustion sheet 22

A Woman's World

772-466-7267 >> 561881568400163 P 10/16

gency fo	or Health C	ère /	Administration				(X3) DATE SU	IRVEY
TATEMENT	OF DEFICIENT	ES	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	VOLIA IBER:	A BUILDING	CONSTRUCTION	11/17/2011	
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	ROVIDER OF	1 .1		503 SOUTH	RESS, CITY, STA 1 12TH STRE ICE, FL 3495	ET		
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A 301	Continued	Fro	m page 22	surveyor	A 301	A 301 cont ² d		2/1/2012
	clinic's ph conductin	ysick g the	S "screening" is utilized by ans, in lieu of the physicia e initial US. The Administr US "screening" that is con	rator nducted	N	(edical Screening/Evaluation		
	by clinic s	taff i ferer	s the one that the physiciance prior to the procedure	ans will		Current staff member will conduct		
	nroceduit	ent	ew and review of policy and itled "Pre-Counsel/Pre-O	D AIRIN		Ultrasounds without having proof Accredited course for ultrasound to	j	
	specifical	ly the	e ultrascund section with a conducted on 11/16/201	ne Lat		With a certificate of completion.	-	
	approxim	ately ects	5:30 PM, she acknowled the following: Each patie	igea this ent will		Administrator will investigate hiri	ng an ultrasou	nd
	pregnant	y pri	sound done to verify age of or to the procedure. Each one will have a picture print	n ited and		Tech for ultrasounds not performe		
	placed in viewing.	the	patient's chart for the phy	slcian's		The new staff member before hiring a Show documentation of training a		
	All 3 staf	mei	mbers conduct ultrasound out documentation of com	is on pletion of a		Course for ultrasound training.	an accredited	
	Sonogra	14 (course that has been accourse that has been account of the requesting the request Florida.	redited			. <i>"</i> .	
A 35	O Abortion	Pro	cedure-2nd Trimester		A 360			
	trimeste	abo ving	clinic which is providing solutions must be in compliant standards relative to securition procedures:	ince with				
	practica	nui ner, to:	an, registered nurse, licer se, advanced registered r or physician assistant sha all patlents throughout the	nurse all be				
	(2) The	- ! !	tion procedure will be per	formed in				
AHCA FOR	m 3020-0001		•		539 0	Q86211	If continu	uation sheet 23

2011-12-19 11:34 A DEC-09-2011 134	Woman's World AHCA	77	'2-466-7267 >> ₅₆₁	8815618400 FORM	163, P 11/ APPROVED
Gency for Health Care Administration	MOER/SUPPLIER/CLIA	1 .	CONSTRUCTION	(X3) DATE SI COMPLE	JRVEY TED
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WOMAN'S WORLD MEDICAL CENTE	R, INC. FORT PIE	RCE, FL 3495	PROVIDER'S PLAN OF COI	PECTION	(×5)
(X4) ID SUMMARY STATEMENT O PREFIX (EACH DEFICIENCY MUST BE TAG REGULATORY OR LSC IDENTIF	PRICEDEUDITUS :	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE
A 350 Continued From page 23		A 350			
accordance with obstetric s keeping with established sta regarding the estimation of fetus.	andards of care gestational age of the				
(3) Anesthesia service shall written policies and proced anesthesia staff privileges, anesthesia, and the maintenantels.	the administration of enance of strict safety				
(4) Prior to the administration patients shall have a historexamination by the individual anesthesia, including laborated.	y and physical ual administering ratory analysis When		·		
(5) Appropriate precaution establishment of intravence patients undergoing post-	irst trimester abortions.				
(6) Appropriate monitoring signs by professionals lice assess the patient's conditional throughout the abortion procovery period until the paper of all performed, is deamed to lice.	ensed and qualified to tion will occul rocedure and during the patient's condition as portion procedure				
Chapter 59A-9.026, F.A.C	· ·				
This STANDARD is not reason to the Based on Interview and red this clinic, the abortions did not follow the precautions for the establaccess (at least for the prost-first trimester abortions).	acord review it was it provides 2nd trimesta he appropriate lishment of intravenous atients undargoing	1			
AHCA Form 3020-0001		8809	Q85211	if conti	nustion sheet 24 o

	2-19 1 09-2011				loman's AHCH	World	i	772-466-7267 >>	5618915989 PRINIEL FORM	163 P 1 12/08/2011 APPROVED	
				inistration				T CONSTRUCTION	(X3) DATE	URVEY	
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and Plan U	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:				A BUILDING B. WING			11/17/2011			
				AC.	(3910054		_		10	172011	
NAME OF PE	ROVIDER OF	SUP	LIER					STATE, ZIP CODE			
		1 '1		AL CENTE	R, INC.	503 SOUTH	1 12TH ST ICE, FL 34	1950			
04010	s	JMM	RY ST	ATEMENT OF	DEFICIENCIE	S	ID.	PROMOER'S PLAN OF	TION SHOULD BE	COMPLETE	
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		-					A 350				
A 350	Continue							A 350 Abortion Procedure	~ 2nd Trimectar	2/1/12	
	records	records of patients that received 2nd trimester abortions (#1, #2, #3, #4, and #5). In addition, based on interview and record review it was determined this clinic, that provides 2nd trimester abortions, did not have documentation to reflect appropriate monitoring of patient's vital signs by professionals licensed and qualified to assess the patient's condition throughout the abortion procedure and during the recovery room period until the patient's condition as specified by the type of abortion procedure performed, is deemed to be stable for 5 of 5 patients that						S AND SPORTER LINGSPAN	· P timestel	1 - " 1 - "	
,	abortion							Intravenous access will be performed by physicia			
	In addition							Performing 2nd trimester abortion. Supplies needed For intravenous access before the procedure is Located on the IV pole located at the left side Of the examination table above patient's head.			
	it was de										
	40 rafloo										
	l ciane hi										
	- hadion						•			'	
	nariari-11							All IV's are administered by physician per His orders. Surgery sheet will have documentation			
	doomod										
	received	ed 2nd trimester abortions (#1, #2, #3, #4,				£2, #3, # 4 ,	į Į	Of access to IV fluids po	n access before the		
	and #5)	1						2nd tri-mester abortion be	gins.		
- - 	dotormi	on observation and interview it was interview and interview it was interview in the clinic falled to provide a				any		Monitoring of patients vi	itals will be documen	ren	
	monitor	monitoring of vital signs, by a qualified individual for the 6 patients Identified as receiving 1st trimester abortions. The findings include: a) During review of this clinic's policies and procedures with the Administrator, conducted on 11/16/2011 at approximately 5:30 PM, she was asked to locate and provide the policy related to the establishment of intravenous access at least for patients undergoing the 2nd trimester abortion procedure. She replied that this clinic does not establish an intravenous access port for any of their patients because they do not provide general anesthesia. The regulation (noted above) was reviewed with her and she stated shows not aware they were required to establish intravenous access. When asked what they would do if there was an emergency during a procedure, she replied that the patient would be						On nurses notes during t	he abortion procedure	e with.	
	for the f							Before, during, and afte		1	
										1	
	i							By & Ilcensed Rogistered		1	
	a) Duri							The document to be able			
	11/18/2							Person performing vital	s and they are trained	ir the	
	acker!							Pield of abortion care fo	er patients before, dut	ing. &	
	the est							After the abortion proc	edure. Recovery roc	m	
	oroced							Patients vitals will be m		1	
	establis						Time patient is brought in to the recovery room after				
								1			
	above)						7	Abartion performed, du		į.	
	intrave							Taken again about 15 n	ninutes later, and vita	us will be	
	would							Tuken before patient go	sts dressed to be drive	en home	
	transfe	rec	to th	e hospital				By a significant other.		I	
AHCO FOR	m 3020-000		+					ie/ = 0.80000000000000000000000000000000000		m will be 11 2	

AHCA Form 3020-0001 STATE FORM

By a significant other. Policy and Procedures of C Standard of care protocols for recovery room will be 11 25 of 28

Written and implemented.

	-10 11:34 A Woman's W 9-2011 08:50 AHOA	orta r	72-466-7267 >>	5618400 5618815055 FRINTEL FORM	APPROVED	
ATEMENT O	Health Care Administration F DEFICIENCIES (X1) PROVIDER/SUPPLIER/ CORRECTION UMB AC13910054			(X3) DATE S COMPL — 11/1		
AME OF PRO	OVIDER OR SUPPLIER	STREET ADDRESS, CITY. S				
	111	503 SOUTH 12TH STF FORT PIERCE, FL 34	REET 950			
Z WONAN		ID	PROMIDER'S PLAN OF	CORRECTION	(XE)	
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A 350	Continued From page 25	A 350				
	During interview and clinical record revier patients that had received 2nd trimester procedures) with the Administrator, cond 11/16/2011 beginning at approximately 2 she was asked to locate documentation monitoring of vital signs during the procedure in the recovery room (in order to determine patient has become stable). She was unlocate any documentation to reflect this locate any documentation of the recovery room on 11/16/2011 revealed the unlicensed LPN (Licensed Practical Nurse) was the staff that was present. There were 5 patients Administrator had reported, on 11/16/20 approximately 1:00 PM as being present receive 1st trimester abortions. This su was present on 11/16/2011 prior to patients beginning at 1:00 PM through recovery discharges at 6:30 PM. Neither this unlinerse (nor any other staff member) were observed to monitor vitals at any time for the 6 patients present. This unlicensed was observed to provide 2 pills and a curvater to one of the patients in the recovery	ucted on :30 PM of the source and ine if the hable to had it, and iton when the ine it is the ine it				
A 400	Recovery Rm Stand, 2nd Trimester Each abortion clinic which is providing strimester abortions shall comply with the recovery room standards when providing trimester abortions:	e tollowing [
	(1) Following the procedure, post proce recovery rooms will be supervised and meet the patient's needs. A physician of	Statted to				
ahca form State for	3020-0001	8390	Q85211	lf conth	nution sheet 26 o	

5618B15268400163 P 14/16 772-466-7267 >> A Woman's World 2011-12-19 11:34 FORM APPROVED Agency for Health Care Administration (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION O(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING B. WING. 11/17/2011 AC13910054 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 503 SOUTH 12TH STREET A WOMAN'S WORLD MEDICAL CENTER, INC. FORT PIERCE, FL 34950 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE OATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEPIDIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PREFIX TAG DEFICIENCY) TAG A 400 Continued From page 26 A 400 assistant, a ficensed registered nurse, a licensed practical nurse or an advanced registered nurse practitioner who is trained in the management of the recovery area shall be available to monitor the patient in the recovery room until the patient is discharged. The Individual must be certified in basic cardiopulmonary resuscitation. A patient in the post-operative or recovery room shall be observed for as long as the patient's condition warrants. (2) The plinic shall arrange hospitalization if any complication beyond the medical capability of the staff occurs or is suspected. The clinic shall ensure that all appropriate equipment and services are readily accessible to provide appropriate emergency resuscitative and life support procedures pending the transfer of the patient or a viable fetus to the hospital. A physician shall sign the discharge order and be readily accessible and available until the last patient is discharged to facilitate the transfer of emergency cases if hospitalization of the patient or viable fetus is necessary. The clinic medical records documenting care provided shall accompany the patient. These records will include the contact information for the physician who performed the procedure at the clinic. (3) A physician shall discuss Rho (D) immune globulin with each patient for whom it is indicated and will ensure that it is offered to the patient in the immediate postoperative period or that it will be available to the patient within 72 hours following completion of the abortion procedure. If the patient refuses the Rho (D) immune globulin, refusal Form 3130-1002, January 2006, "Refusal to Permit Administration of Rh(D) Immunoglobulin ", herein incorporated by reference, shall be

AHCA Form 3020-0001 STATE FORM

signed by the patient and a witness, and shall be

AHCA Form 3020-0001 STATE FORM

discharged related to 2nd trimester patient

records for patients #1, #2, #3, #4, and #5 and for the 6 patients identified as receiving 1st trimester

will be written and implemented

2011-12-19 11 35 DEC-09-2011 08:51

A Woman's World

772-466-7267 >>

5618400163 P 16/16 5618813286 PRINTEL: 1200/2011 FORM APPROVED

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	abortions	on 1	11/16/2011.					11	
	The findir	ໂດຣ i	nclude:						
	Review	fitte	personnel records for the	or and					
İ	Administr	ator	, the Assistant Administrat censed) included job desc	riptions					
	that indic	ated	leach of them assist in the	3					1
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	records	lid n	ot contain any documenta ic training in the managem	tion to sent of the		•			
	reflect sp	ecm	a IC Maimin to tre organisadore	10111 01 010					
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RICK SCOTT GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK SECRETARY

December 8, 2011

Administrator A Woman's World Medical Center, Inc. 503 S. 12th Street Fort Pierce, FL 34950

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on November 16 and 17, 2011 by a representative of this office. Attached is the provider's copy of the State Form 3020, 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 December 16, 2011.

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 this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/hl Enclosures

