or Health Care Adm	inistration		T		(X3) DATE SI	JRVEY
OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER	l '		COMPLE	TED
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conducted 8/10/20	010. A Woman's Wor	id Medical		·		
Physical Plant Re	q2nd Trimester		A 100			
construction and sonvical plant req	specified minimum es uirements which mus	isential it be met				
space specifically	designated for interv	e private riewing				
(2) Dressing roon patients;	ns designated for staf	f and				
mixing valve and	wrist blades and loca	ited in each				
(4) Private proced and ventilation for	dure room(s) with ade r abortion procedures	equate light ;				
1 ()	•	quipped to				
		gurney;				
storage of medica	al records and necess					
3020-0001 RY DIRECTOR'S OR PRO	lac M (ENTATIVES SI	GNATURE ((X9) DATE 8/20//
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENCE REGULATORY OR INITIAL COMMEN Abortion Center R conducted 8/10/20 Center, Inc. had de the Yisit. Physical Plant Re The following are construction and sphysical plant req when providing se (1) Consultation or space specifically counseling, and or (2) Dressing room patients; (3) Handwashing mixing valve and patient exam/prod (4) Private procedure and ventilation fo (5) Post procedure meet the patient's (6) Emergency exaccommodate as (7) Cleaning and the cleaning and (8) Adequate and storage of medical equipment and se 13020-0001	AC13910054 ROVIDER OR SUPPLIER N'S WORLD MEDICAL CENTER, INC. SUMMARY STATEMENT OF DEFICIENCIAL (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORM INITIAL COMMENTS Abortion Center Re-licensure survey we conducted 8/10/2010. A Woman's World Center, Inc. had deficiencies found at the visit. Physical Plant Req2nd Trimester The following are minimum standards a construction and specified minimum esphysical plant requirements which must when providing second trimester about (1) Consultation room(s) with adequate space specifically designated for intervicent space specifically designated for intervicent space and wrist blades and local patients; (3) Handwashing station(s) equipped wrixing valve and wrist blades and local patient exam/procedure room or area; (4) Private procedure room(s) with adeand ventilation for abortion procedures (5) Post procedure recovery room(s) emeet the patient's needs; (6) Emergency exits wide enough to accommodate a standard stretcher or (7) Cleaning and sterilizing area(s) add the cleaning and sterilizing of instrume (8) Adequate and secure storage area storage of medical records and necessed equipment and supplies; and	ROVIDER OR SUPPLIER N'S WORLD MEDICAL CENTER, INC. 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(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; (4) Private procedure room(s) with adequate light and ventilation for abortion procedures; (5) Post procedure recovery room(s) equipped to meet the patient's needs; (6) Emergency exits wide enough to accommodate a standard stretcher or gurney; (7) Cleaning and sterilizing area(s) adequate for the cleaning and sterilizing of instruments; (8) Adequate and secure storage area(s) for the storage of medical records and necessary equipment and supplies; and	TOP DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER AC13910054 ROCYIPER OR SUPPLIER N'S WORLD MEDICAL CENTER, INC. 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(1) Consultation croom(s) with adequate private space specifically designated for interviewing counseling, and medical evaluations; (2) Dressing rooms designated for staff and petients; (3) Handwashing station(s) equipped with a mixing valve and wrist blades and located in each patient exami/procedure room or area; (4) Private procedure room(s) with adequate light and ventilization for abortion procedures; (5) Post procedure recovery room(s) equipped to meet the patient's needs; (6) Emergency exits wide enough to accommodate a standard stretcher or gurney; (7) Cleaning and sterilizing area(s) adequate for the cleaning and sterilizing of instruments, (8) Adequate and secure storage area(s) for the storage of medical records and necessary equipment and supplies; and	A 000 INITIAL COMMENTS Abortion Center Re-licensure survey was conducted 8/10/2010. A Woman's World Medical Center, Inc. had deficiencies found at the time of the visit. Physical Plant Req2nd Trimester when providing second trimester when providing second trimester abortions. (1) Consultation rooms designated for staff and petients; (2) Dressing rooms designated for staff and petients; (3) Handwashing station(s) equipped with a mixing valve and wrist blades and located in each patient examiprocedure room or area; (4) Private procedure room or area; (5) Post procedure recovery room(s) equipped to meet the patient's needs; (6) Emergency exits wide enough to accommodate a standard streither or gurney; (7) Cleaning and sterilizing area(s) adequate for the cleaning and sterilizing area(s) adequate for the storage of medical records and necessary equipment and supplies; and

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VING	08/10/2010
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V	MULTIPLE CONSTRUCTION

NAME OF PROVIDER OR SUPPLIER

503 SOUTH 12TH STREET FORT PIERCE, FL 34950

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 100	Continued From page 1 (9) If not otherwise required by the Florida Building Code, at least one general use toilet room equipped with a hand washing station. Chapter 59A-9.022, F.A.C.	A 100		
	This STANDARD is not met as evidenced by: Based on observation and interview it was determined the clinic did not ensure the consultation area adequately provided a private space for interviewing, counseling, and conducting medical evaluations. The findings include: During initial tour of the clinic with an Administrative Assistant, conducted on 03/10/2010 beginning at approximately 9:15 AM, the Administrative Assistant was asked to point out the consultation room. At this time she brought this surveyor to a room with one wall with a reception window, 2 full walls, and a countertop as the fourth wall that joins the small hallway. This small hallway contains a doorway to the procedure room (that is directly next to the consultation area); then a restroom; a lab and kitchen at the end of the hallway and a doorway to the recovery room is on the opposite side of the hallway from the restroom. There are two desks in the center of the room (that face each other) that are separated by tall bookshelves in the consultation area. In addition there is a chair next to each desk with a tall bookshelf on the other side of the chair. Any patient "buzzed" in from the waiting room would have the ability to see patient's receiving counselling in these areas.		As of 8/15/2010 each patient will have all of their medical evaluations: consult, ultrasound, lab work, and counseling done in the exam room. The exam room is an enclosed room with 4 walls and 1 door for privacy for patients. This has been discussed with the Medical Director and he agrees that all patients will have their evaluations done in the exam room with 4 walls and 1 door. If the consult room is occupied the patient will need to sit back in the lobby and wait until the room is available. The protocol manual has been updated.	8/15/10

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Agency f	or Health Care Adm	Inistration		T		(X3) DATE S	JRYEY
ITATEMEN]	OF DEFICIENCIES OF CORRECTION	(X1) PROMDER/SUPPLIE IDENTIFICATION NU	r/CLIA MBE R	(X2) MULTIPI A. BUILDING B. WING		COMPLE	
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NAME OF P	ROVIDER OR SUPPLIÉR						
A MONEA	N'S WORLD MEDIC	AL CENTER, INC.	FORT PIER	OUTH 12TH STREET PIERCE, FL 34950			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2		ES Y FULL	PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SMOULD BE	(X5) COMPLETE DATE
A 100	Any patient that ut rest room, proced the potential to he area. This require room with adequa standard for the polinic. This area is provides the potential by othe with the Administrat approximately consultation area past and that all put when asked if a pounseling area with the area of the potential that all put the potential to the potential to the potential to the potential to the potential that all put the potential to the potential that all put	tilized the hallway, to ure room, or recovery ar a patient in the coment notes a consulte private space is a hysical plant of an at some note of an at some patients. During interest, conducted on 0 11:35 AM, she stated has not been a conceptients have to be "boatient could be in the when other patients was restroom, or in the	y room ras unseling tation minimum portion om and e seen or terview 8/10/2010 I this ern in the uzzed" in e	A100	Each patient will have continuous in the exam/procedure single room with 1 door will be closed during continuous else will have act this room except the of and the doctor.	room. A . Which unseling. ccess to	8/15/10
A 16	Equipment Mainta (a) When patient a written prevention be developed and shall be checked with manufacture intervals, not less operation, and a repairs and/or alt equipment, the etested for proper service. Records piece of equipment testing and maintain (b) All anesthesis have a written prevention of the string and maintain the string and string the strin	monitoring equipmer ive maintenance proof implemented. This and/or tested in accords specifications at partial state of good repair. erations are made to quipment shall be the calibration before religionally be maintained ent to indicate its history.	nt is utilized, gram shall equipment ordance periodic sure proper After any proughly turning it to on each pry of	A 158			

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Agency for Health Care	Administration
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER

(XZ) MULTIPLE CONSTRUCTION A. BUILDING B. WING _

(X3) DATE SURVEY COMPLETED

08/10/2010

AC13910054 NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

503 SOUTH 12TH STREET FORT PIERCE, FL 34950

A WOMAN'S WORLD MEDICAL CENTER, INC.

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX		COMPLETE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG		DATE
A 156	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. Chapter 59A-9.0225(7), F.A.C. This STANDARD is not met as evidenced by: Based on observation, interview, and record review it was determined the clinic did not ensure the written maintenance program was implemented, specifically related to testing equipment (not less than annually) to ensure proper operation and a state of good repair. The findings include: During tour of the clinic, conducted with an Administrative Assistant on 08/10/2010 beginning at 9:15 AM, the following equipment was located, for use, on the premises: a centrifuge; 2 autoclaves; an ultrasound; a suction machine; a small refrigerator, a small freezer, and a defibrillator. Each of these items did not contain a sticker that noted inspections. The Administrative Assistant stated she was not aware of the requirement to inspect equipment on an annual basis. Review of the policy and procedure related to equipment maintenance indicated equipment will be maintained according to the manufacturer's instructions and preventative maintenance and calibration will be recorded on appropriate control logs. During subsequent interview with the Administrator,	A 156	As of 8/15/10 each of the following equipments will have an individual log stating date of service, purpose of service, approximate date of next service and a signature of the service person, with their company name. This shall include the centrifuge, dry heat sterilizers, ultrasound, vacuum aspiration machine, small refrigerator, deep freezer and the defibrillator. These equipments shall be inspected no less than once a year for proper operation and to insure they are working properly according to manufacturer specifications. This will be evaluated at each annual meeting with the staff and Medical Director to insure the maintenance on the equipment has been implemented. This deficiency was completed on 8/19/10 by medical equipment technician, Brian Lawrie, BMET.	8/19/10

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gency fo	r Health Care Adm	inistration				(X3) DATE SUP	RVEY
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A 156	AM, she confirmed and not be a second and the confirment had not be a second and the confirmed and the	0/2010 at approxima I that the above noted t been inspected and	logs of	A 156			
A 202	inspections have r Clinic Personnel-2	not been maintained.		A 202			
	Orientation. Each a written orientation new staff member facility and its poli at a minimum, fire measures, medication of the planned and including full time employees, at the at least annually all volunteers to it understanding of Records shall be content and indivitraining shall be for surgical assist include training in and specific responding of the proper use of fire for reporting firest for reporting firest and instruction to transmitting a dismembers.	facility shall have and on program to familiar, including volunteers cies and procedures a safety and other safety and provided for all endergencies, and it is beginning of employ thereafter and will also have and maintain their duties and responsitional attendance. The provided at least annotants and volunteers, in counseling, patient a counseling, patient and its sanitation, personal shing, use of masks a staff if there is a like the ease to patients or other to include evacuating extinguishers, and personal extinguishers.	programs mployees act ment and co apply to neir onsibilities, program e following ually, and must advocacy d with the hygiene and gloves, dishood of ther staff ing patients, procedures		Each employee and contra employees have an employ that will contain the follow of Hire, start date and rate start along with raises and given. Employee orientation will *Job Descriptions for ever employee *Clinic Policies and Proce *Fire Safety Rules & Evact for staff and Patients *Medical Emergency Prof *Infection Control *Patient Confidentiality *Counseling of Patients *Record Keeping *Incident Reporting *Licensing Regulations	yee file ving: Date e of pay at I the dates include: y dures uation Plan	9/1/10

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If continuation sheet 5 of 11

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A 202	Continued From p	age 5		A 202			
	(d) Licensing regu (e) Incident report	ing.					
	This STANDARD Based on record is determined the climember has documented to description; as trainings for 7 of 7. The findings inclusion of the findings inclusion of the findings inclusion of the findings inclusion of the finding at appression of a job description incident reporting and/or contractor for tractor for tractor for the finding of the finding for the finding	record review and in rator, conducted on C roximately 11:00 AM, thave personnel files any maintained a copy was no documented on; orientation; or and related to fire safety, tiality, licensing regula of for the following em	act was ach staff intation; a service tractors. Atterview 08/10/2010 she stated and for the evidence infection attions, and ployees 2010 aber 2004 991 and have maintain job innual	A202 Cont'd	Administrator will include documentation of orientation and documentation of review orientation annually in Feb each year after. This standard has been included the policies and Procedure manual. The review of original that been added to the age the Annual Staff Meeting to in February every year. The attendants will sign a meet attendance log with the devent and a copy will be preach employees permanent.	ew or ruary of uded in s protocol entation nda for hat is held he ting ate of the laced in	9/1/10

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TATEMENT	of DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER	(X2) MULTIPLI A BUILDING B. WING	CONSTRUCTION	COMPLE SI COMPLE	JRVEY TED 0/2010
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A 301 A 301	Laboratory Service (a) Laboratory service (a) Laboratory service or through arrange holds the appropri Improvement Ames state of Florida cli pursuant to Chapt (b) All laboratory be performed in c clinical laboratory provisions. Rh factor. Rh test shall be conducted documentation of All laboratory test patient's medical All laboratory test reports shall be a agency. If a person who is ultrasound exami documented evid completed a cour equipment. The p licensed practical nurse practitione the request of the procedure is perf evaluation results estimate of the p fetus.	es. vices shall be providement with a laborato iate federal Clinical Lendments (CLIA) cernical laboratory licenter 483, Part I, F.S. services provided on ompliance with state licensure and federating for Rh negative productions of the provided writh the place of the provided by the provided the provided the provided the provided the place of the provided the provided the place of the provided the place of the provided	ed on-site by that aboratory tificate and se issued site shall of Florida al CLIA batients tten ble ced in the records and in by the forms an hall have has if ultrasound nurse, gistered ant shall, at the abortion trasound luding an age of the	A 301 A 301			

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4 14/08/4	N'S WORLD MEDICA	AL CENTER, INC.	FORT PIER	CE, FL 349	50		
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1 201	Continued From p	ane 7		A 301			
A 301			and (9)				
	Chapter 59A-9.02	5(2), (4), (5), (6), (7),	anu (o)	1			
	F.A.C.		l				
]			
							İ
	This STANDARD	is not met as evider	nced by:				
	Based on observa	ation, interview, and r	ecord				ļ
'	review it was dete	ermined the clinic did	not ensure				
	when a person wit	ho is not a physician	performs				
	an ultrasound exa	amination, that this pe	erson snan tion of a				
	have documented	d evidence of complete ration of ultrasound e	auioment.				
	course in the ope	ation of disassana s	oderbitter				
	The findings inclu	ide:					8/10/1
				A301			
	During tour of the	clinic, conducted wit	th an		As of 8/10/10 ultrasounds will be		
	Administrative As	sistant on 08/10/2011	v beginning		performed by the me	dical doctor	
	at 9:15 AM, the u	Itrasound was observ	reallille	1	before each abortion		
	procedure room.	When asked who peg, this Administrative	Aesistant		requirements. Any st	1	
	replied that she d	loes and the other Ac	ministrative				
	Assistant does.	When asked about tr	aining on		who have had a course in ultrasound		
	the ultrasound eq	juipment, she stated	that the		technique will have d	ocumentation	
	physician showed	d them how to use it	She then		of a completed cours	e in there	
	stated the physic	ian still conducts an	ultrasound		permanent file. As of	f 8/10/10 only	
	test on each patie	ent. When asked whalive Assistant conduc	y Sile Ul IIIe I on		the Medical Doctors		
	other Administrati	ination, she replied to	o confirm a			-	
	pregnancy and to	take fetal measurer	nents and		the ultrasounds. The	protocor book	
	call the physician	with these measure	ments.		has been updated.		
	Review of persor	nnel records for these	≥2	,			
	Administrative As	ssistants did not reve	al any				
	documentation re	elated to training. The	ey did not				
	even have perso	nnel records to review	w. Pullug				
	interview with the	e Administrator, cond proximately 11:00 Al	ucieu on Vi she				
	stated the 2 Adm	ninistrative Assistants	do not				
	have personnel f	files. She confirmed	that these to				1
	to Comment and the	and the allege of the		1	1		1
	i staπ members co	mbers conduct ultrasound testing prior to rail of the physician. When asked why the					l

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	or Health Care Adm	1	PICLIA	(Y2) MULTIP	LE CONSTRUCTION	(X3) DATE S	URVEY
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A 301	replied these 2 sta ultrasound test to the clinic knows w She stated charge gestational ages a information so the money to bring or confirmed that the	und tests for each paraff members conduct determine gestational that to charge each person and they need to know by can tell the patient in the day of the processe 2 staff members completion or certification.	the first al age, so attent ferent w that how much dure. She do not	A 301			
A 350	trimester abortion the following stan trimester abortion (1) A physician, repractical nurse, a practitioner, or phavailable to all paprocedure. (2) The abortion paccordance with keeping with estar regarding the estifetus. (3) Anesthesia sewritten policies all anesthesia staff panesthesia, and trontrols. (4) Prior to the acpatients shall have	c which is providing s is must be in complia dards relative to seco	sed urse abortion formed in care I age of the stration of trict safety hesia, ical	A 350			
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PRÉFIX TAG	N'S WORLD MEDICA	al center, inc.	FORT PIE	RCE, FL 349	950		~~
A 350	/EACH OF CHOIFNO	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	rrull	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE
	indicated. (5) Appropriate properties of it patients undergoin (6) Appropriate mosigns by profession assess the patient throughout the above of the procession of the process of the pro	age 9 ing laboratory analys ecautions, such as the original access at the post-first trimester anals licensed and quests condition will occur ortion procedure and ntil the patients condition procedure and the post-first condition procedure and ntil the patients condition procedure and the post-first condition procedure and the patients condit	e t least for abortions. It's vital alified to r during the lition as dure	A 350			
	Based on clinical was determined to appropriate monit by professionals to the patient's conditation procedure period until the patient's conditation procedure period until the patient type of abortic deemed stable in sampled second to reviewed (Patient The findings included to have abortions procedudid not include do of vital signs by procedure of the procedure	is not met as evident record review and into the clinic did not ensure toring of the patient's icensed and qualified ition occurred through the recourse and during the recording the recovery room for the recovery received second trimulation. Review of these recovery rooms are received second trimulation of the recovery rooms are received second trimulation of the recovery rooms.	terview it re vital signs it to assess hout the overy pecified by led, is or 2 of 2 cords	A350	As of 8/14/10 the surg every 2 nd trimester pat will include document during the abortion princlude: Blood Pressure, Pulse, Oximetry, and respiralicensed medical professions.	tients chart ed vitals ocedure to Pulse tions by a	8/14/10
-ICA Form	I qualified to asses	s the patient's conditi	оп аилпа	1			1

Agency fo	or Health Care Adm	inistration				CAN DATE D	IIDY/EV
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		MBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/10/2010		
MANE OF DE	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
1 503 SOUTI				H 12TH STREET RCE, FL 34950			
(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-REPERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 350	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			A 350	Vital signs will be monitor documented by a license professional in the recovery pagain before the patient is discharged. Blood Pressure cuffs, both large size are kept in the stroom and the recovery rotimes. The protocol manual has updated to reflect these contains the stroom and the recovery rotimes.	d medical ery room at period and s n adult and surgery om at all	8/14/10
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If continuation sheet 11 of 11



CHARLIE CRIST GOVERNOR

Better Health Care for all Floridians

THOMAS W. ARNOLD SECRETARY

August 10, 2010

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 conducted on August 10, 2010 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 September 10, 2010.

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 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 Enclosure

