772-466-7267 >>

5618400163 P 2/13

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Agency	for Health Care Adm	inistration					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		A. BUILDING		(X3) DATE SU COMPLE	
		AC13910054				10/07	7/2009
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
A WOMA	n's world medica		FORT PIE	H 12TH STE RCE, FL 34			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	rtement of deficiencie y must be preceded by .gc identifying inform	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS REFERENCED TO THE APPROPRIES OF T	ULD BE	(X5) COMPLETE DATE
A 000	INITIAL COMMEN	TS		A 000			
	compliance with 59 Abortion Clinics, wi	c was found not to be BA-9, Requirements fi hich were reviewed d conducted on 10/07	or luring this				
A 150	Clinic Supplies/Equ	ulp. Stand2nd Trime	ster	A 150	We have ordered single use sur	uring	11/06/09
	Each abortion aliniv	c providing second tri	imester		kits that will be kept in the sur	gery	
		vide the following ess		Į	room. The Invnetory clerk is		
	clinic supplies and	equipment:			responsible for maintaining and	4	
	(a) A surgical or gy table(s);	rnecological examina	tion		monitoring suture supplies wee		
	(b) A bed or recline	tr(s) suitable for reco	very;				
	(c) Oxygen with flor equivalent;	w meters and masks	or		aff	snel 11/2	150
	(d) Mechanical suc	etion;				n (or	
		equipment to include, ation bags and oral a					
	(f) Emergency med and related supplie	dications, intravenous as and equipment;	s fluids,		FEFIVED		
	(g) Sterile suturing	equipment and supp	olies;		067 2005		
	(h) Adjustable exam	mination light;			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	(i) Containers for a with covers; and	igiled linen and waste	materials		The state of the s		
	(j) Appropriate equi general anesthesia	ipment for the admin a, if applicable.	istering of				
	Chapter 59A-9.022	25(1), F.A.C.					
ALCA Earns	AAAA 8AA.			<u>,</u>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

A Woman's World

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Agency	for Health Care Adm	ninistration	tallarini iyi wa da ka			. 014074 1140	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU AC13310054	IR/OLIA MBER;	(X2) MULTIF A. BUILDING B. WING	3	3) DATE SURVEY COMPLETED	
NAME OF P	ROVIDER OR SUPPLIER	AC13810054	STREET AND	IRERE CITY S	ITATE, ZIP CODE	10/07/2009	3
	N'S WORLD MEDICA	AL CENTER, INC	503 SOUT	H 12TH STR RCE, FL 34	REET		
(X4) ID PREFIX TAG	(BACH DEFICIENC	Atement of deficiencie y must be preceded by LSC identifying inform	'FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COM	(5) PLETE ATE
A 150	Continued From page 1			A 150			
	Based on observations determined this abstractions trimester abortions supplies and equipaterile suturing equalities. The findings include During observation conducted with the beginning at 9:30 A sterile suturing supplies at the conducted we have necessarile suturing supplies.	n of the facility's supple Administrator on 10 AM, she was unable to opties and equipment ver had to use them.	ras y second ential clinic ated to lies, /07/2009 to locate . She She also				
A 151	Clinic Supplies/equ	uip. Stand2nd Trime	ester	A 151	We have ordered a difibrillator	with 11	/06/09
	immediate use, ma	ment shall be provide sintained in functions able of providing at le	ıl		cardiac monitoring and a pulse oximeter. The medical director	r is	
	(a) inhalation there	эру			responsible for maintaining and testing of emergency equipmen		
	(b) Defibrillation				monthly. The medical director	is	
	(c) Cardiac monito	ring			certified to use emergency		į
	(d) Suctioning				equipment.		
	(e) Maintenance o	f patient sirway			·		

Agency	for Health Care Adn	ninistration		-			
STATEMEN AND PLAN	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910054			(X2) MULTII A. BUILDING B. WING		(X3) DATE SI COMPLE	
NAME OF F	PROVIDER OR SUPPLIER		STREET ADD	RESS. CITY, S	TATE, ZIP CODE	10/0	112003
	N'S WORLD MEDIC	al center, inc		H 12TH STR	REET		
(X4) ID PREFIX TAG	EACH DEFICIENC	atement of deficiencie Y must be preceded by LSC identifying inform	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETE DATE
A 151	Chapter 59A-9.022 This STANDARD Based on observa determined this ab emergency equipm use, specifically re cardiac monitoring The findings include During observation conducted with the beginning at 9:30 a not have cardiac in stated they have p She stated a phys	is not met as evidention and interview it voortion clinic did not intent available for implicated to defibrillation in a Administrator on 10 AM, she stated this frontioring equipment clans to get a pulse or icien had donated a ver, she was unable to	pment, //07/2009 acility does i. She ximeter.	A 151			
A 153	The clinic shall ha the anesthetizing cart must include, emergency medic procedures performedical director. Chapter 59A-9.02 This STANDARD	uip. Stand2nd Trimi dications Required. we a crash cart at the le being carried out. at a minimum, those attans to support the med as determined is	location The crash by the	A 153	We have set up a crash care Emergency medications tha medical director ordered. T inventory clerk is responsible monitoring and maintaining medications and supplies or care weekly. The crash care also include a diffibrillator w cardiac monitoring and pul- oximeter when they are del	t the he le for crash t will with	11/06/09

Agency	for Health Care Adn	ninistration		-			
	t of deficiencies of correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU AC13210054		(X2) MULTIF A. BUILDING B. WING		(X3) DATE SU COMPLE 10/0	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
A WOMA	N'S WORLD MEDIC	AL CENTER, INC		H 12TH STR RCE, FL 349			
(X4) ID PREFIX TAG	(EACH DEFICIENC	atement of deficiencie Y must be preceded by LSC identifying inform	PULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
A 153	determined this abcrash cart at the locarried out. The rinclude, at a minim medication to supplies determined by it. The findings included buring observation conducted with the beginning at 9:30 afacility does not has she was not award crash cart available anesthesia is not coral medications.	iortion clinic did not he cation anesthetizing equired crash cart minum, those emergence out the procedures pithe medical director. Ide: In of the facility's equipe Administrator on 10 AM, she acknowledgive a crash cart. She a of the requirement if a. She did confirm gutilized at this facility, ocal anesthetic, and the patient wants it as	is being ust eyerformed eprent, 1/07/2009 ed this stated to have a eneral however, twilight	A 153			
A 156	Equipment Mainte (a) When patient r a written preventive be developed and shall be checked r with manufacturer intervals, not less operation, and a s repairs and/or alte equipment, the equipment, the equipment tested for proper of service. Records	uip. Stand2nd Trimenance. monitoring equipmente maintenance programmented. This eard/or tested in accors specifications at pritian annually, to institute of good repair. A prations are made to pripment shall be the callbration before retrained on to indicate its historical.	t is utilized, ram shall equipment rdance eriodic ure proper any roughly urning it to on each	A 156	We have created a prevent maintenance program for a monitoring equipment to it not limited to: pulse oxime defibrillator with cardiac moxygen tank, suction mach ultrasound machine, hemothermometer, and all surginstruments. The medical responsible for the prevent	all patient nelude but ter, nonitoring, ine, cue, director is	11/06/09

A Woman's World

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Agency	for Health Care Adm	ninistration	4-11/10			· · · · · · · · · · · · · · · · · · ·	
	t of deficiencies of correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIF A. BUILDING B, WING		(X3) DATE SU COMPLE	TED
	PROVIDER OR SUPPLIER	AC13910054	STORET ADD	PERR CITY &	TATE, ŽIP CODE	10/07	7/2009
	AN'S WORLD MEDICA	al center, inc	503 SOUT	H 12TH STR RCE, FL 349	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	atement of Deficiencie y must be preceded by LSC Identifying Inform	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	Continued From pa	age 4		A 156			
	testing and mainte				Cont'd from page 4	,	
	have a written previously developed and improved and tests manufacturer's sintervals, not less operation and a stronger and a stronger proper operation and a stronger proper operation. Chapter 59A-9.02: This STANDARD Based on record repair. Chapter 59A-9.02: This STANDARD Based on record retermined this at written preventive developed and iminstruments. Specific surgical instruments and a state of good The findings including review of the procedures, conditionable to locate a to cleaning and mequipment. The research is facility does not surgicily does not suppose the stronger and meaning and meaning and meaning and meaning and meaning and stronger and swar and swar this facility does not suppose the stronger and stronger	is not met as evident eview and interview is cortion clinic did not he maintenance program plemented for all surgifically related to the nents and the checking to ensure proper opid repair.	program It shall be It shall b		maintenace on the defibrillator cardiac monitoring. The admis responsible for all other part monitoring equipment. All destaff will read and sign the primaintenance book. There will bi-annually reveiw to go over policies and procedures in main program. There will also be of all maintenance performed equipment to include date an service.	inistrator ient esignated eventitive ll be a the intenance a record	11/06/09

Agency for Health Care Administration

772-466-7267 >>

5618400163 P 7/13

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STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B WING AC13910064 10/07/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 603 SOUTH 12TH STREET A WOMAN'S WORLD MEDICAL CENTER. INC FORT PIERCE, FL 34950 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PRÉFIX TAG TAG DEFICIENCY) A 158 Continued From page 5 A 158 surgical equipment. Widespread Class III Correction Date: 11/07/2009 We have outlined each staff members 11/06/09 job/duties and responsibilities on surgery days. A 201 A 201 Clinic Personnel-2nd Trimester The staff are trained and jub/duties will be teviewed and signed annually by the staff and Each abortion clinic providing second trimester abortions shall have a staff that is adequately administrator. trained and capable of providing appropriate service and supervision to the patients. The clinic will have a position description for each position delineating duties and responsibilities and maintain personnel records for all employees performing or monitoring patients receiving a second trimester abortion. The clinical staff requirements are as follows: Physicians. The clinic shall designate a licensed physician to serve as a medical director. Nursing Personnel, Nursing personnel in the clinic shall be governed by written policies and procedures relating to patient care, establishment of standards for nursing care and mechanisms for evaluating such care, and nursing services. Allied health professionals, working under appropriate direction and supervision, may be employed to work only within areas where their competency has been established. Chapter 59A-9.023(1),(2),and (3), F.A.C. This STANDARD is not met as evidenced by: Based on record review and interview it was determined this abortion clinic did not have a position description for each position delineating duties and responsibilities for all employees

2009-10-28 10:26

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Agency 1	for Health Care Adm	inistration					
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF D	ROVIDER OR SUPPLIER	AC13810054	STREET ADD	RESS CITY ST	TATE, ZIP CODE	10/07/2009	
	N'S WORLD MEDICA	L Center, Inc	503 SOUT	H 12TH STR RCE, FL 349	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE Y must be preceded by SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPL	LETE
A 201	Continued From pa	ige 6		A 201			
	performing or moni second trimester at	toring patients received to the patients of the bortion.	ving a				
	The findings includ	e:					į
	procedures, condu 10/07/2009 beginn facility does not have	e facility's policies ar cted with the Adminis ing at 9:30 AM, she s ve position description a also stated she was rement.	strator on stated this ons for any				
	Correction Date: 1	1/07/2009					
A 250	Clinic Policies/Prod	cedures-2nd Trimest	er	A 250			
	abortions shall have procedures to imple that quality patient the functional active written procedures abortions and shall clinic personnel an approved annually These clinic policies but not be limited to (1) Patient admiss (2) Pre- and post- (3) Physician's or (4) Standing order (5) Medications, si (6) Treatments; (7) Surgical asepsis (9) Sterilization and standard procedures (5) Medial asepsis (6) Sterilization and standard procedures (6) Medial asepsis (7) Surgical asepsis (9) Sterilization and standard procedures (7) Medial asepsis (9) Sterilization and standard procedures (9) Sterilization (9) St	ion; operative care; ders; s with required signatorage and administr	d o assure confically to s. These of trimester coassible to and cal director, hall include atures; cation;		We have edited our protocol include all subsidaries needed been reviewed and approved to medical director. The staff hand signed the new protocol procedures. The administrate monitor the staff daily to in policies and procedures are befollowed. There will be an arreview of the protocol book to administrator.	, it has by the have read or will sure eing	06/09
	(10) Documentation records;	on: Medical records a	and racility				-, -

Agency	for Health Care Adm	inistration	1					
	T of Deficiencies of Correction	(X1) PROVIDER/SUPPLIE		(X2) MULTIP A, BUILDING B. WING	4	(X3) DATE SI COMPLE	PLETED	
		AC13910054	070EF7 400F	SECO CITY OF	TATE 712 CODE	10/0	7/2009	
NAME OF P	ROVIDER OR SUPPLIER		1		TATE, ZIP CODE			
A WOMA	n's world medic/	al center, inc	503 SOUTH				,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	atembnt of deficiencie Y mubt be preceded by .SC identifying inform	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
A 250	(11) Patient discha (12) Patient transfe (13) Emergency m (14) Incident report (15) Personnel orie (16) Inservice educ (17) Anesthesia; (18) Equipment an maintenance; (19) Volunteers; ar (20) Visitors. Chapter 59A-9.024 This STANDARD Based on record in determined this abtrimester abortions and procedures to shall relate specific of clinic services, apply to second triavailable and accessification of clinic 's medical discrete to the findings included the procedures, conditionally of the findings included the procedures of the procedures	arge; easures; ts; entation; cation record; d supplies: availability ad 4, F.A.C. is not met as evident eview and interview in cortion clinic providing a did not have written cally to the functional These written proced imester abortions and escible to clinic perso and approved annual lirector.	ced by: t was g second policies atient care activities dures shall d were not annel and ally by the	A 250	See page 7			
	requirement and t	hat this facility does in policies and procedusion; operative care;	not have					

A Woman's World

2009-10-28 10:27

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Agency f	or Health Care Adm	pinistration	/21			
	t of deficiencies of correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI AC13910054		(X2) MULTIPI A. BUILDING B. WING	THE CONTRACTION	DATE SURVEY COMPLETED 10/07/2009
NAME OF P	ROMDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	TATE, ZIP CODE	
A WOMA	N'S WORLD MEDICA	al center, inc	503 SOUTH FORT PIER	12TH STR		
(X4) ID PREFIX TAG	(EACH DEFICIENC	atement of deficiencie y must be precedeo by LBC identifying inform	'FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
A 250	(4) Standing orders (5) Medications, st (6) Treatments; (7) Surgical aseps (8) Medial asepsis (9) Sterilization and (10) Documentation records; (11) Patient dischat (12) Patient transf (13) Emergency m (14) Incident report (15) Personnel ori (16) Inservice edu (17) Anestheeia;	s with required signated and administration; disinfection; on: Medical records and arge; er; neasures; ris; entation; cation record; and supplies: availability and	tures; ation; and facility	A 250		
A 302	Laboratory Equipment storage, and testi provisions of Rule maintained according tructions and in accurate test result (b) Temperature storage of specimentitored and results a	ment and Supplies. and supplies for the ong of specimens shall 59A-7 F.A.C., and siding to manufacturer a manner that ensurits. controlled spaces for hens or testing supplicorded to ensure that ure is maintained.	collection, il meet the hall be 's res the es shall be	A 302	Administrative assistant has star monitoring the refrigerator temperature daily. We have alsadded a temperature log for the freezer that contains specimens. temperatures will be marked on sheet and reviewed by the administrator weekly to insure temperature is being logged.	so The

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Agency (or Health Care Adm	ninistration		 			
	t of deficiencies of correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU AC13910084		(X2) MULTIP A. BUILDING B. WING		(X3) DATE SI COMPLE	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
	N'S WORLD MEDICA	AL GENTER, INC		H 12TH STR RCE, FL 349			
(X4) ID PREFIX TAG	(Bach Deficienc	atement of deficiencie y must be preceded by LSC identifying inform	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE BE APPROPRIATE	(X5) COMPLETE DATE
A 302	Continued From pa	age S	·	A 302			
	used beyond their (d) Adequate facilicallection, storage	ies and materials shat expiration date. ties and supplies for a and transportation of ans shall be available	the f		See page 9		
:	Chapter 59A-9.02						
	Based on observal determined this at controlled spaces testing supplies with the controlled spaces.	is not met as evidention and interview it voortion clinic's temper for the storage of speas not monitored or no per storage tempera	vas rature ecimens or ecorded to				
	The findings include	de:	į				
	procedures, conding Assistant on 10/0: the refrigerator that testing supplies withe temperature is supposed to be clobtained the temperature 2008. This Admir acknowledged it withis function and it	the facility's policies at ucted with the Admini 7/2009 beginning at Sat contains medications observed. When a monitored she state hecked daily. She the perature log and the life was recorded was shistrative Assistant was her responsibility that she has not been mperatures for this re-	istrative 0:15 AM, in and asked how did it is en ast date September to perform				
	Widespread Class III Correction Date:	11/07/2009					
A 35	Abortion Procedu	re-2nd Trimester		A 350			
	Any abortion clini	a which is providing s	second				

Agency	for Health Care Adm	Inistration				. 01(1)17	
	T of deficiencies of correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	(X2) MULTI A. BUILDIN B. WING		(X3) DATE SU COMPLE	
NAME OF F	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE	10/0/	112009
A WOMA	N'S WORLD MEDICA	al center, inc	503 SOUT	H 12TH STI RCE, FL 34	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
A 350	Continued From pa	ge 10		A 350			
A 350	trimester abortions the following stands trimester abortion procedure. (1) A physician, registration practitioner, or physicial nurse, advictioner, or physicial procedure. (2) The abortion procedure. (2) The abortion procedure with observing with establing the estimates and the controls. (3) Anesthesia serving written policies and anesthesia, and the controls. (4) Prior to the administration by the anesthesia, including indicated. (5) Appropriate presentablishment of impatients undergoing	must be in complian ards relative to second recedures: pistered nurse, licens vanced registered nuscician assistant shall ents throughout the accedure will be performed at the standards of contact of gestational accedures relating vileges, the administration of anesther a history and physical individual administering laboratory analysis cautions, such as the travenous access at a post-first trimester and post-first tr	ed ed esse be abortion ed in are age of the ed under to ration of ct safety esia, all ring s when eleast for abortions.	A 350	We have included in our protosook policies relating to local anesthesia. Each 2nd Tri-mes patient who receives local aneswill be monitored by blood preand pulse oximeter during the procedure and recovery time. vitals will be recorded on surgisheet and recovery sheet by the	ter sthesia essure, e All ery	11/06/09
	signs by profession assess the patient's throughout the abo recovery period uni specified by the typ	nitoring of the patient als licensed and quasicondition will occur rtion procedure and cill the patient's condition procedured to be stable in the	during the tion as				

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Agency 1	for Health Care Adm	inistration					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIP A. BUILDING B. WING		(X3) DATE SU COMPLET	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE	10,01	
	N'S WORLD MEDICA	AL CENTER, INC	503 SOUTH	1 12TH STR ICE, FL 349	EET		· .
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Tement of Deficiencies Must be preceded by full SC Identifying Information)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X8) COMPLETE DATE
A 350	Continued From pa	ige 11		A 350			
	Chapter 59A-9.025, F.A.C.				See page 11		
This STANDARD is real Based on record reviet determined this abortion written policies and presentesia, and the recontrols. The findings include: During review of the findings, conducted 10/07/2009 beginning unable to locate any presented reviews.		eview and interview it ortion clinic did not he procedures relating ivileges, the administe maintenance of structures of the facility's policies are cted with the Administrating at 9:30 AM, she by policies and processia. The Administration	was ave to tration of ict safety and strator on was dures or				
	requirement and the written policies and anesthesia. The Afacility does provid anesthesia, and two	t she was not aware nat this facility does not this facility does not procedures related to the oral medication, lour ilight sleep for patier light sleep and have \$11/07/2009	not have to hat this cal nts who				
				!			



CHARLIE CRIST GOVERNOR

Better Health Care for all Floridians

HOLLY BENSON SECRETARY

October 15, 2009

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on October 7, 2009 by a representative of this office.

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

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies within ten calendar days of receipt of this report. All deficiencies shall be corrected no later than November 7, 2009.

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) 496-5900.

Sincerely,

Arlene Mayo-Davis Field Office Manager

arlene Mayo Doris/15

AMD/dmb Enclosures

TBB2

