

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13810054	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/27/2010
NAME OF PROVIDER OR SUPPLIER A WOMAN'S WORLD MEDICAL CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 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 000)	INITIAL COMMENTS A revisit to the relicensure survey of 8/10/10 was conducted on 9/27/10. Citation at A202 remains uncorrected.	(A 000)		
(A 202)	Clinic Personnel-2nd Trimester Orientation. Each facility shall have and execute a written orientation program to familiarize each new staff member, including volunteers, with the facility and its policies and procedures, to include, at a minimum, fire safety and other safety measures, medical emergencies, and infection control. In-service Training. In-service training programs shall be planned and provided for all employees including full time, part time and contract employees, at the beginning of employment and at least annually thereafter and will also apply to all volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually, and for surgical assistants and volunteers, must include training in counseling, patient advocacy and specific responsibilities associated with the services they provide: (a) Infection control, to include at a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene such as hand washing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members. (b) Fire protection, to include evacuating patients, proper use of fire extinguishers, and procedures for reporting fires; (c) Confidentiality of patient information and	(A 202)	Each employee and contracted Will have in service training at Least once annually of the Following: Job Descriptions Clinic Policies & Procedures Fire Safety Rules & Evacuation Plan Patients & staff Medical Emergency Protocol Infection Control Patient Confidentiality Counseling of Patients Record Keeping Incident Reporting Licensing Regulations	10/27/10

AHCA Form 3020-0001

Carluce M. [Signature]

TITLE *Administrator*

(X6) DATE

10/11/10

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

820J12

If continuation sheet 1 of 2

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER A WOMAN'S WORLD MEDICAL CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 503 SOUTH 12TH STREET FORT PIERCE, FL 34950
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{A 202}	<p>Continued From page 1</p> <p>records, and protecting patient rights; (d) Licensing regulations; and (e) Incident reporting.</p> <p>Chapter 59A-9.023,(4) and (5), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview it was determined the facility did not provide an orientation program; job descriptions; and inservice training related to confidentiality and incident reporting for each of the 8 staff members employed with the facility.</p> <p>The findings include:</p> <p>During record review and interview with the Administrator, conducted on 09/27/2010 at approximately 2:00 PM, the Administrator was asked to provide the following items for each of the facility's 8 employees:</p> <ul style="list-style-type: none"> - job description - documentation of orientation - documentation of annual confidentiality training - documentation of annual incident reporting training <p>The Administrator acknowledged that the above noted documentation was not available as it had not been completed for each of the 8 employees of the facility.</p>	{A 202}	<p>Each employee and contracted employees have an employee file that will contain the following: Date of Hire, start date and rate of pay at start along with raises and the dates given. To be reviewed annually.</p> <p>Employee orientation will include:</p> <ul style="list-style-type: none"> *Job Descriptions for every employee *Clinic Policies and Procedures *Fire Safety Rules & Evacuation Plan for staff and Patients *Medical Emergency Protocol *Infection Control *Patient Confidentiality *Counseling of Patients *Record Keeping *Incident Reporting *Licensing Regulations 	10/27/2010

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AC13910054	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/27/2010
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Name of Facility A WOMAN'S WORLD MEDICAL CENTER, INC.	Street Address, City, State, Zip Code 503 SOUTH 12TH STREET FORT PIERCE, FL 34950
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0100 Reg. # LSC	Correction Completed 09/27/2010	ID Prefix A0156 Reg. # LSC	Correction Completed 09/27/2010	ID Prefix A0301 Reg. # LSC	Correction Completed 09/27/2010
ID Prefix A0350 Reg. # LSC	Correction Completed 09/27/2010	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
Date:
Reviewed By
Date:

Signature of Surveyor:
Signature of Surveyor:

Date:
Date:

Followup to Survey Completed on:
8/10/2010

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO



CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
INTERIM SECRETARY

September 30, 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 Licensure survey revisit conducted on September 27, 2010 by a representative of this office. Enclosed is the provider copy of the State Form Revisit Report which shows the deficiencies found corrected at the time of the revisit. Also enclosed is the provider copy of the Statement of Deficiencies and Plan of Correction, State Form 3020, which reference the uncorrected deficiency identified during the revisit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten working 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 October 27, 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
Enclosures

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



Delray Beach Field Office
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Delray Beach, FL 33484
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