FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13960068	A. BUILDING _____ B. WING _____	08/31/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL WOMEN'S CLINIC	2100 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33308

(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 Complaint survey CCR#2010008207 was conducted on 08/31/10. The All Women's Clinic Abortion Center had deficiencies found at the time of the visit.	A 000		
A 500	Incident Reporting-2nd Trimester This section shall apply to incidents involving patients receiving second trimester abortions in any abortion clinic providing second trimester abortions. Clinic incident reporting requirements: (1) At a minimum an abortion clinic shall record each incident that results in serious injury to a patient as defined in Section 390.012(3)(h)1, F.S., or a viable fetus at an abortion clinic and shall report an incident in writing to the agency within 10 days after the incident occurs. (2) If a patient death occurs the abortion clinic shall report the death to the department and the appropriate regulatory board not later than the next workday. The report to the department shall be filed as required by Rule 64V-1.0061, F.A.C. Chapter 59A-9.029, F.A.C. This STANDARD is not met as evidenced by: Based on interview and record review and review of clinic's incident letter, the abortion clinic failed to report an incident that resulted in serious injury for 1 of 1 patients (Patient #1) within 10 days. The findings include: Review the clinic's incident letter dated 8/7/10 revealed a second trimester abortion was	A 500	A500 The All Women's Clinic's Policy and Procedure prior to inspection that took place on 8/31/2010 has been that the Medical Director is the person designated to report each adverse incident that results in a serious injury to a patient. Our Medical Director, Doctor Theodor Lehrer, suddenly became seriously ill on July 10, 2010. Doctor Lehrer had to be admitted thru the Emergency Department to Broward General Medical Center and he subsequently underwent cardiac evaluation at Florida Medical Center, where cardiac surgery was recommended. I personally accompanied Doctor Lehrer throughout these events and at his request, had to travel with him to seek a second opinion at the Cleveland Clinic in Ohio. I was not working on the date of the incident and had no direct knowledge of the details. A500 POC- As of 8/31/2010 our Policy and Procedure has been revised to ensure that any and all incidents that result in serious injury to a patient is reported by the Clinic Administrator to AHCA within ten days. In addition, the Medical Director will report such incidents. If the Medical Director is unable to make the incident report for any reason beyond his control, the Clinic Administrator will make such report within ten days even if the details of the incident are missing. An Addendums will be sent by the Clinic Administrator to the AHCA as soon as additional information regarding details of the incident becomes available.	8/31/2010

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE Oct 4, 2010

STATE FORM 6899 9CBH11 If continuation sheet 1 of 2

Agency for Health Care Administration

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A 500	Continued From page 1 attempted on 7/9/10 for Patient #1. The procedure was promptly discontinued after noticing excessive penetration of the suction cannula and diagnosing a uterine perforation. The letter continued to state how the patient was assessed, that the patient had a surgical procedure at a hospital and how they would monitor future patients after this incident. Review of the patient's clinical record concurred with the findings in the incident letter. During an interview with the administrator, who is a registered nurse, on 8/31/10 at 2:48 PM, she stated the the medical director, who is the same physician that performs all the abortions for the clinic, sent a letter to the Department of Professional Regulation (DPR) via facsimile on 8/9/10 at 9:39 AM. She stated that the clinic was contacted by the DPR on 8/19/10 because they needed additional information regarding the incident and they sent additional information to them. Interview with the physician on 8/31/10 at 3:23 PM, revealed he was ill after 7/9/10 which was the reason for failing to report the incident in writing to the Agency within 10 days of it occurring. During an interview with the administrator on 8/31/10 at 3:52 PM, she stated that the physician sent a report to the national abortion foundation right after the incident and acknowledged that the clinic should have done the same with the Agency.	A 500		

CHARLIE CRIST
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
INTERIM SECRETARY

September 21, 2010

Administrator
All Women's Clinic
2100 E Commercial Blvd
Fort Lauderdale, FL 33308

Re: CCR #2010008207

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on August 31, 2010 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 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 1, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis

Arlene Mayo-Davis
Field Office Manager

AMD/dmb

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