

PRINTED: 02/09/2010
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2010
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF JACKSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 4331 S UNIVERSITY BLVD, S JACKSONVILLE, FL 32216
--	--

(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 Licensure survey conducted February 4, 2010.	A 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">MAR 2 2010</p> <p style="text-align: center;">AHCA - HQA-4</p> <p style="text-align: center;"><i>See attached</i></p>	
A 153	<p>Clinic Supplies/equip. Stand.-2nd Trimester</p> <p>Resuscitative Medications Required.</p> <p>The clinic shall have a crash cart at the location the anesthetizing is being carried out. The crash cart must include, at a minimum, those emergency medications to support the procedures performed as determined by the medical director.</p> <p>Chapter 59A-9.0225(4), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interviews with Administrator/Office Manager and Nurse Practitioner, the facility failed to ensure that the emergency drug box was checked on a regular basis to ensure that the medications were not expired..</p> <p>The findings include:</p> <p>Observation of the emergency drug box on 2/4/10 at 10am during the tour, revealed there were nine (9)vials of Phenergan in the emergency drug box that expired on 9/2009 and one (1)vial of Flumazenil that expired on 12/2009.</p> <p>Review of facility policies and procedures revealed a policy titled " Emergency Equipment Checklist On Every Clinic Day " log. Interview at that time with the Administrator and Advanced Registered Nurse Practitioner revealed that they have not been performing the functions as indicated on the log.</p>	A 153		

AHCA Form 3020-0001

Regina Neary TITLE Administrator

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

(X8) DATE

3/1/2010

STATE FORM

9993

27SE11

If continuation sheet 1 of 3

PRINTED: 02/09/2010
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2010
--	--	--	--

NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF JACKSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 4331 S UNIVERSITY BLVD, S JACKSONVILLE, FL 32216
---	--

(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 153	Continued From page 1 Date of Correction 3/6/10	A 153		
A 300	<p>Medical Screening/Eval.-2nd Trimester</p> <p>Each abortion clinic that provides second trimester abortions shall formulate and adhere to written patient care policies and procedures designed to ensure professional and safe care for patients undergoing second trimester abortions and shall maintain a medical record for each such patient that records history, care and services. These patient care policies and procedures, for patients undergoing second trimester abortions, shall include but not be limited to the following:</p> <p>(a) Admission criteria and procedures;</p> <p>(b) Identification in the medical record of physician(s) and nurse(s) involved in providing the services offered for patients undergoing second trimester abortions;</p> <p>(c) Specific details regarding the pre-operative procedures performed, to include:</p> <ol style="list-style-type: none"> 1. History and physical examination, to include verification of pregnancy, estimation of gestational age, identification of any preexisting conditions or complications; including allergies to medications, antiseptic solutions, or latex; and a complete obstetric and gynecological history. 2. Special examinations, lab procedures, and/or consultations required, to include ultrasonography to confirm gestational age and a physical examination including a bimanual examination estimating uterine size and palpation of the adnexa. The physician shall keep original prints of each ultrasound examination of a patient in the patient's medical history file. For an abortion in 	A 300	See attached	<p>02/05/10 02/05/10 02/05/10 02/05/10 02/05/10</p>

PRINTED: 02/09/2010
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/04/2010
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF JACKSONVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 4331 S UNIVERSITY BLVD, S JACKSONVILLE, FL 32216		
(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 300	<p>Continued From page 2</p> <p>which an ultrasound examination is not performed before the abortion procedure, urine or blood tests for pregnancy shall be performed before the abortion procedure.</p> <p>Chapter 59A-9.025(1), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on a random review of 5 medical records and interviews with the Administrator/Office Manager and Nurse Practitioner, the facility failed to ensure that all physicians practicing at the facility performs a bimanual exam to estimate uterine size and palpation of the adnexa prior to the procedure.</p> <p>The findings include:</p> <p>Review of 5 patient charts from 2pm-3pm on 2/4/10 revealed that there was no documentation that one of the physicians had performed a manual exam prior to the procedure.</p> <p>Interview during that time with the Administrator and Advanced Registered Nurse Practitioner revealed that this physician has been performing abortions for 25 years, and that he is the only physician at the facility that does not perform a manual exam prior to the start of the procedure.</p> <p>Date of Correction 3/6/10</p>	A 300			



of Jacksonville, Inc

RECEIVED
MAR 2 2010
AHCA - HQA-4

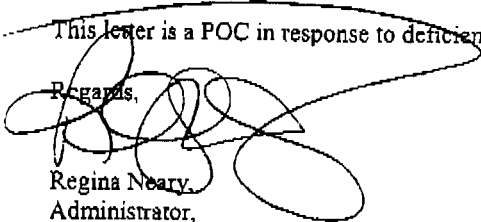
To: AHCA Jacksonville Field Office
Attention: Kathy Edstrom, R.N.

Re: CLIA ID# 10D0718789
3/1/2010

To Whom It May Concern:

This letter is a POC in response to deficiencies identified at the time of our state licensure survey performed on February 4, 2010.

Regards,


Regina Neary,
Administrator,
All Women's Health Center of Jacksonville
Cc: Robin Rygiel, AMM

AHCA Form 3020-0001

**A 153: Clinic Supplies/equip. Stand.-2nd trimester
Resuscitative Medications Required.**

Expired Medications (Phenergan and Flumazenil) were found in Emergency Crash Cart. Emergency Equipment Checklist not being performed daily before each clinic.

Plan Of Correction:

Immediately upon the discovery of expired medications in the Emergency Crash Cart, the medications were removed, and logged as destroyed.

Five (5) vials of Phenergan with current expiration dates, also located in the Emergency Drug Box, and one (1) vial of Flumazenil with current expiration date, were on hand to immediately replace the expired medications.

Once made aware that the Emergency Equipment Checklist had not been being performed, the Administrator and Advanced Registered Nurse Practitioner immediately implemented use of the "Emergency Equipment Checklist On Every Clinic Day" prior to performing terminations. The checklist will be reviewed monthly by the Advanced Registered Nurse Practitioner or Administrator.

A 300: Medical Screening/Eval.-2nd trimester

To be documented on the History and Physical form / biannual exams *must* be performed by all physicians prior to the procedure.

Plan Of Correction:

Prior to seeing patients on Friday, February 5, 2009, the physician in question was notified of the state requirement to perform manual exams prior to surgical abortions. Upon this notification, he immediately initiated the performance of manual exams prior to the surgical abortions. The Advanced Registered Nurse Practitioner will ensure that the examination is being performed, and properly documented for each surgical abortion procedure, on each clinic day.



CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

THOMAS W. ARNOLD
SECRETARY

February 5, 2010

Administrator
All Women's Health Center Of Jacksonville
4331 S University Blvd, S
Jacksonville, FL 32216

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on February 4, 2010 by a representative of this office.

Attached is 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 March 4, 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 surveyors. Should you have any questions, please call this office at 359-6046.

Sincerely,

Robert E. Dickson
Field Office Manager
Div. of Health Quality Assurance

NM/cw
Enclosure

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



Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 359-6046; Fax (904) 359-6054