

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960065	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/04/2009
NAME OF PROVIDER OR SUPPLIER PRESIDENTIAL WOMEN'S CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407		
(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 The license renewal survey was conducted on May 5, 2009 at Presidential Women's Center. At the time of the survey, the facility was not in substantial compliance with the applicable rules for Abortion Clinics. The following is the deficient practice identified.	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,	A 202	STAFF WAS TRAINED IN TWO WORKSHOPS ON 05/05/09 & 05/14/09 REGARDING POLICY AND PROCEDURES. WE HAVE ENCLOSED THE MATERIAL THAT WAS REVIEWED AND ATTACHED THE APPROPRIATE SIGN-IN SHEETS. ALL PRESIDENTIAL WOMEN'S CENTER EMPLOYEES ARE REQUIRED TO ATTEND YEARLY OSHA MEETINGS. ALL NEW EMPLOYEES MEET WITH THE RISK MANAGER TO REVIEW NECESSARY INFORMATION IMMEDIATELY AND REVIEWED IN 3 MONTHS AT THE COMPLETION OF THEIR PROBATIONARY PERIOD REVIEW. THE RISK MANAGER IS AVAILABLE FOR ONGOING QUESTIONS AND CONCERNS. (SEE ENCLOSED NOTEBOOK)	5/14/09 MAY 2009	

AHCA Form 3020-0001

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

TITLE

(X6) DATE

STATE FORM

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RCHV11

If continuation sheet 1 of 3

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A 202	<p>Continued From page 1</p> <p>proper use of fire extinguishers, and procedures for reporting fires; (c) Confidentiality of patient information and 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 interview and record review, the facility failed to plan and provide for all employees in-service training programs that included infection control, licensing regulations, and incident reporting at least annually.</p> <p>The findings include:</p> <p>In an interview conducted with the Administrator and the Center Director on 5/04/09, at 10:30 AM, the participants reported that they provide OSHA training for infection control annually and staff received the required additional training at monthly meetings.</p> <p>Review of the facility's training documentation on 5/04/09 revealed that the last OSHA in-services was conducted on 3/08/08. Review of the facility's monthly meetings from 2008 and 2009, from January 2009 to date, revealed no evidence that the facility had provided training regarding infection control, licensing regulations, and incident reporting.</p> <p>In a subsequent interview with the Administrator and the Center Director on 5/04/09, at 11:00 AM, the participants reported that they provided the training required in the regulations, but reported that they could not provide any evidence of the training.</p>	A 202	<p>THE REQUIREMENTS OF (C), (D), AND (E) ARE INCLUDED IN THE MANDATORY WORKSHOPS CONDUCTED ON 05/05/09 & 05/14/09.</p> <p>ALL MONTHLY MEETINGS WILL BE ACCOMPANIED BY REQUIRED SIGN-IN SHEETS FOR DOCUMENTATION PURPOSES. ALL NEW STAFF ARE REQUIRED TO MEET WITH THE RISK MANAGER AT INITIAL HIRING AND IN 3 MONTHS TO REVIEW TRAINING ON INFECTION CONTROL, LICENSING REGULATIONS, INCIDENT REPORTING, ETC.... AND REVIEWED.</p> <p>(SEE ENCLOSED NOTEBOOK)</p>	<p>5/15/09</p> <p>5/14/09</p>	

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A 202	Continued From page 2 Correction date 6/04/09	A 202			



CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

HOLLY BENSON
SECRETARY

May 6, 2009

Administrator
Presidential Women's Center
100 Northpoint Parkway
West Palm Beach, FL 33407

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on May 4, 2009 by a Surveyor of this office.

Attached is the provider's copy of the State Form, which indicates the following deficiencies that were identified on the day of the visit:

St - A - 0202 - - Clinic Personnel-2nd Trimester.

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 June 4, 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 all assistance provided. Should you have any questions please call this office at (561) 496-5900.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

Enclosures

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



Delray Beach Field Office
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