

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/10/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>FLORIDA WOMEN'S CENTER, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3599 UNIVERSITY BLVD S, SUITE 1200 JACKSONVILLE, FL 32216</b>		
(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  At the time of the Licensure survey conducted on April 10, 2009, Florida Women's Center, Inc. was found not to be in compliance with all of the requirements of Chapters 390 F.S. and 59A-9 F.A.C.	A 000			
A 156	Clinic Supplies/equip. Stand.-2nd Trimester  Equipment Maintenance.  (a) When patient monitoring equipment is utilized, a written preventive maintenance program shall be developed and implemented. This equipment shall be checked and/or tested in accordance with manufacturer's specifications at periodic intervals, not less than annually, to insure proper operation, and a state of good repair. After repairs and/or alterations are made to any equipment, the equipment shall be thoroughly tested for proper calibration before returning it to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance.  (b) All anesthesia and surgical equipment shall have a written preventive maintenance program developed and implemented. Equipment shall be checked and tested in accordance with the manufacturer's specifications at designated intervals, not less than annually, to ensure proper operation and a state of good repair.  (c) All surgical instruments shall have a written preventive maintenance program developed and implemented. Surgical instruments shall be cleaned and checked for function after use to ensure proper operation and a state of good repair.	A 156			



PLEASE see  
ATTACHED

AHCA Form 3020-0001

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

STATE FORM

6899

SBT811

TITLE

Physician Owner

(X6) DATE

5/6/09

If continuation sheet 1 of 5

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A 156	<p>Continued From page 1</p> <p>Chapter 59A-9.0225(7), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on facility record review and interview with the Clinic Manager, the facility failed to develop a written preventative maintenance program and to implement the program to provide at least annually, the testing and calibration of equipment used in patient care to insure proper operation, and a state of good repair.</p> <p>The findings include:</p> <p>A review of facility maintenance records revealed that annual inspection and calibration of equipment has not occurred since February of 2007. An interview with the Clinic Manager on April 10, 2009 at 11:15 confirmed that annual inspection and calibration of equipment has not occurred since February of 2007.</p> <p>Correction Date: 5/10/2009</p>	A 156	<p>PLEASE SEE ATTACHED</p>		
A 201	<p>Clinic Personnel-2nd Trimester</p> <p>Each abortion clinic providing second trimester abortions shall have a staff that is adequately 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:</p> <p>Physicians. The clinic shall designate a licensed physician to serve as a medical director.</p> <p>Nursing Personnel. Nursing personnel in the</p>	A 201			

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A 201	<p>Continued From page 2</p> <p>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.</p> <p>Allied health professionals, working under appropriate direction and supervision, may be employed to work only within areas where their competency has been established.</p> <p>Chapter 59A-9.023(1),(2),and (3), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on facility personnel record review and an interview with the Clinic Manager, the facility failed to provide documentation that staff that was adequately trained and capable of providing appropriate service, and supervision to the patients.</p> <p>The findings include: The review of the personnel records revealed no documentation that the medical assistants were trained, the facility had established competencies, or that who ever trained the staff had ensured that staff was competent to work in the areas where they were employed. An interview with the Clinic Manager on April 10, 2009 at 11:15 AM was conducted during which she stated " there is no written documentation but the medical assistants were trained by the Physician."</p> <p>Correction Date:05/10/2009</p>	A 201	<p><i>PLEASE SEE ATTACHEN</i></p>		
A 202	<p>Clinic Personnel-2nd Trimester</p> <p>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,</p>	A 202			

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A 202	<p>Continued From page 3</p> <p>at a minimum, fire safety and other safety measures, medical emergencies, and infection control.</p> <p>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:</p> <p>(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.</p> <p>(b) Fire protection, to include evacuating patients, proper use of fire extinguishers, and procedures for reporting fires;</p> <p>(c) Confidentiality of patient information and records, and protecting patient rights;</p> <p>(d) Licensing regulations; and</p> <p>(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 facility record review and an interview with the Clinic Manager, the facility failed to provide in-service training programs including infection control, fire protection, confidentiality of</p>	A 202	<p>PLEASE SEE ATTACHED</p>		

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A 202	<p>Continued From page 4</p> <p>patient information and records, protecting patient rights, and incident reporting at the beginning of employment and at least annually thereafter.</p> <p>The Findings include:</p> <p>A review of facility personnel records revealed that in-service training on infection control and fire protection had not occurred since February 15, 2007. There was also no documentation that annual in-service training on confidentiality of patient information and records, protecting patient rights, and incident reporting had been provided to staff. An interview with the Clinic Manager on April 10, 2009 at 11:15 AM confirmed that in-service on infection control, fire protection, confidentiality of patient information and records, protecting patient rights, and incident reporting has not been provided at least annually.</p> <p>Correction Date: 05/10/2009</p>	A 202	<p>PLEASE SEE ATTACHED</p>	



## Florida Women's Center, Inc.

3599 University Blvd., S., Bldg. 1200 • Jacksonville, FL 32216

(904) 398-8005 • Fax (904) 398-2771



### AHCA Correction

5-6-09

A 156 Clinics/equip. Stad.-2<sup>nd</sup> Trimester

#### Equipment Maintenance

- a) Appropriate monitoring equipment is to be maintained on an annual basis and calibrated at that time by a trained, licensed company in accordance with the rules and a log will be kept of this inspection. Records of such maintenance shall be kept in both the Lab Procedure and Policy and Procedure books. This is current and implemented.
- b) Anesthesia and surgical equipment shall be maintained by a log of preventative maintenance as required if present in the facility. Maintenance and records are kept in accordance with A-156 (a) above. In addition, all equipment is checked and functionally inspected on a daily basis to assure they are in good working order and properly operating. Any defective surgical equipment, if applicable, shall be removed from service. This is current and implemented.
- c) Surgical Instruments are sterilized prior to each patient use and cross checks and indicators are utilized to assure proper sterilization. A sterilization company is used to verify the continual functionality and adequate sterilization adequacy. This is ongoing and will remain in effect. All instrumentation is observed on a daily basis to ensure they are in good working order and properly operating. Any defective instrument will be removed from service. This is current and implemented.
- d) Responsibility for assuring document compliance is by the office manager. Deficiencies are reported to Dr. Kelly.

A 201 Clinic Personnel-2<sup>nd</sup> Trimester

- a) Florida Women's Center is medically staffed by Florida State Licensed Physicians in accordance with Florida Statutes. A medical director is and shall

*Handwritten notes:*  
5/11/09  
J. Kelly  
J. Kelly  
J. Kelly

continue to be designated to serve as medical director. These Physicians are in control of all patient care in the facility. Any patient being seen or evaluated regarding any abortion related issue will only under the supervision and knowledge of the physician.

b) Competency for allied health professionals is confirmed by the presence of certifications from educational institutions where they completed their training. These will be kept on file. Additional appropriate training by Dr. Kelly and/or any other documented physician is performed by the physicians and patients are tested both orally and by written test as to understanding and competence in issues related to their employment. These tests will be kept in the employee file. All staff were trained regarding policy and procedure, starting on the first work day and additionally ongoing as any procedures are changed in regards to the these policies and procedures. A description of each employee category will be in the policy and procedures manual.

c) If nurses are employed in any position within the office, they will follow specifically established standards of care for nursing and provide their nursing licenses upon employment for the employee file. All nurses will be governed by written policies and procedures relating to patient care and mechanisms for evaluating such care, and nursing services.

d) Staff are monitored and evaluated on a continual daily basis by the physician and office manager while at work and any indications of deficiencies are addressed both orally and by written exam confirmation.

e) Staff compliance with these procedures and policies will be ongoing. The formal rectification of any informal training and competency evaluations are part of the permanent protocol of operation.

f) Responsibility for these procedures and policies and verification of completion is the office manager. Any deficiencies or questions will be followed by notification of the physician.

g) All above criteria are implemented and/or actively continuing.


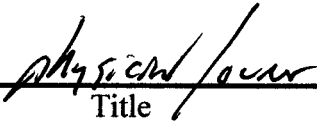
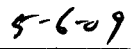
#### A 202 Clinic Personnel-2<sup>nd</sup> Trimester

a) All conditions in A-201 are implemented and incorporated. In addition, all staff shall undergo initial direct training by Dr. Kelly upon hire, and thereafter In-service at intervals of no less than one year apart. This shall be documented in the Policy and Procedure book. An initial orientation shall be accomplished and documented in the file. The orientation will include fire safety, general safety, medical emergencies and infection control, including asepsis both medically and surgically. This is documented in the employee files. The employee files contain written documentation of knowledge and

training in the areas of infection control, confidentiality of patient information and records, protecting patient rights, and incident reporting at the beginning of employment and annually. These are implemented if deficient, and/or continuing as appropriate. An annual check sheet is used to verify.

b) In-service training shall occur at least annually, starting at the beginning of employment. This will include training in counseling, patient advocacy, and specific responsibilities. This is documented as an annual check sheet.

c) Responsibility of assuring documentation is by the office manager. Deficiencies are reported to Dr. Kelly.

		
Laboratory director/provider signature	Title	Date





CHARLIE CRIST  
GOVERNOR

*Better Health Care for all Floridians*

HOLLY BENSON  
SECRETARY

April 20, 2009

Administrator  
Florida Women's Center, Inc  
3599 University Blvd S, Suite 1200  
Jacksonville, FL 32216

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on April 10, 2009 by Daniel Daubert, R.N., Registered Nurse Specialist, 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:

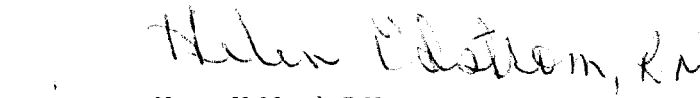
St - A - 0156 - - Clinic Supplies/equip. Stand.-2nd Trimester  
St - A - 0201 - - Clinic Personnel-2nd Trimester  
St - A - 0202 - - Clinic Personnel-2nd Trimester

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 report. All deficiencies shall be corrected no later than May 10, 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 contact this office at 359-6046.

Sincerely,

  
for Nancy K. Marsh, R.N.  
Field Office Manager  
Div. of Health Quality Assurance

DD/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