

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2011
NAME OF PROVIDER OR SUPPLIER FLORIDA WOMEN'S CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 3599 UNIVERSITY BLVD S SUITE 1200 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 At the time of the licensure survey conducted on February 16, 2011, Florida Women's Health Center was found not to be in compliance with the requirements of Chapter 390 F.S. and 59A-9 F.A.C.	A 000		
A 201	Clinic Personnel-2nd Trimester 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: Physicians. The clinic shall designate a licensed physician to serve as a medical director. Nursing Personnel. Nursing personnel in the 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. Allied health professionals, working under appropriate direction and supervision, may be employed to work only within areas where their competency has been established. Chapter 59A-9.023(1),(2),and (3), F.A.C. This STANDARD is not met as evidenced by: Based on a review of the facility's personnel training records and interviews with the Physician in charge and the Office Manager, this	A 201		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

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A 201	Continued From page 1 requirement has not been met. The findings include: 1. On 2/16/10 at 10am, a review of the facility ' s In-service Training records from February 2010 to current date revealed that the facility had not conducted annually required personnel training specific to Infection Control practices including universal/standard precautions against blood-borne diseases, handwashing, use of personal protective equipment such as masks and gloves, and instruction to staff on what should be done if there is a likelihood of transmitting a disease to patients or other staff members. 2. On 2/16/10 at 10 am, a review of the facility ' s policies, procedures, Rules and Protocols, and Workplace Behavior revealed no information specific to Incident Reporting. A review of the In-service Training records from February 2010 to current date revealed that the facility had not conducted annually required personnel training on Incident Reporting. On 2/16/11 at 10:15am, an interview with the facility ' s Office Manager confirmed that the In-Service Training records for facility personnel conducted in February 2010 to current date did not include information specific to Infection Control and Incident reporting. She further confirmed that those specific topics had not been included in the annual personnel training. On 2/16/11 at 10:30 am, an interview with the Physician revealed that the facility has not had any incidents to report therefore there was no need for staff training.	A 201		



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
INTERIM SECRETARY

February 25, 2011

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 February 16, 2011 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 report. The deficiency should be corrected no later than March 26, 2011.**

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 surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Keisha Woods
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NM/KW/sm
Enclosures

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Jacksonville Field Office
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