

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2011
NAME OF PROVIDER OR SUPPLIER A JACKSONVILLE WOMEN'S HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4131 UNIVERSITY BLVD SOUTH BLDG 2 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 October 6, 2011, A Jacksonville Women's Health Center, Jacksonville, Florida, was found not to be in compliance with the requirements of Chapter 390 F.S. and 59A-9 F.A.C.	A 000		
A 250	Clinic Policies/Procedures-2nd Trimester An abortion clinic providing second trimester abortions shall have written policies and procedures to implement policies and to assure that quality patient care shall relate specifically to the functional activities of clinic services. These written procedures shall apply to second trimester abortions and shall be available and accessible to clinic personnel and shall be reviewed and approved annually by the clinic's medical director. These clinic policies and procedures shall include but not be limited to the following: (1) Patient admission; (2) Pre- and post-operative care; (3) Physician's orders; (4) Standing orders with required signatures; (5) Medications, storage and administration; (6) Treatments; (7) Surgical asepsis; (8) Medical asepsis; (9) Sterilization and disinfection; (10) Documentation: Medical records and facility records; (11) Patient discharge; (12) Patient transfer; (13) Emergency measures; (14) Incident reports; (15) Personnel orientation; (16) Inservice education record; (17) Anesthesia; (18) Equipment and supplies: availability and maintenance;	A 250	A250: Policy and Procedure manual Policy and Procedure for 2nd Trimester abortion clinic for A Woman's Choice Of Jacksonville was reviewed on October 20, 2011 by Crystal Valentine, Director of Operations. All Policies to include but not limited to: 1) Patient admission 2) Pre and post op care 3) Physicians orders 4) Standing orders with required signatures 5) Medications 6) Treatments 7) Surgical asepsis 8) Medical asepsis 9) Sterilization and disinfection 10) Documentation: Medical and facility Records 11) Patient discharge 12) Patient transfer 13) Emergency measures 14) Incident reports 15) Personnel orientation 16) Inservice education record 17) Anesthesia 18) Equipment and supplies maintenance and availability 19) Volunteers 20) Visitors are current and up to date. As of October 20, 2011 Volunteer protocol has been approved and signed by the medical director and added to the policy and procedure manual. Policies will be reviewed and signed annually by the Medical director beginning October 2011. New policies will be approved and signed by the director through out the year as needed.	10/20/11

AHCA Form 3020-0001

TITLE

(X8) DATE

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

10/20/11

STATE FORM

5099

SVHD11

If continuation sheet 1 of 2

Agency for Health Care Administration

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A 250	<p>Continued From page 1</p> <p>(19) Volunteers; and (20) Visitors.</p> <p>Chapter 59A-9.024, F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the written procedures available to clinic personnel had been reviewed and approved annually by the clinic's medical director.</p> <p>The findings include:</p> <p>1. Review of the clinic's procedure manual revealed the last review by the clinic's medical director to be 2009. Interview with staff owner at 12 noon on 10/6/11 confirmed that the review had not been performed since 2009 (per the facility's policy of "every two years" review).</p> <p>Correction Date: 11/6/11</p>	A 250			

AHCA Form 3020-0001

STATE FORM

6899

SVHD11

If continuation sheet 2 of 2



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

October 7, 2011

Administrator
A Jacksonville Women's Health Center, Inc
4131 University Blvd South, Bldg 2
Jacksonville, FL 32216

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on October 6, 2011 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 November 6, 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 798-4201.

Sincerely,

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

RBF/cw
Enclosure

