

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/30/2014
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NAME OF PROVIDER OR SUPPLIER
A WOMAN'S WORLD MEDICAL CENTER, INC.

STREET ADDRESS, CITY, STATE, ZIP CODE
**503 SOUTH 12TH STREET
FORT PIERCE, FL 34950**

(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 An unannounced Relicensure survey was conducted on 06/30/2014 at A Woman's World Medical Center. The facility had deficiencies found at the time of the visit.	A 000	<p><i>Approved 8/6/14 AD</i></p> <p>APR 03 2014</p>	
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		

Chapter 59A-9.0225(7), F.A.C.

AHCA Form 3020-0001

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

Carole M. [Signature]

TITLE

Administrator

(X6) DATE

7/31/14

STATE FORM

6600

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If continuation sheet 1 of 6

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NAME OF PROVIDER OR SUPPLIER A WOMAN'S WORLD MEDICAL CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 503 SOUTH 12TH STREET FORT PIERCE, FL 34950		
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A 156	Continued From page 1 This STANDARD is not met as evidenced by: Based on interview, observation, and record review it was determined the facility did not insure that all patient monitoring equipment and surgical equipment is checked and/or tested in accordance with manufacturer's specifications at periodic intervals, not less than annually, to ensure proper operation, and state of good repair. The findings include: During initial tour of the exam/procedure room the ultrasound gel warmer and the goose neck examination lamp inspection/calibration stickers were noted to be dated 12/11/2012 on 06/30/2014 at approximately 9:20 AM. During interview with the Administrative Assistant and the ARNP (Advanced Registered Nurse Practitioner), conducted on 06/30/2014 at approximately 9:30 AM, they stated they were not aware that these 2 pieces of equipment were not inspected/calibrated when all of the other equipment was inspected/calibrated on 01/07/2014. The ARNP mentioned that the sticker may have come off of those pieces of equipment. During subsequent interview with the Administrator, conducted on 06/30/2014 beginning at approximately 10:00 AM, she was asked if there were any records from the company that inspected/calibrated the facility's equipment that might indicate which pieces were inspected/calibrated. She obtained the invoice and acknowledged that it does not itemize each piece of equipment that was inspected/calibrated. She also acknowledged that the facility does use the ultrasound gel warmer and the goose neck exam lamp and that there are no current	A 156 A 156	Clinic Supplies/Equip. Stand-2 nd Trimester Equipment Maintenance Equipment maintenance program is being revised and initiated as of today. The equipment and maintenance logs will be checked every six months by AWWMC staff to keep equipment in good working condition. Each piece of equipment shall have a sticker applied to the piece of equipment detailed with date of maintenance check and initials of staff person checking equipment, and any repairs if needed noted and signed by administrator and assistant administrator in January and June annually. These dates will be noted in the annual date book on the date due in June and January to be completed by the 20 th for each month in January and June annually. This new protocol will be discussed with staff by administrator and assistant administrator.	7/30/14

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A 156	Continued From page 2 Inspection/calibration records on file for these pieces of equipment.	A 156 A 156	Equipment maintenance These actions will ensure that all equipment is checked twice annually and each log for equipment is noted and signed that the check of this equipment was completed and signed by the administrator or Assistant Administrator for verification of maintenance check on equipment was completed in the allotted time.	7/30/14
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, proper use of fire extinguishers, and procedures for reporting fires; (c) Confidentiality of patient information and records, and protecting patient rights;	A 202	Clinic Personnel-2 nd Trimester Orientation. The first day after hire each employee will be given a new hire pack with the following information, their job description, orientation to be familiarized with the clinic, Confidentiality of patient information, Incident Reporting, Infection Control, and fire safety instructions. Note: these instructions are repeated at the annual meeting in February with handouts. Employees are reminded with these instructions on an annual basis. These instructions will be given to all employees on an annual basis including physicians and ARNP. The clinic will have annual in-service program that will include all personnel and volunteers to maintain and insure their understanding of job duties and responsibilities. A record of these meetings will be maintained and reflect the content of meeting with an individual attendance recorded by a sign in sheet for each meeting will be kept in the protocol book for easy access for inspection purposes. The annual meeting will include training in counseling, patient advocacy, and specific responsibilities associated with the services provided for patients we provide.	7/30/14

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A WOMAN'S WORLD MEDICAL CENTER, INC. 503 SOUTH 12TH STREET
 FORT PIERCE, FL 34950

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A 202 Continued From page 3
 (d) Licensing regulations; and
 (e) Incident reporting.
 Chapter 58A-9.023,(4) and (5), F.A.C.
 This STANDARD is not met as evidenced by:
 Based on interview and record review it was determined the facility did not ensure that each employee received annual trainings in the topics of Infection Control; Fire Protection; Licensing Regulations; and Incident Reporting for 4 of 4 sampled employee files reviewed (Employee A, Employee B, Employee C, and Employee D).
 The findings include:
 During interview and review of this facility's employee files conducted with the Administrator, on 06/30/2014 beginning at approximately 11:15 AM, she was provided the opportunity to locate documentation to reflect 4 of 4 employees had received the required annual training in the topics of Infection Control; Fire Protection; Licensing Regulations; and Incident Reporting. The Administrator was not able to locate documentation to indicate the following employees had received annual trainings in the required topics:
 Employee A with a date of hire noted as 04/21/1991
 Employee B with a date of hire noted as 1997
 Employee C with a date of hire noted as 05/14/2013
 Employee D with a date of hire noted as 1991

A 202 Clinic Personnel-2nd Trimester
 Infection control shall include universal precautions against blood born pathogens, everyday clinical cleaning that includes, sanitizing equipment used after each patient use, including, surgical table, surgical instruments, changing gloves, ultrasound transducers, patient recovery chair, gown, and blanket. Washing hands technique, using masks and gloves
 7/30/14
 Fire Safety - Each staff member will have an evacuation map given to them annually to remind them of the fire safety precautions and to assist in evacuating patients in case of fire, or other threats that could harm patients or staff during a bomb threat. The fire safety evacuation plan will be posted in each patient area. Fire extinguisher training of proper use of fire extinguishers. Training Calling 911 to report the fire or bomb threat
 Employees trained to protect patient's confidentiality, and protecting patient rights with handouts of "Notice of Privacy Practices for Protected Health Information" given to patients before services are rendered.
 A record of training annually will be recorded attendance & recorded meeting notes by all employees attending annual meeting and signing attendance sheet. Employees attendance will be noted in employee folder for in training for fire safety, infection control, confidentiality, incident reporting, Ultrasound Training if needed.

A 250 Clinic Policies/Procedures-2nd Trimester

A 250

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NAME OF PROVIDER OR SUPPLIER A WOMAN'S WORLD MEDICAL CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 603 SOUTH 12TH STREET FORT PIERCE, FL 34950		
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A 250	<p>Continued From page 4</p> <p>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:</p> <ol style="list-style-type: none"> (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) Medial 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; (19) Volunteers; and (20) Visitors. <p>Chapter 89A-9.024, F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review it was</p>	A 250	<p>Clinic Policies and Procedures-2nd Trimester</p> <p>An annual assessment of the Policies and Procedures for 2nd Trimester will occur during December by the 20th. The assessment will include all staff members to read the policies and procedure manual to ensure that policies are up to date and ready for medical directors approval for signing at the annual meeting in February. This will ensure that all staff has read the procedure manual annually if any updates are needed the administrator and assistant administrator can address changes or concerns at this time. This will ensure that all staff have read the manual on an annual basis and is part of the group to keep the procedure manual up to date with signatures and logs that are updated annually and at six month intervals.</p>	7/30/14

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A250	<p>Continued From page 5</p> <p>determined the facility did not ensure that the written procedures that apply to second trimester abortions were reviewed and approved annually by the clinic's medical director for a facility that provides second trimester abortions.</p> <p>The findings include:</p> <p>During interview and review of the facility's policy and procedure manual conducted with the Administrator, on 06/30/2014 beginning at approximately 11:00 AM, she was asked to locate documentation that reflected the medical director had reviewed and approved (annually) the clinic's policy and procedures that apply to second trimester abortions. The Administrator provided for review a one page document that noted 2014 Protocols Approved 2nd Trimester Abortions. At the bottom of this document there was a statement that indicated "with this signature the policy and procedures manual updated for 2014 business year is approved on this date. The document was not signed or dated by the medical director. The Administrator acknowledged that this document was not signed or dated by the medical director. The Administrator provided for review a similar document, dated 02/10/2013, that was signed by the medical director. The Administrator acknowledged that documentation indicating the 2014 review of the policy and procedure manual was not on file at this time.</p>	A 250	<p>Clinic Policies/Procedures-2nd Trimester.</p> <p>Policies and Procedures are established and referenced in our Policies and Procedures manual and are reviewed annually by medical director.</p> <p>The medical director will sign procedures and policies manual at our annual meeting before the meeting starts and to sign in for attendance purposes for the meeting. This will ensure the first annual responsibility for the medical director is to sign the procedure and policies manual is up to date. Also if there is a problem with the procedure manual it can be discussed during the annual meeting in the same day. This will ensure the procedure manual is up to date with a sign of approval by the medical director for the current year.</p> <p>The agenda for the annual meeting will be the same agenda for each annual meeting with predetermined agenda subjects to be discussed on an annual basis with the sign in sheet for attendance attached by staple, that shall include the medical directors signing and approval of the procedure manual and signing by the medical director for 2nd Trimester to ensure that this does not get overlooked by administrator or the medical director. The agenda will include the procedure manual signing and the annual training for employees of fire safety and infection control, confidentiality, etc.</p>	7/30/14
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 14, 2014

Administrator
A Woman's World Medical Center, Inc.
503 South 12th Street
Fort Pierce, FL 34950

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on June 30, 2014 by a representative from 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 faxed report. All deficiencies shall be corrected no later than July 30, 2014.**

The plan of correction must include the following:

1. Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
2. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice.
3. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur.
4. Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change.
5. Ensure that no protected or other confidential information (i.e., resident or staff names) are included in the plan.
6. State the completed date; the date that the facility identifies compliance can be achieved, which must be after the exit date.
7. You must sign the bottom of page 1 of the statement of deficiencies; include your title and date.

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_shtm 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

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Delray Beach, FL 33484
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valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,



Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure(s)

TBB2