

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

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AGENCY CLERK

STATE OF FLORIDA, AGENCY FOR  
HEALTH CARE ADMINISTRATION,

2015 MAR 25 A 11:18

Petitioner,

v.

AHCA NO.: 2015000143

A WOMAN'S WORLD MEDICAL CENTER, INC.,

Respondent.

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**FINAL ORDER**

Having reviewed the Administrative Complaint, and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

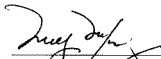
1. The Agency has jurisdiction over the above-named Respondent pursuant to Chapter 408, Part II, Florida Statutes, and the applicable authorizing statutes and administrative code provisions.
2. The Agency issued the attached Administrative Complaint and Election of Rights form to the Respondent. (Ex. 1) The Election of Rights form advised of the right to an administrative hearing. The Respondent returned the Election of Rights form selecting "Option 1." (Ex. 2) The Respondent thus waived the right to a hearing to contest the allegations and sanction sought in the Administrative Complaint.

Based upon the foregoing, it is **ORDERED**:

1. The findings of fact and conclusions of law set forth in the Administrative Complaint are adopted and incorporated by reference into this Final Order.
2. The Respondent shall pay the Agency \$2,000. If full payment has been made, the cancelled check acts as receipt of payment and no further payment is required. If full payment has not been made, payment is due within 30 days of the Final Order. Overdue amounts are subject to statutory interest and may be referred to collections. A check made payable to the "Agency for Health Care Administration" and containing the AHCA ten-digit case number should be sent to:

Office of Finance and Accounting  
Revenue Management Unit  
Agency for Health Care Administration  
2727 Mahan Drive, Mail Stop 14  
Tallahassee, Florida 32308

ORDERED at Tallahassee, Florida, on this 25 day of March, 2015.



Elizabeth Dudek, Secretary  
Agency for Health Care Administration

**NOTICE OF RIGHT TO JUDICIAL REVIEW**

A party who is adversely affected by this Final Order is entitled to judicial review, which shall be instituted by filing one copy of a notice of appeal with the Agency Clerk of AHCA, and a second copy, along with filing fee as prescribed by law, with the District Court of Appeal in the appellate district where the Agency maintains its headquarters or where a party resides. Review of proceedings shall be conducted in accordance with the Florida appellate rules. The Notice of Appeal must be filed within 30 days of rendition of the order to be reviewed.

**CERTIFICATE OF SERVICE**

I CERTIFY that a true and correct copy of this Final Order was served on the below-named persons by the method designated on this 25<sup>th</sup> day of March, 2015.



Richard Shoop, Agency Clerk  
Agency for Health Care Administration  
2727 Mahan Drive, Mail Stop 3  
Tallahassee, Florida 32308-5403  
Telephone: (850) 412-3630

Jan Mills Facilities Intake Unit (Electronic Mail)	Finance & Accounting Revenue Management Unit (Electronic Mail)
Andrea M. Lang Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Candace Dye, Administrator A Woman's World Medical Center 503 South 12 <sup>th</sup> Street Fort Pierce, Florida 34950 (U.S. Mail)

**STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION**

STATE OF FLORIDA,  
AGENCY FOR HEALTH CARE  
ADMINISTRATION,

Petitioner,

vs.

Case No. 2015000143

A WOMAN'S WORLD MEDICAL CENTER, INC.,

Respondents.

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**ADMINISTRATIVE COMPLAINT**

COMES NOW the Petitioner, State of Florida, Agency for Health Care Administration (hereinafter "the Agency"), by and through its undersigned counsel, and files this Administrative Complaint against the Respondents, A WOMAN'S WORLD MEDICAL CENTER, INC., (hereinafter "the Respondent"), pursuant to Sections 120.569, and 120.57, Florida Statutes (2013), and alleges:

**NATURE OF THE ACTION**

This is an action to impose an administrative fine against an abortion clinic in the amount of TWO THOUSAND DOLLARS (\$2,000.00) pursuant to Section 390.018, Florida Statutes (2013).

**JURISDICTION AND VENUE**

1. This Court has jurisdiction over the subject matter pursuant to sections 120.569 and 120.57, Florida Statutes (2013).

2. The Agency has jurisdiction over the Respondent pursuant to Sections 20.42 and 120.60, and Chapters 408, Part II, and 390, Florida Statutes (2013).

3. Venue lies pursuant to Rule 28-106.207, Florida Administrative Code.

### PARTIES

4. The Agency is the licensing and regulatory authority that oversees abortion clinics in Florida and enforces the applicable statutes and rules governing such facilities. Chapters 408, Part II, and 390, Florida Statutes (2013); Chapter 59A-9, Florida Administrative Code. The Agency may deny, revoke, and suspend any license issued to an abortion clinic and impose an administrative fine for a violation of the Health Care Licensing Procedures Act, the authorizing statutes or the applicable rules. Sections 408.813, 408.815, 390.018, Florida Statutes (2013).

5. The Respondent was issued a license (License Number 820) by the Agency to operate an abortion clinic located at 503 South 12<sup>th</sup> Street, Fort Pierce, Florida 34950, and was at all material times required to comply with the applicable statutes and rules.

### COUNT I

#### **The Respondent Failed To Ensure That Surgical Instruments Were Cleaned And Checked For Function After Use To Ensure Proper Operation In Violation Of Rule 59A-9.0225(7), Florida Administrative Code**

6. The Agency re-alleges and incorporates by reference paragraphs one (1) through five (5).
7. Pursuant to Florida law, equipment maintenance: 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.

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.

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.

Rule 59A-9.0225(7), Florida Administrative Code.

8. On or about June 30, 2014, the Agency conducted a Relicensure Survey of the Respondent's facility.

9. Based on interview, observation, and record review it was determined the Respondent did not insure that all patient monitoring equipment and surgical equipment was 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.

10. During an 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 a.m. During an interview with the Administrative Assistant and the ARNP (Advanced Registered Nurse Practitioner) conducted on 06/30/2014 at approximately 9:30 a.m., 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.

11. During a subsequent interview with the Administrator conducted on 06/30/2014 beginning at approximately 10:00 a.m., 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. The Administrator 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 inspection/calibration records on file for these pieces of equipment.

12. The Respondent was cited for a violation pursuant to Section 390.018, Florida Statutes (2013).

13. Pursuant to Florida law, in addition to the requirements of Part II of Chapter 408, Florida Statutes, the Agency may impose a fine upon the clinic in an amount not to exceed \$1,000 for each violation of any provision of Chapter 390, Florida Statutes, Part II of Chapter 408, or the applicable rules. Section 390.018, Florida Statutes (2013).

**WHEREFORE**, the Petitioner, State of Florida, Agency for Health Care Administration, intends to impose an administrative fine against the Respondent in the amount of ONE THOUSAND DOLLARS (\$1,000.00).

#### **COUNT II**

#### **The Respondent Failed To Ensure That The Written Procedures That Apply To Second Trimester Abortions Were Reviewed And Approved Annually By The Clinic's Medical Director In Violation Of Rule 59A-9.024, Florida Administrative Code**

14. The Agency re-alleges and incorporates by reference paragraphs one (1) through five (5).

15. Pursuant to Florida law, 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. Any abortion clinic which is in operation at the time of adoption of this rule and providing

second trimester abortions shall be given six months within which to comply with these clinic policies and procedure requirements which 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) 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.

Rule 59A-9.024, Florida Administrative Code.

16. On or about June 30, 2014, the Agency conducted a Relicensure Survey of the

Respondent's facility.

17. Based on interview and record review it was determined the Respondent 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.

18. During an interview and review of the facility's policy and procedure manual conducted with the Administrator, on 06/30/2014 beginning at approximately 11:00 a.m., 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.

19. The Respondent was cited for a violation pursuant to Section 390.018, Florida Statutes (2013).

20. Pursuant to Florida law, in addition to the requirements of Part II of Chapter 408, Florida Statutes, the Agency may impose a fine upon the clinic in an amount not to exceed \$1,000 for each violation of any provision of Chapter 390, Florida Statutes, Part II of Chapter 408, or the applicable rules. Section 390.018, Florida Statutes (2013).

**WHEREFORE**, the Petitioner, State of Florida, Agency for Health Care Administration,



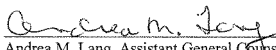
intends to impose an administrative fine against the Respondent in the amount of ONE THOUSAND DOLLARS (\$1,000.00).

**CLAIM FOR RELIEF**

**WHEREFORE**, the Petitioner, State of Florida, Agency for Health Care Administration, respectfully requests the Court to grant the following relief:

1. Enter findings of fact and conclusions of law in favor of the Agency.
2. Impose an administrative fine against the Respondent in the amount of TWO THOUSAND DOLLARS (\$2,000.00) against the Respondent.
3. Order any other relief that the Court deems just and appropriate.

Respectfully submitted on this 11<sup>th</sup> day of February, 2015.

  
\_\_\_\_\_  
Andrea M. Lang, Assistant General Counsel  
Florida Bar No. 0364568  
Agency for Health Care Administration  
Office of the General Counsel  
2295 Victoria Avenue, Room 346C  
Fort Myers, Florida 33901  
Telephone: (239) 335-1253

NOTICE

RESPONDENT IS NOTIFIED THAT IT/HE/SHE HAS A RIGHT TO REQUEST AN ADMINISTRATIVE HEARING PURSUANT TO SECTIONS 120.569 AND 120.57, FLORIDA STATUTES. THE RESPONDENT IS FURTHER NOTIFIED THAT IT/HE/SHE HAS THE RIGHT TO RETAIN AND BE REPRESENTED BY AN ATTORNEY IN THIS MATTER. SPECIFIC OPTIONS FOR ADMINISTRATIVE ACTION ARE SET OUT IN THE ATTACHED ELECTION OF RIGHTS.

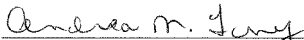
ALL REQUESTS FOR HEARING SHALL BE MADE AND DELIVERED TO THE ATTENTION OF: *THE AGENCY CLERK, AGENCY FOR HEALTH CARE ADMINISTRATION, 2727 MAHAN DRIVE, BLDG #3, MS #3, TALLAHASSEE, FLORIDA 32308; TELEPHONE (850) 412-3630.*

THE RESPONDENT IS FURTHER NOTIFIED THAT IF A REQUEST FOR HEARING IS NOT RECEIVED BY THE AGENCY FOR HEALTH CARE ADMINISTRATION WITHIN TWENTY-ONE (21) DAYS OF THE RECEIPT OF THIS ADMINISTRATIVE COMPLAINT, A FINAL ORDER WILL BE ENTERED BY THE AGENCY.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the Administrative Complaint and Election of Rights form has been served to: Candace M. Dye, Administrator and Registered Agent for A Woman's World Medical Center, Inc., 503 South 12<sup>th</sup> Street, Fort Pierce, Florida 34950, by United States Certified Mail, Return Receipt No. 7009 1680 0001 8776 0183 on this

11<sup>th</sup> day of February, 2015.



Andrea M. Lang, Assistant General Counsel  
Florida Bar No. 0364568  
Agency for Health Care Administration  
Office of the General Counsel  
2295 Victoria Avenue, Room 346C  
Fort Myers, Florida 33901  
Telephone: (239) 335-1253

Copies furnished to:

<p>Candace M. Dye Administrator and Registered Agent A Woman's World Medical Center, Inc. 503 South 12<sup>th</sup> Street Fort Pierce, Florida 34950 (U.S. Certified Mail)</p>	<p>Andrea M. Lang, Assistant General Counsel Office of the General Counsel Agency for Health Care Administration 2295 Victoria Avenue, Room 346C Fort Myers, Florida 33901</p>
	<p>Arlene Mayo-Davis, Field Office Manager Agency for Health Care Administration 5150 Linton Boulevard, Suite 500 Delray Beach, Florida 33484 (Electronic Mail)</p>

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

Re: A Woman's World Medical Center, Inc.

Case No. 2015000143

**ELECTION OF RIGHTS**

This Election of Rights form is attached to a proposed action by the Agency for Health Care Administration (AHCA). The title may be an **Administrative Complaint, Notice of Intent to Impose a Late Fee, or Notice of Intent to Impose a Late Fine.**

**Your Election of Rights must be returned by mail or by fax within twenty-one (21) days of the date you receive the attached Administrative Complaint, Notice of Intent to Impose a Late Fee, or Notice of Intent to Impose a Late Fine.**

**If your Election of Rights with your elected Option is not received** by AHCA within twenty-one (21) days from the date you received this notice of proposed action by AHCA, you will have given up your right to contest the Agency's proposed action and a **Final Order will be issued.**

Please use this form unless you, your attorney or your representative prefer to reply in accordance with Chapter 120, Florida Statutes (2014) and Rule 28, Florida Administrative Code.

PLEASE RETURN YOUR ELECTION OF RIGHTS TO THIS ADDRESS:

Agency for Health Care Administration  
Attention: Agency Clerk  
2727 Mahan Drive, Mail Stop #3  
Tallahassee, Florida 32308  
Phone: 850-412-3630 Fax: 850-921-0158

**PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS**

OPTION ONE (1) \_\_\_\_ **I admit the allegations of fact and law contained in the Notice of Intent to Impose a Late Fine or Fee, or Administrative Complaint and I waive my right to object and to have a hearing.** I understand that by giving up my right to a hearing, a Final Order will be issued that adopts the proposed agency action and imposes the penalty, fine or action.

OPTION TWO (2) \_\_\_\_ **I admit the allegations of fact and law contained in the Notice of Intent to Impose a Late Fine or Fee, or Administrative Complaint, but I wish to be heard at an informal proceeding** (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) \_\_\_\_ **I dispute the allegations of fact and law contained in the Notice of Intent to Impose a Late Fee, the Notice of Intent to Impose a Late Fine, or Administrative Complaint, and I request a formal hearing** (pursuant to Subsection 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

**PLEASE NOTE: Choosing OPTION THREE (3) by itself is NOT sufficient to obtain a formal hearing. You also must file a written petition** in order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes. It must be received by the Agency Clerk at the address above **within 21 days** of your receipt of this proposed administrative action. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which requires that it contain:

1. Your name, address, telephone number, and the name, address, and telephone number of your representative or lawyer, if any.
2. The file number of the proposed action.
3. A statement of when you received notice of the Agency's proposed action.
4. A statement of all disputed issues of material fact. If there are none, you must state that there are none.

Mediation under Section 120.573, Florida Statutes may be available in this matter if the Agency agrees.

License Type: \_\_\_\_\_ (Assisted Living Facility, Nursing Home, Medical Equipment, Other)

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Name Title

Address: \_\_\_\_\_  
Street and Number City State Zip Code

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-Mail (optional) \_\_\_\_\_

I hereby certify that I am duly authorized to submit this Notice of Election of Rights to the Agency for Health Care Administration on behalf of the above licensee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED  
AHCA  
AGENCY CLERK

2015 FEB 26 P 3:01

Re: A Woman's World Medical Center, Inc.

Case No. 2015000143

**ELECTION OF RIGHTS**

This Election of Rights form is attached to a proposed action by the Agency for Health Care Administration (AHCA). The title may be an Administrative Complaint, Notice of Intent to Impose a Late Fee, or Notice of Intent to Impose a Late Fine.

Your Election of Rights must be returned by mail or by fax within twenty-one (21) days of the date you receive the attached Administrative Complaint, Notice of Intent to Impose a Late Fee, or Notice of Intent to Impose a Late Fine.

If your Election of Rights with your elected Option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action by AHCA, you will have given up your right to contest the Agency's proposed action and a Final Order will be issued.

Please use this form unless you, your attorney or your representative prefer to reply in accordance with Chapter 120, Florida Statutes (2014) and Rule 28, Florida Administrative Code.

PLEASE RETURN YOUR ELECTION OF RIGHTS TO THIS ADDRESS:

Agency for Health Care Administration  
Attention: Agency Clerk  
2727 Mahan Drive, Mail Stop #3  
Tallahassee, Florida 32308  
Phone: 850-412-3630 Fax: 850-921-0158

**PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS**

OPTION ONE (1)  I admit the allegations of fact and law contained in the Notice of Intent to Impose a Late Fine or Fee, or Administrative Complaint and I waive my right to object and to have a hearing. I understand that by giving up my right to a hearing, a Final Order will be issued that adopts the proposed agency action and imposes the penalty, fine or action.

OPTION TWO (2)  I admit the allegations of fact and law contained in the Notice of Intent to Impose a Late Fine or Fee, or Administrative Complaint, but I wish to be heard at an informal proceeding (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3)  I dispute the allegations of fact and law contained in the Notice of Intent to Impose a Late Fee, the Notice of Intent to Impose a Late Fine, or Administrative Complaint, and I request a formal hearing (pursuant to Subsection 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

EXHIBIT 2

**PLEASE NOTE:** Choosing OPTION THREE (3) by itself is **NOT** sufficient to obtain a formal hearing. You also must file a written petition in order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes. It must be received by the Agency Clerk at the address above within 21 days of your receipt of this proposed administrative action. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which requires that it contain:

1. Your name, address, telephone number, and the name, address, and telephone number of your representative or lawyer, if any.
2. The file number of the proposed action.
3. A statement of when you received notice of the Agency's proposed action.
4. A statement of all disputed issues of material fact. If there are none, you must state that there are none.

Mediation under Section 120.573, Florida Statutes may be available in this matter if the Agency agrees.

License Type: Abortion Clinic (Assisted Living Facility, Nursing Home, Medical Equipment, Other)

Licensee Name: A Woman's World Medical Center License Number: 820

Contact Person: Candace M Dye Administrator  
Name Title

Address: 503 S 12<sup>th</sup> Street Fort Myers, FL 38950  
Street and Number City State Zip Code

Telephone No. 772-466-1506 Fax No. 772-466-7067 E-Mail (optional) awmansworld@aol.com

I hereby certify that I am duly authorized to submit this Notice of Election of Rights to the Agency for Health Care Administration on behalf of the above licensee.

Signature: Candace M Dye

Date: 2-14-15

Print Name: Candace M. Dye

Title: Administrator