

4 pages

PRINTED: 04/16/2013
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13810038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/11/2013
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF JACKSONVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 4351 UNIVERSITY BLVD, SOUTH JACKSONVILLE, FL 32218		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER OR SUPPLIER IDENTIFICATION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	INITIAL COMMENTS An unannounced licensure survey was conducted at All Women's Health Center of Jacksonville (Abortion Clinic) on April 11, 2013. All Women's Health Center of Jacksonville, Inc., was found to be in non-compliance with the Florida Licensure requirements.	A 000	A 600 <u>Plan of Correction</u> Re: finding regarding "post-operative care assessments". The Administrator performed re-training with each employee assisting in recovery room to review the Policies and Procedure Manual's Section XI "Second Trimester Abortion Procedures", regarding post procedural documentation of assessments being made approximately every 15 minutes while in recovery until discharge from the recovery area or more frequently if dictated by the patient's complaints or condition. Employees are aware of the importance of proper documentation. Attached is a copy of the meeting notes. The Administrator is responsible for the correction and will be responsible for the reviewing and ongoing monitoring of patient charts to avoid recurrence.	4/25/13
A 600	Clinical Records A permanent individual clinical record shall be kept on each clinic patient. Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval. (a) Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval. (b) Clinical records involving second trimester abortion procedures shall be kept confidential and secure. (c) Operative reports signed by the physician performing the second trimester abortion shall be recorded in the clinical record immediately following the procedure or that an operative progress note is entered in the clinical record to provide pertinent information. Chapter 58A-9.031(1), F.A.C. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined that 6 of 6 sampled records were found to be incomplete in documenting all facility-required patient-related assessments.	A 600 Accepted 4/29/13 JZ		

NHCA Form 3020-0001

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

TITLE Administrator

DATE

04/25/2013

CGI11

If continuation sheet 1 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/11/2013
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF JACKSON		STREET ADDRESS, CITY, STATE, ZIP CODE 4331 UNIVERSITY BLVD, SOUTH JACKSONVILLE, FL. 32218		
(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 600	<p>Continued From page 1</p> <p>The findings include:</p> <ol style="list-style-type: none"> On 4/11/13, a review of the facility's "Second Trimester Abortion Procedures, Post-Operative Care, Assessments", stated "Assessments should be made approximately every 15 minutes while in recovery until discharge from the recovery area or more frequently if dictated by the patient's complaints or condition." Review of the patient's surgical procedure form revealed that 2 of 8 sampled patients (#1 and #2) did not include the evidence that the required 15 minute assessment during recovery was performed. On 4/11/13, a review of 6 of 6 sampled patients' medical records revealed that the surgical procedure forms were missing facility-required patient assessments as follows: <ol style="list-style-type: none"> For 6 of 6 sampled patients (#1 - #6), documentation failed to include the facility-required Physical Exam General assessment prior to surgical procedure (to include assessment of heart, lungs, abdomen, uterus, and pelvic). For 2 of 6 sampled patients (#2 and #4), documentation failed to include the facility-required "Condition on Discharge". Interview with the facility Administrator at 11 am on 4/11/13 confirmed the documentation was missing from the medical records for the 6 of 8 sampled patients. 	A 600	<p>A 600 Continued</p> <p><u>Plan of Correction</u></p> <p>Re: finding regarding "documentation failed to include the facility required physical exam general assessment prior to surgical procedure (to include assessment of heart, lungs, abdomen, uterus and pelvic)."</p> <p>The Administrator held a meeting with each physician prior to their seeing patients to discuss prior omission of documentation of procedural assessments. Documentation of assessments resumed immediately. The Administrator is responsible for the correction and will be responsible for the reviewing and ongoing monitoring of patient charts to avoid reoccurrence.</p>	

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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13918038	(02) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(03) DATE SURVEY COMPLETED 04/11/2013
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF JACKSON		STREET ADDRESS, CITY, STATE, ZIP CODE 4331 UNIVERSITY BLVD, SOUTH JACKSONVILLE, FL 32216		
(04) 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)	(05) COMPLETE DATE
A 600	Continued From page 2 Correction Date: 5/11/13	A 600	<p>A 600 Continued</p> <p><u>Plan of Correction</u></p> <p>Re: finding regarding failure to document "condition on discharge".</p> <p>While conducting the re-training meeting regarding post-procedural assessment for 2nd trimester patients, the Administrator discussed with each employee the omission of documentation of the "condition on discharge". Employees are aware of the importance of proper documentation. This documentation resumed immediately. Attached is a copy of the meeting notes.</p> <p>The Administrator is responsible for the correction and will be responsible for the reviewing and ongoing monitoring of patient charts to avoid reoccurrence.</p>	

AHCA Form 3020-0001

STATE FORM

CGRU11

If continuation sheet 3 of 3



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 16, 2013

Administrator
All Women's Health Center of Jacksonville, Inc.
4331 University Boulevard, South
Jacksonville, FL 32216

Dear Sir/Madam:

This letter reports the findings of an unannounced state licensure survey that was conducted on April 11, 2013 by a representative of this office.

Attached is *State (3020) Form*, which indicates the licensure deficiencies that were identified on the day of the visit.

Please provide a plan of correction to the Jacksonville Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this faxed report**. Please sign and date page 1 of the *State (3020) Form*. **All deficiencies shall be corrected no later than May 11, 2013.**

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 us at (904) 798-4201.

Sincerely,

Joan M. Lynch, R.N., MSN
Registered Nurse Consultant
Division of Health Quality Assurance

RED/JML/RF/je
Enclosure(s)

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) 798-4201; Fax (904) 359-6054