

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13910038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/14/2014</b>
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**RECEIVED**

NAME OF PROVIDER OR SUPPLIER  <b>ALL WOMEN'S HEALTH CENTER OF JACKSONVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4331 UNIVERSITY BLVD, SOUTH JACKSONVILLE, FL 32216</b>
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**MAR 5 2014**

(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
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**AHCA 60000**

**A 000 INITIAL COMMENTS**

An unannounced relicensure survey was conducted at All Women's Health Center of Jacksonville on February 14, 2014. All Women's Health Center of Jacksonville had deficiencies identified at the time of this survey.

**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 personnel record reviews and staff interview the facility failed to ensure and maintain

**A 201**

*Poc Approved 3/11/14 RL*

AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE **Administrato r** (X5) DATE **03/04/14**

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A 201	<p>Continued From page 1</p> <p>personnel education records for 3 out of 4 personnel records review according to the facilities written policies and procedures for education and training.</p> <p>The Findings Include:</p> <p>1). A personnel record review for Staff Member #2 revealed her Basic Life Saving Certification (BLS) expired on December 19, 2010.</p> <p>An observation of Staff Member #2's BLS card confirmed the correct expiration date of December 19, 2010.</p> <p>2). A personnel record review for Staff Member #4 revealed her Basic Life Saving Certification (BLS) expired on December 19, 2010.</p> <p>An observation of Staff Member #4's BLS card confirmed the correct expiration date of December 19, 2010.</p> <p>3). A personnel record review for Staff Member #5 revealed her Basic Life Saving Certification (BLS) expired on December 16, 2010.</p> <p>An observation of Staff Member #5's BLS card confirmed the correct expiration date of December 15, 2010.</p> <p>An interview with the Officer Manager on 2/14/2014 at 11:40 am revealed the employee files are maintained by the Officer Manager and there has been a lot of employee turnover and the files have fallen behind. At 11:50 am the Officer Manager said, "I am not going to lie. I know my BLS card is expired. It expired a long time ago." She revealed that the facility is having difficulty allowing the staff to go to training due to</p>	A 201	<p><b>PLAN OF CORRECTION</b></p> <p>A201-1)</p> <p>A BASIC LIFE SAVING CERTIFICATION CLASS WAS PERFORMED ON 02/02/2014 AND HAS BEEN COMPLETED FOR THE STAFF MEMBER #2 WHOSE CERTIFICATION EXPIRED ON 12/19/2010. ATTACHED IS A COPY OF THE HEALTHCARE BLS CERTIFICATION CARD THAT WILL REMAIN IN THEIR PERSONNEL FILE. EXPIRATION DATES WILL BE DOCUMENTED ON THEIR "EMPLOYEE ORIENTATION AND ANNUAL COMPETENCIES CHECKLIST" TO ENSURE RECERTIFICATION IS OBTAINED ON SCHEDULE AND TO AVOID FUTURE DEFICIENCIES. AN EMAIL REMINDER HAS ALSO BEEN SET UP WITH THE AGENCY THAT PERFORMED THE BLS TRAINING.</p> <p>A201-2)</p> <p>A BASIC LIFE SAVING CERTIFICATION CLASS IS SCHEDULED FOR 02/12/2014 FOR THE STAFF MEMBER #4 WHOSE CERTIFICATION EXPIRED ON 12/19/2010. A COPY OF THE HEALTHCARE BLS CERTIFICATION CARD WILL BE FORWARDED UPON COMPLETION, AND REMAIN IN THEIR PERSONNEL FILE. EXPIRATION DATES WILL BE DOCUMENTED ON THEIR "EMPLOYEE ORIENTATION AND ANNUAL COMPETENCIES CHECKLIST" TO ENSURE RECERTIFICATION IS OBTAINED ON SCHEDULE AND TO AVOID FUTURE DEFICIENCIES. AN EMAIL REMINDER HAS ALSO BEEN SET UP WITH THE AGENCY THAT WILL PERFORM THE BLS TRAINING.</p> <p>A201-3)</p> <p>A BASIC LIFE SAVING CERTIFICATION CLASS WAS PERFORMED ON 02/02/2014 AND HAS BEEN COMPLETED FOR THE STAFF MEMBER #5 WHOSE CERTIFICATION EXPIRED ON 12/16/2010. ATTACHED IS A COPY OF THE HEALTHCARE BLS CERTIFICATION CARD THAT WILL REMAIN IN THEIR PERSONNEL FILE. EXPIRATION DATES WILL BE DOCUMENTED ON THEIR "EMPLOYEE ORIENTATION AND ANNUAL COMPETENCIES CHECKLIST" TO ENSURE RECERTIFICATION IS OBTAINED ON SCHEDULE AND TO AVOID FUTURE DEFICIENCIES. AN EMAIL REMINDER HAS ALSO BEEN SET UP WITH THE AGENCY THAT PERFORMED THE BLS TRAINING.</p>	<p>COMPLETION DATE: 02/04/2014</p> <p>EXPECTED COMPLETION DATE: 03/12/2014</p> <p>COMPLETION DATE: 03/04/2014</p>
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A 201	<p>Continued From page 2</p> <p>the patient loads and schedules. "Somehow, we are just going to have to get it done."</p> <p>A review of the facility's policy and procedures related to employee orientation and training revealed ongoing evaluation of employee competence techniques for assessing job performance including: Direct observation of employee's work, and the use of checklists to evaluate key performance indicators (Employee Orientation and Annual Competencies Checklist).</p> <p>A review of the Employee Orientation and Annual Competencies Checklist reveals technicians will have appropriate licenses and Cardiopulmonary Resuscitation (CPR) Certification on file.</p>	A 201		



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

February 24, 2014

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

VIA U. S. MAIL & FACSIMILE: 904/730--7376

Re: RE-LICENSURE SURVEY

Dear Ms. Neary:

This letter reports the findings of a state re-licensure survey that was conducted on February 14, 2014 by a representative of this office. Attached is *State (3020) Form*, which indicates the 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**. All deficiencies shall be corrected no later than March 14, 2014.

**The plan of correction must include the following:**

1. Identify how corrective action will be accomplished for those individuals found to have been affected by the deficient practice.
2. Describe how the facility will identify other individuals 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., patient or staff names) are included in the plan.
6. State the correction date (Please indicate correction date(s) or anticipated correction date(s) for each deficiency, on the *last right-hand column of the State Form, marked 'Complete 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**.

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Headquarters  
2727 Mahan Drive  
Tallahassee, FL 32308  
<http://ahca.myflorida.com>



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Jacksonville Field Office  
921 N. Davis St., Bldg. A, Suite 115  
Jacksonville, FL 32209  
Phone (904) 798-4201; Fax (904) 359-6054

February 24, 2014

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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, RN, MSN  
Registered Nurse Consultant  
Division of Health Quality Assurance

RED/JML/JR/je  
Enclosure(s)