



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 1, 2015

Administrator  
Bread And Roses Well Woman Care  
1233 N.W. 10th Avenue  
Gainesville, FL 32601

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on August 19, 2015 by a representative of this office.

Attached is the provider's copy of the State (3020-0001) Form, which indicates the deficiencies that were identified on the day of the visit. **Please attach a summary of your corrective action plan for each deficiency, including completion dates, on your letterhead to the Field Office by Close of Business, Friday September 4, 2015. Also include any additional documentation to support correction of identified deficiencies.**

At a minimum, the corrective action plan must:

- Demonstrate procedures are in place to ensure that first trimester abortions are not performed:
  - In excess of 14 weeks (up to but not including the 105<sup>th</sup> day) from the last normal menstrual period (LNMP), and in excess of the 12<sup>th</sup> week (up to but not including the 91<sup>st</sup> day) of gestation; orWhen LNMP is not determined or not documented, abortions are not performed beyond the 12<sup>th</sup> week (up to but not including the 91<sup>st</sup> day) of gestation.
- Educate staff to ensure that when reporting pursuant to rule 59A-9.034, F.A.C., on the online reporting system, that the field titled "WEEKS OF GESTATION" is correctly completed using "weeks of gestation" as that phrase is used in rule 59A-9.019, F.A.C., and not erroneously using last normal menstrual period.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at 386-462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/bh  
Enclosure

XG90



Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13910034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/05/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BREAD AND ROSES WELL WOMAN CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1233 N.W. 10TH AVENUE GAINESVILLE, FL 32601</b>
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(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	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced monitoring visit was conducted on 8/5/2015 at the clinic. Based on information gathered on that visit, the survey report issued on 8/5/2015 is revised as follows:</p>	A 000		
A 050	<p><b>Licensure Procedures</b></p> <p>All persons planning the operation of an abortion clinic under the provisions of Chapter 390, F.S., shall make application for a license to the Agency for Health Care Administration and must receive a license prior to the acceptance of patients for care and treatment.</p> <p>Chapter 59A-9.020(1)</p> <p>A current license shall be posted in a conspicuous place within the licensed premises where it can be viewed by patients.</p> <p>Chapter 59A-9.020(4), F.A.C</p> <p>This STANDARD is not met as evidenced by: For sampled patients #5,#7,#8,#9 and #15, no date was recorded for the last normal menstrual period (LMP); however, the ultrasound reflected weeks of gestation in excess of 12 as documented in the patients' records.</p> <p>Findings included:</p>	A 050		

AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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A 050	Continued From page 1  A review of sampled patient #5 - no LMP, ultrasound reflected 13 weeks gestation.  A review of sampled patient #7 - no LMP, ultrasound reflected 13.2 weeks gestation  A review of sampled patient #8 - no LMP, ultrasound reflected 13.4 weeks gestation  A review of sampled patient #9 - no LMP, ultrasound reflected 13 weeks gestation  A review of sampled patient #15- no LMP, ultrasound reflected 13.4 weeks gestation.	A 050		
CZ828	408.813(3) FS Administrative Fines; Violations  (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class IV violation. Unless otherwise specified by law, the amount of the fine may not exceed \$500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814.  This Statute or Rule is not met as evidenced by: For sampled patients #5, #7, #8, #9 and #15, no date was recorded for the last normal menstrual period (LMP); however, the ultrasound reflected weeks of gestation in excess of 12 as documented in the patients' records.	CZ828		

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