



RICK SCOTT  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
SECRETARY

March 28, 2011

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 March 25, 2011 by representative(s) of 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**. You will not receive a copy of this report in the mail, you will only receive this faxed report. **All deficiencies shall be corrected no later than April 25, 2011.**

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(s). Should you have any questions please call Lydia Giles at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/bh  
Enclosure(s)

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



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Alachua Field Office  
14101 N W Hwy 441, Suite 800  
Alachua, FL 32615-5669  
Phone (386) 462-6201; Fax (386) 418-5300

## AGENCY FOR HEALTH CARE ADMINISTRATION

### INSTRUCTIONS FOR PLAN OF CORRECTION

Please review the following Prior to completing the  
Plan of Correction section of AHCA 3020-0001

1. Prepare your reply by using a typewriter or computer to ensure legibility.
2. Note that each deficiency is consecutively numbered with an ID Prefix tag. This tag number is repeated in column #3, and your plan of correction (POC) should begin opposite the number.
3. The POC must be specific and realistic, have reasonable time frames based on dates discussed during the exit conference and state exactly how the deficiency was (or will be) corrected. Stating simply that "staff will be trained" is not acceptable. An acceptable POC might state that "staff were trained regarding policy and procedure, before and after tests were given, daily staff monitoring will be performed, staff will be re-evaluated in one month, then quarterly."
4. POC's should address the problem and be aimed at correction in a systematic sense, as opposed to correcting an example or an isolated problem.
5. The plan may not be argumentative. Generalized, unsubstantiated arguments are not acceptable. A deficiency may be disputed provided it is supported by factual attached documentation. For example, attached is the controlled substance verification log which has the date, time and signature of oncoming and outgoing nurses who have counted controlled substances.
6. The responsibility for correction and ongoing monitoring should be assigned to a specific position to preclude recurrence.
7. You must sign the bottom of page 1 of the statement of deficiencies, include your title and date.

After the completed POC is received, it will be evaluated. Failure to submit a timely report may result in a finding of non-compliance.

*26  
04/12/11*

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>03/25/2011</b>
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>		
(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 Licensure Survey was conducted on March 25, 2011. Deficiencies were identified as a result of the Licensure Survey. The facility is not in substantial compliance with the requirements of Florida Statutes Chapter 408, Part II and Florida Administrative Code, Chapter 59 A-9. This is a revised statement of deficiency, April 7, 2011.	A 000		
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 59A-9.031(1), F.A.C.  This STANDARD is not met as evidenced by: Based on interview, observation and record review it was noted that the facility failed to assure that medical records were complete in	A 600		

AHCA Form 3020-0001

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

TITLE \_\_\_\_\_  
*[Signature]* \_\_\_\_\_  
DATE **4/11/11**

STATE FORM

6890

SV6611

If continuation sheet 1 of 2

04-07-11:02:11PM:

# 373  
 PRINTED: 04/07/2011  
 FORM APPROVED

Agency for Health Care Administration

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A 600	Continued From page 1  relation to ultrasound prints being on file, for 1 (#3) of 10 patients.  Findings:  Review of 9 of 10 patient records, revealed that ultrasounds were completed and a print of the ultrasound was present. Record # 3, did not contain an ultrasound print. Interview on 03/25/2011 at 12:45PM with the facility Director revealed that she did not know why there was no ultrasound print in the folder.  Class III Correction Date: 04/25/2011	A 600	As of April 1, 2011 the clinic director will tape, staple, or otherwise adhere all sonogram copies to the patient procedure record in order to avoid any copies being seperated from the patient prodcedure record and chart.  In order to monitor the director and office manager will check that all charts have ultrasound copies adhered prior to filing or re-filing every chart.	