

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/10/2008
NAME OF PROVIDER OR SUPPLIER CENTER OF ORLANDO FOR WOMEN/ORLANDO W		STREET ADDRESS, CITY, STATE, ZIP CODE 1103 LUCERNE TERRACE ORLANDO, FL 32806		
(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 A Relicensure survey attempt was made at the facility on 04/10/08. The Executive Administrator validated that the facility is not opened for services as of that date and a tentative date for open operation was indicated to be on 04/27/08 (Sunday) which will be the only day of the week for services. During this visit, there were no patients and records for review. A deficiency was cited at A 0650 Chapter 59A-9.034 FAC Pursuant to Chapters 382 and 390, FS.	A 000		
A 650	Reports Pursuant to Chapters 382 and 390, F.S., an abortion clinic must submit a report each month to the Office of Vital Statistics of the Department of Health, regardless of the number of terminations of pregnancy. Monthly reports must be received by the department within 30 days following the preceding month. Chapter 59A-9.034, F.A.C. This Standard is not met as evidenced by: Based on interview, the facility failed to submit monthly reports to the Office of Vital Statistics of the Department of Health within 30 days from 06/10/07 through 4/10/08, regardless of the number of patients seen. Findings: Based on interview with the Executive Administrator of the facility on 04/10/08 on or	A 650		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 650	<p>Continued From Page 1</p> <p>about 10:15 a.m. indicated that the facility is not opened for services as of that date and there were no patients and records for review. Interview with the Executive Administrator on 04/10/08 on or about 12:42 p.m. validated that she failed to submit monthly reports each month within 30 days from 06/10/07 through current date of 04/10/08 to the Office Of Vital Statistics of the Department of Health.</p> <p>Correction Date: 05/02/08</p>		A 650		

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TITLE

(X6) DATE

STATE FORM

021199

JWQP11

If continuation sheet 1 of 2

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CHARLIE CRIST
GOVERNOR

HOLLY BENSON
SECRETARY

April 15, 2008

Administrator
Center of Orlando For Women
1103 Lucerne Terrace
Orlando, FL 32806

RE: Annual Licensure Survey

Dear Administrator:

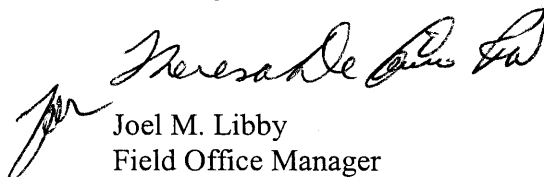
This letter confirms the findings of an annual licensure survey conducted at your agency on 04/10/08 by Jane Woodson, Registered Nurse Specialist of this office.

Enclosed is a copy of the Statement of Deficiencies and Plan of Correction State Form, which indicates the deficiency that was discussed with you upon completion of the survey. Please provide a plan of correction, sign, date and return to this office within ten (10) calendar days of receipt.

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 Forms on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Please call this office at 407-316-4859, if we may be of any further assistance.

Sincerely,


Joel M. Libby
Field Office Manager
Division of Health Quality Assurance

JML/cid

Enclosure: State Form
Instructions for Plan of Correction

