

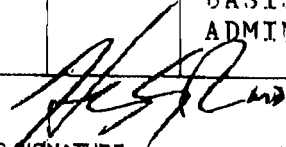
Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13910012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EPOC CLINIC, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>609 VIRGINIA DRIVE ORLANDO, FL 32803</b>
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A 000	<b>INITIAL COMMENTS</b>  Relicensure survey was conducted on 03/10/09. Deficient practices were identified and cited at A202, A350 and A400.	A 000		
A 202	<p><b>Clinic Personnel-2nd Trimester</b></p> <p>Orientation. Each facility shall have and execute a written orientation program to familiarize each new staff member, including volunteers, with the facility and its policies and procedures, to include, at a minimum, fire safety and other safety measures, medical emergencies, and infection control.</p> <p>In-service Training. In-service training programs shall be planned and provided for all employees including full time, part time and contract employees, at the beginning of employment and at least annually thereafter and will also apply to all volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually, and for surgical assistants and volunteers, must include training in counselling, patient advocacy and specific responsibilities associated with the services they provide:</p> <p>(a) Infection control, to include at a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene such as hand washing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members.</p> <p>(b) Fire protection, to include evacuating patients, proper use of fire extinguishers, and procedures for reporting fires;</p> <p>(c) Confidentiality of patient information and</p>	A 202	<p>EMPLOYEE (68) RECEIVED INSERVICE TRAINING FOR INFECTION CONTROL, INCIDENT REPORTING, AND PATIENT CONFIDENTIALITY ON 02/07/08. EMPLOYEE LEFT TO ATTEND COLLEGE IN 05/08 AND RETURNED IN 02/09. ACTING ADMINISTRATOR FAILED TO RECOGNIZE THAT THIS EMPLOYEE WAS TO BE TRAINED AS A NEW HIRE WHEN SHE RETURNED TO WORK AGAIN ON 02/07/09.</p> <p>EMPLOYEE HAS SINCE RECEIVED THOROUGH ORIENTATION AND RETRAINING BETWEEN 03/18/09 AND 03/25/09. A SYSTEM HAS BEEN DESIGNED TO ASSURE THAT FORMER EMPLOYEES WHEN REHIRED, REGARDLESS OF THE TIME FRAME, MUST BE TREATED AS NEW EMPLOYEES AND RECEIVE NEW EMPLOYEE ORIENTATION AND TRAINING. THIS WILL BE MONITORED ON A MONTHLY BASIS BY THE CLINIC ADMINISTRATOR.</p>	3-25-09

AHCA Form 3020-0001 HARVEY E. ROTH, MD



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

TITLE

(X6) DATE

LABORATORY DIRECTOR 3-25-09

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XXK511

Agency for Health Care Administration

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A 202	Continued From page 1 records, and protecting patient rights; (d) Licensing regulations; and (e) Incident reporting.  Chapter 59A-9.023,(4) and (5), F.A.C.  This STANDARD is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure an orientation program regarding incident reporting, review of the facility policies and procedures, infection control and patient confidentiality was provided for 1 newly hired employee (#3) and failed to ensure annual counseling training was provided for 3 of 5 sampled employees (#1, 2 & 4).  Findings:  Review of employee #3's personnel record revealed the date of hire was 02/07/09. Documented evidence was not found to indicate the orientation program provided to this employee included training on incident reporting, infection control, patient confidentiality and review of the facility's policies and procedures.  Review of the personnel records for employees #1, #2 and #4 with respective hire dates of 04/30/07, 10/08/02 and 07/30/05 were reviewed. Each of these employees were responsible to provide patient counseling. Documented evidence was not found to indicate these employees received annual counseling training.  The administrator was interviewed on 03/10/09 at approximately 3:45 p.m. and confirmed the findings.	A 202	EMPLOYEES 1,2, AND 4 : ACTING ADMINISTRATOR FAILED TO RECOGNIZE THAT EMPLOYEES 1,2, AND 4 WERE DUE FOR ANNUAL RETRAINING FOR COUNSLEING PRIOR TO 02/08/09. THESE, AND ALL EMPLOYEES RECEIVED COMPRE HENSIVE ANNUAL COUNSELING TRAINING ON 03/25/09. A RECALL SYSTEM HAS BEEN DESIGNED AND IMPLEMENTED TO ASSURE THAT EMPLOYEES RECEIVE ANNUAL COUNSELING TRAINING. THIS WILL BE MONITORED ON A MONTHLY BA- SIS BY THE CLINIC ADMIN ISTRATOR.	
A 350	Abortion Procedure-2nd Trimester	A 350	NEXT PAGE	

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A 350	<p>Continued From page 2</p> <p>Any abortion clinic which is providing second trimester abortions must be in compliance with the following standards relative to second trimester abortion procedures:</p> <p>(1) A physician, registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant shall be available to all patients throughout the abortion procedure.</p> <p>(2) The abortion procedure will be performed in accordance with obstetric standards and in keeping with established standards of care regarding the estimation of gestational age of the fetus.</p> <p>(3) Anesthesia service shall be organized under written policies and procedures relating to anesthesia staff privileges, the administration of anesthesia, and the maintenance of strict safety controls.</p> <p>(4) Prior to the administration of anesthesia, patients shall have a history and physical examination by the individual administering anesthesia, including laboratory analysis when indicated.</p> <p>(5) Appropriate precautions, such as the establishment of intravenous access at least for patients undergoing post-first trimester abortions.</p> <p>(6) Appropriate monitoring of the patient's vital signs by professionals licensed and qualified to assess the patient's condition will occur throughout the abortion procedure and during the recovery period until the patient's condition as specified by the type of abortion procedure performed, is deemed to be stable in the recovery</p>	A 350	<p>PATIENT NUMBER 9: STAFF INDICATED THAT A THIRD BLOOD PRESSURE READING HAD BEEN OBTAINED, BUT FAILED TO DOCUMENT. IT IS OUR STANDARD TO HAVE PHYSICIAN REVIEW ELEVATED BLOOD PRESSURES PRIOR TO PATIENT DISCHARGE. PHYSICIAN WILL DOCUMENT HIS/HER REVIEW AND/OR PLAN FOR ELEVATED BLOOD PRESSURE READINGS. THIS WILL BE MONITORED BY THE CLINIC ADMINISTRATOR.</p>	3-25-09

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A 350	<p>Continued From page 3</p> <p>room.</p> <p>Chapter 59A-9.026, F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to appropriately identify an elevated blood pressure pre-operatively, failed to monitor the blood pressure in the recovery room prior to discharge to ensure a safe and stable condition and failed to provide documented evidence that the physician was notified and aware of elevated blood pressures for 1 of 11 sampled patients (#9).</p> <p>Findings:</p> <p>Patient #9's clinical record was reviewed and the Counseling Sheet indicated the patient had a history of hypertension and taking no medication. The Medical Procedure form indicated the date of the procedure was 02/12/09 and the patient's blood pressure (BP) pre-operatively was 140/96 and written in black ink.</p> <p>The Recovery Room section on the bottom on the Medical Procedure form revealed the patient entered the recovery room at 11 a.m. with a BP reading of 169/129 which was documented by the medical assistant (MA) in red ink. The next BP reading taken at 11:15 a.m. documented in red ink by the MA was 138/100. The patient was discharged at 11:30 a.m. with no further BP reading obtained. The MA documented at 11 a.m. and 11:15 a.m. that the patient was alert and responsive. The MA documentation entry at 11:30 a.m. indicated the patient was discharged with medications, instructions and was ambulatory upon discharge.</p>	A 350		

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A 350	<p>Continued From page 4</p> <p>The Administrator was interviewed on 03/10/09 at 5 p.m. and reviewed the clinical record. She was asked about the patient's elevated blood pressure readings and the different colored inks used by the MA to document the blood pressure readings.</p> <p>She presented a form entitled Laboratory Values which identified the BP Expected Value to be 120/80 and the Abnormal BP Value was over 130 or under 100 systolic and over 90 or under 70 diastolic. The following instructions were documented on this Laboratory Values form to highlight any out of range results and any out of range results must be highlighted and brought to the attention of the physician. She stated any abnormal results listed on the Laboratory Values form were to be highlighted in red ink. She confirmed the pre-operative elevated BP failed to be documented in red ink on the Medical Procedure form. She confirmed documented evidence was not found to indicate if the physician was notified and aware of the elevated BPs pre-operatively and post-operatively in the recovery room. She confirmed the MA failed to obtain another BP reading prior to discharge to ensure the patient was stable.</p>	A 350		
A 400	<p>Recovery Rm Stand.-2nd Trimester</p> <p>Each abortion clinic which is providing second trimester abortions shall comply with the following recovery room standards when providing second trimester abortions:</p> <p>(1) Following the procedure, post procedure recovery rooms will be supervised and staffed to meet the patient's needs. A physician or physician assistant, a licensed registered nurse, a licensed practical nurse or an advanced registered nurse practitioner who is trained in the</p>	A 400	<p>PATIENT NUMBER 8 IT WAS DETERMINED THE PATIENTS CHART HAD NOT BEEN PLACED IN APPROPRIATE LOCATION FOR THE CALL BACK. STAFF HAS BEEN REORIENTED ON LOCATION OF CALL BACK CHARTS FOR PHYSICIAN AND A SYSTEM HAS BEEN PUT INTO PLACE FOR CROSS CHECKING. THIS WILL BE MONITORED BY THE CLINIC ADMINISTRATOR.</p> <p style="text-align: right;"><i>CONT.</i></p>	3-12-09

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A 400	<p>Continued From page 5</p> <p>management of the recovery area shall be available to monitor the patient in the recovery room until the patient is discharged. The individual must be certified in basic cardiopulmonary resuscitation. A patient in the post-operative or recovery room shall be observed for as long as the patient's condition warrants.</p> <p>(2) The clinic shall arrange hospitalization if any complication beyond the medical capability of the staff occurs or is suspected. The clinic shall ensure that all appropriate equipment and services are readily accessible to provide appropriate emergency resuscitative and life support procedures pending the transfer of the patient or a viable fetus to the hospital. A physician shall sign the discharge order and be readily accessible and available until the last patient is discharged to facilitate the transfer of emergency cases if hospitalization of the patient or viable fetus is necessary. The clinic medical records documenting care provided shall accompany the patient. These records will include the contact information for the physician who performed the procedure at the clinic.</p> <p>(3) A physician shall discuss Rho (D) immune globulin with each patient for whom it is indicated and will ensure that it is offered to the patient in the immediate postoperative period or that it will be available to the patient within 72 hours following completion of the abortion procedure. If the patient refuses the Rho (D) immune globulin, refusal Form 3130-1002, January 2006, "Refusal to Permit Administration of Rh(D) Immunoglobulin", herein incorporated by reference, shall be signed by the patient and a witness, and shall be included in the patient's medical record.</p>	A 400	<p>PATIENT NUMBER 9: IT WAS DETERMINED</p> <p>THAT THE PATIENT PROVIDED THE PHONE NUMBER ON THE FORM FOR THE PURPOSE OF A CALL BACK. STAFF HAS BEEN REORIENTED ABOUT THE NECESSITY OF OBTAINING PATIENT'S SIGNATURE FOR HER CONSENT. THIS WILL BE MONITORED ON A DAILY BASIS BY THE CLINIC ADMINISTRATOR.</p>	

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A 400	<p>Continued From page 6</p> <p>(4) Written instructions with regard to post abortion coitus, signs of possible medical complications, and general aftercare shall be given to each patient. Each patient shall have specific written instructions regarding access to medical care for complications, including a telephone number to call for medical emergencies. The physician will ensure that either a registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant from the abortion clinic makes a good faith effort to contact the patient by telephone, with the patient's consent, within 24 hours after surgery to assess the patient's recovery. A contact for post-operative care from the facility shall be available to the patient on a 24-hour basis.</p> <p>(5) Facility procedures must specify the minimum length of time for recovery as warranted by the procedure type and gestation period.</p> <p>Chapter 59A-9.027, F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide a follow-up phone call within 24 hours after a second trimester procedure for 1 patient who gave consent for the phone call (#8), and made a follow-up phone call without consent within 24 hours after a second trimester procedure for 1 of 11 sampled patients (#7).</p> <p>Findings:</p> <p>1. Patient #8's clinical record was reviewed and a consent form was signed by the patient authorizing the facility staff to make a follow-up</p>	A 400		

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A 400	<p>Continued From page 7</p> <p>phone call within 24 hours post surgery. Documented evidence was not found on the consent form or in the clinical record to indicate the staff made a follow-up phone call to the patient.</p> <p>2. Patient #7's clinical record was reviewed and a consent form was found but not signed by the patient authorizing the staff to make a follow-up phone call within 24 hours post surgery. On the consent form in the patient's signature areas entitled either I would like to receive a phone call or I do not want a phone call the patient's signature was not documented. On the same patient consent form under the section Follow-up Phone Call, the facility staff member documented a phone call was made and a message was left.</p> <p>The administrator was interviewed on 03/10/09 at approximately 3 p.m. She confirmed patient #8 signed the consent authorizing a follow-up phone call and the staff failed to call. She confirmed the staff failed to obtain patient #7's signed consent for the phone call and the staff made a follow-up call without the patient's signed consent.</p>	A 400		





CHARLIE CRIST  
GOVERNOR

*Better Health Care for all Floridians*

HOLLY BENSON  
SECRETARY

March 27, 2009

Administrator  
Epoc Clinic, Inc  
609 Virginia Drive  
Orlando, FL 32803

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on March 10, 2009 by Donna Barton, Registered Nurse Specialist of this office.

Attached is the provider's copy of the State Form, which indicates the following deficiencies that were identified on the day of the visit:

- St - A - 0202 - - Clinic Personnel-2nd Trimester
- St - A - 0350 - - Abortion Procedure-2nd Trimester
- St - A - 0400 - - Recovery Rm Stand.-2nd Trimester.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten working days of receipt of this report. All deficiencies shall be corrected no later than April 9, 2009.**

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.

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



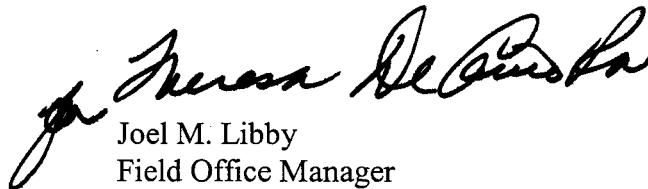
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Orlando Field Office  
400 W. Robinson St., Suite S-309  
Orlando, FL 32801  
Phone (407) 245-0850; Fax (407) 245-0998

Epoc Clinic, Inc  
March 27, 2009  
Page 2

Thank you for all assistance provided. Should you have any questions please call Diane King at (407) 245-0850.

Sincerely,

A handwritten signature in black ink, appearing to read "Joel M. Libby". The signature is written in a cursive style with a large initial "J".

Joel M. Libby  
Field Office Manager

JML/cid  
Enclosure: State Form