

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13850038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  08/12/2013
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ORLANDO WOMEN'S CENTER, LLC

1102 LUCERNE TERRACE  
ORLANDO, FL 32808

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LHC 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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A 000 INITIAL COMMENTS

Complaint Inspection #2013006314 was attempted on 8/14/13 at 9:45 AM and again at 3 PM. The surveyor was denied access to the clinic on both visits. The Area Office was notified and multiple telephone calls were made by the office and the surveyor to arrange a time for a scheduled entrance to the clinic. No one appeared at the clinic to allow the AHCA access.

Complaint Inspection #2013006314 was conducted on 8/12/13. Orlando Women's Center, LLC had deficiencies found at the time of the visit.

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AHCA - HQA

SEP - 6 2013

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A 250 Clinic Policies/Procedures-2nd Trimester

An abortion clinic providing second trimester abortions shall have written policies and procedures to implement policies and to assure that quality patient care shall relate specifically to the functional activities of clinic services. These written procedures shall apply to second trimester abortions and shall be available and accessible to clinic personnel and shall be reviewed and approved annually by the clinic's medical director. These clinic policies and procedures shall include but not be limited to the following:

- (1) Patient admission;
- (2) Pre- and post-operative care;
- (3) Physician's orders;
- (4) Standing orders with required signatures;
- (5) Medications, storage and administration;
- (6) Treatments;
- (7) Surgical asepsis;
- (8) Medical asepsis;
- (9) Sterilization and disinfection;
- (10) Documentation: Medical records and facility records;
- (11) Patient discharge;
- (12) Patient transfer;

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It has been determined that no patients, staff members or visitors have been adversely affected by this deficiency.

All medications, including those indicated in this deficiency report have been transferred to a locked cabinet where they will remain until needed for use.

This deficiency was corrected on 8-14-13 by the clinic administrator.

The administrator will monitor this plan of

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

TITLE

DATE

STATE FORM

RB0811

1 of 6

9/6/13 - J.6.

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13850036	(K2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(K3) DATE SURVEY COMPLETED  08/12/2013
NAME OF PROVIDER OR SUPPLIER  ORLANDO WOMEN'S CENTER, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1103 LUCERNE TERRACE ORLANDO, FL 32806		
(J4) 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)		(K5) COMPLETE DATE
A 250	<p>Continued From page 1</p> <p>(13) Emergency measures; (14) Incident reports; (15) Personnel orientation; (16) Inservice education record; (17) Anesthesia; (18) Equipment and supplies: availability and maintenance; (19) Volunteers; and (20) Visitors.</p> <p>Chapter 68A-9.024, F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to implement their policies and procedures to ensure all medications were stored, secured and accessible only to authorized persons.</p> <p>Findings:</p> <p>Observation during a tour with the assistant administrator of recovery room on 8/12/13 at 11:00 a.m. revealed the following medications were stored in an unsecured, opened and unsupervised recovery room. The medications were observed stored in an un-lockable cabinet stored in a basket. Six (6) boxes containing 28 tablets each of Lorazepam 1 milligrams (mg)/10 micrograms (mcg), Naproxen 560 mg, Methylergonovine Maleate 0.2 mg 1 large container 1/4 filled, Amoxicillin 500 mg 2 capsules and twenty three (23) scalp vein needle sets. The assistant administrator validated the finding during the above date and time. Record review and interview on 8/12/13 at 4:20 p.m. with the administrator validated that the facility failed to implement their policies and procedures to</p>	A 250 A 250	Correction on a daily basis.		



## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13960035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  08/12/2013
NAME OF PROVIDER OR SUPPLIER  ORLANDO WOMEN'S CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1103 LUCERNE TERRACE ORLANDO, FL 32806		
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A.350	Continued From page 3  (B) 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 room.  Chapter 59A-9.026, F.A.C.  This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to complete appropriate monitoring by professionals licensed and qualified to assess the patients' condition during the recovery period until the patients' condition was stable after receiving a second trimester procedure in the recovery room for 7 of 7 patients. (#1, 2, 3, 4, 5, 6, & 7).  Findings:  Record review for patients #1, 2, 3, 4, 5, 6, & 7 on 8/12/13 revealed the facility failed to have evidence of documentation that appropriate monitoring and assessments while in recovery from a second trimester procedure were completed by professionals licensed and qualified staff. Review of the recovery room monitoring and assessments of vital signs and the fundus revealed they were signed by a medical assistant (MA). Interview on 8/12/13 at 4:00 p.m. with the Administrator validated the findings.  Isolated Class III	A.350 A350	Process and will be signed by the physician. This deficiency was corrected on 8-14-13 by the clinic administrator. The administrator will monitor this plan of correction on a daily basis.	

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

AC13950035

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: \_\_\_\_\_

B. WING: \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

08/12/2013

NAME OF PROVIDER OR SUPPLIER

ORLANDO WOMEN'S CENTER, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE

1103 LUCERNE TERRACE  
ORLANDO, FL 32806(X4) ID  
PREFIX  
TAGSUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL  
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TAGPROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)(X5)  
COMPLETE  
DATE

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 observation and interviews, the facility failed to keep patients medical records confidential and secure.

## Findings:

During a tour of the facility with the Assistant administrator on 8/12/13 at 10:50 a.m., all of the patients medical records were observed unsecured and stored on an open shelf in an unlocked, open, and unsupervised room. An unsupervised child was observed at that time sitting at a table reading a book in the vicinity of

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It has been determined that no Patient records were accessed in the locations (administrator's office) as referenced in this deficiency, nor in any other location in the facility, by any unauthorized Personnel. A new lock has been installed on the door to the administrator's office, Preventing unauthorized Personnel.

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A 900:	Continued From page 5  the opened unsecured records. The assistant administrator validated the finding during the above date and time. Interview on 8/12/13 at 4:10 p.m. with the Administrator validated the findings and indicated that the room should be locked.  Isolated Class III	A 900 ABCD	This deficiency was corrected on 8-14-13 by the Clinic administrator. The administrator will monitor this plan of correction on a daily basis.	



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

August 29, 2013

Administrator  
Orlando Women's Center, LLC  
1103 Lucerne Terrace  
Orlando, FL 32806

**Re: Complaint Inspection - CCR #2013006314**

Dear Administrator:

This letter reports the findings of a Complaint Inspection survey that was conducted on August 12, 2013 by a representative of this office.

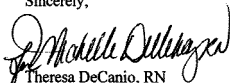
Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

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 report. All deficiencies shall be corrected no later than September 10, 2013.**

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 Theresa DeCanio at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN  
Field Office Manager

TDC/at  
Enclosure: State Form

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



Orlando Field Office  
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Orlando, FL 32801  
Phone (407) 420-2502; Fax (407) 245-0998