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| STATEMENT OF DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AC13960055</b>                         | (X3) DATE SURVEY COMPLETED<br><br><b>06/12/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALL WOMEN'S HEALTH CENTER OF ORLANDO, INC.</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>431 MAITLAND AVENUE<br/>ALTAMONTE SPRINGS, FL 32701</b> |   |

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**D000 - INITIAL COMMENTS**

A Relicensure survey was conducted on . All Women's Health Center of Orlando, License #851, had deficiencies found at the time of the visit.

**D150 - Clinic Supplies/Equip. Stand.-2nd Trimester - 59A-9.0225(1), FAC**

Based on observation and interview, the facility failed to ensure 3 red biohazard containers were covered (2 in the lab area and 1 in the recovery area bathroom). The facility also failed to ensure a clean environment in 1 of 4 bathrooms (bathroom adjacent to lab area).

Findings:

On at 11:30 AM, in the facility lab area revealed 2 red biohazard containers with red plastic biohazard bags located under the counter. The containers did not have covers.

On at 11:50 AM, the Medical Assistant (MA) stated the red containers are used to dispose of the wipes soiled with blood after patient testing. "We dispose all items with blood into the red biohazard containers." She stated she did not know why the red containers did not have covers.

On at 12:30 PM, in the patient recovery area bathroom revealed a small red biohazard container with red plastic biohazard bag on the floor to the right of the toilet. The container did not have a cover.

On at 12:35 PM, the MA stated the red container in the bathroom is for the patients to discard their peri pads which are soiled with blood. The MA confirmed the red biohazard container in the bathroom did not have a cover.

On at 5:30 PM. in the bathroom adjacent to the lab revealed a large plastic toilet paper dispenser. The toilet paper roll holder was observed to have 4 reddish brown circular stains which appeared to be blood.

On at 5:34 PM, the MA confirmed that the reddish brown stains on the toilet paper roll holder looked like blood. She stated that the bathroom is used by patients, families, and the staff. At 5:55 PM, the Administrator/manager (by phone) stated the last patients treated at the facility were on Saturday, . The Administrator stated that the facility is cleaned by a cleaning service every other week on Monday and the other days the MA's are responsible for cleaning the facility.

**D400 - Recovery Rm Stand.-2nd Trimester - 59A-9.027, FAC**

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Based on interview and record review, the facility failed to 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 for 2 (8,9) of 4 patients who underwent a second trimester surgical procedure.

Findings:

Record review of patient #8's record revealed a report signed by the physician for a Second trimester surgical procedure on \_\_\_\_\_ age documented \_\_\_\_\_ weeks. At the bottom of the report there was a pre-typed statement that documented: "The patient was responsive to verbal communication throughout the procedure. She was transferred to the recovery area in good / stable / unstable condition." The area was unmarked and incomplete and did not specify the condition of the patient. The report was signed by the physician.

The record revealed a form which documented the patient gave "permission for one of the (Name of clinic) nursing staff to contact me within 24 hours after my procedure to check my condition." The form was signed by the patient and included an illegible witness signature dated \_\_\_\_\_. No follow-up for contact to the patient was found on the record that checked the patient's condition.

The Medical Assistant at 4:10 PM confirmed the finding and stated the Administrator/Manager who was not available during the survey, may have it in another location. In a telephone interview with the clinic Manager on \_\_\_\_\_ at 1:55 PM, she stated she did not find documentation of the 24 hour contact for patient #8 by nursing staff.

Record review of patient #9's record revealed a report signed by the physician for a Second trimester surgical procedure on \_\_\_\_\_ age documented 18 weeks. At the bottom of the report there was a pre-typed statement that documented: "The patient was responsive to verbal communication throughout the procedure. She was transferred to the recovery area in good / stable / unstable condition." The area was unmarked and incomplete and did not specify the condition of the patient. The report was signed by the physician.

The record revealed a form which documented the patient gave "permission for one of the (Name of clinic) nursing staff to contact me within 24 hours after my procedure to check my condition." The form was signed by the patient and included an illegible witness signature dated \_\_\_\_\_. No follow-up for contact to the patient was found on the record that checked the patient's condition.

The Medical Assistant at 4:10 PM on \_\_\_\_\_, she confirmed the finding and stated the Administrator/Manager who was not available during the survey, may have it in another location. In a telephone interview with the clinic Administrator/Manager on \_\_\_\_\_ at 1:55 PM, she stated she did

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not find documentation of the 24 hour contact for patient #9 by nursing staff.

**Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS**

Based on interview and review of the AHCA clearing house roster, the health center failed to show or provide a current AHCA clearing house employee roster that listed current Level 2 background screen employees.

Findings:  
During the relicensure survey a request was made to the center's Medical Assistant (MA) for a copy of the center's AHCA clearing house roster showing Level 2 background screened employees. The MA on ... at 1:20 PM, said the clinic administrator/manager was out of the office and she did not know how to retrieve evidence of the center clearing house roster. The MA called the manager and in a follow-up telephone interview with the manager, she related she was not able to retrieve the clearing house roster and said the clinic's Human Resources representative was out of the office for a week on vacation.

**Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS**

Based on interview the health center failed to provide a required Eligible Level 2 background screen affidavit of Compliance with Background Screening Requirements for the clinic administrator and the chief financial officer as required by Florida Chapter 435.

Findings:  
During the relicensure survey a request was made for a Level II background screen for the center manager and chief financial officer of the center to the medical assistant (MA). The MA on ... at 1:20 PM, she said the center's manager was out of the office and she did not have access to her file as it was locked up. The MA called the administrator/manager and in a follow-up telephone interview with the manager, she said she was the only one with the key to access her files. She said the clinic's Human Resources representative was out of the office for a week on vacation.

The Background screening for the center administrator/manager documented "AHCA provider/Facility Licensure- Agency Review Required." A Level II background screen was not obtained for the clinic manager and chief financial officer.