02/05/2018

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING

AC13910029

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE 28960 HWY 19 NORTH, SUITE 110

WOMEN'S OB-GYN CENTER OF COUNTRYSIDE, INC. CLEARWATER, FL 33761 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 000 INITIAL COMMENTS A 000 An unannounced Re-licensure Survey was conducted on ..... at Women's OB/GYN Center of Countryside, license #753. The facility was not in compliance in accordance with the state licensure requirements. The following deficiencies were identified at the time of the survey. A 151 59A-9.0225(2), FAC Clinic Supplies/eqpt.-2nd A 151 Trimest-Emera eapt 59A-9.0225 Clinic Supplies and Equipment Standards for Second Trimester Abortions. (2) Emergency equipment shall be provided for immediate use, maintained in functional condition, and capable of providing at least the following services: (a) Inhalation . . . . , ; (b) (c) . . . monitoring; (d) Suctioning; and, (e) Maintenance of patient airway. This Statute or Rule is not met as evidenced by: Based on observation and staff interview it was determined the facility failed to ensure emergency equipment was maintained with adequate supplies capable of providing .... Findings included: During tour of the facility on approximately 2:15 pm the clinics emergency supplies and equipment were observed. The clinic maintained a .... defibrillator for patient

emergency. Observation of the emergency cart. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

TITLE

Agency fr	or Health Care Adminis	tration				: 03/26/2018 APPROVE					
Agency for Health Care Adminis STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		AC13910029	B. WING	B. WING		02/05/2018					
NAME OF PI	ROVIDER OR SUPPLIER	STREET.	ADDRESS, CITY, STAT	E, ZIP CODE							
WOMEN'S OB-GYN CENTER OF COUNTRYSIDE, INC.  28960 HWY 19 NORTH, SUITE 110 CLEARWATER, FL 33761											
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE						
A 151	Continued From page 1		A 151								
	where the defibrillator was located, revealed no evidence of defibrillator pads. The pads are required to limit impedance and protect the skin from being burnt during use. Interview with the Administrator at the time of the observation confirmed the the facility did not have defibrillator pads available for use with the defibrillator.										
A 250	59A-9.024, FAC Clinic Policies/Procedures-2nd Trimester		A 250								
	abortions shall have uprocedures to implem that quality patient can the functional activities written procedures shabortions and shall be clinic personnel and approved annually by Any abortion clinic wiftime of adoption of this trimester abortions should be written to compile the compilement of th	nent policies and to assure re shall relate specifically to s of clinic services. These all apply to second trimester savailable and accessible to thail be reviewed and the clinic's medical director. ich is no operation at the s role and providing second sall be given six months y with these clinic policies ments which shall include to following:									

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(3) Physician's orders;

(6) Treatments; (7) Surgical ; (8) Medial . . . ; (9) Sterilization and

records; (11) Patient discharge;

(4) Standing orders with required signatures; (5) Medications, storage and administration;

(10) Documentation: Medical records and facility

STATE FORM 6550 3IY711 If continuation sheet 2 of 9

Agency fi	or Health Care Adminis	stration				0: 03/26/2018 1 APPROVEC	
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBERS	A. BUILDING:	A. BUILDING:		COMPLETED	
		AC13910029	B. WING				
			-	1		02/05/2018	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA				
WOMEN'S	OB-GYN CENTER OF C	CHNTRYSIDE INC.	Y 19 NORTH, S ATER, FL 3376				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	ON SHOULD BE COMPLET TE APPROPRIATE DATE		
A 250	Continued From page 2		A 250				
	(12) Patient transfer;						
	(13) Emergency measures;						
	(14) Incident reports;						
	(15) Personnel orienta	ation;					
	(16) Inservice education record;						
	(17)						
		supplies: availability and					
	maintenance; (19) Volunteers; and,						
	(20) Visitors.						
	(20) Visitors.						
	This Statute or Rule	is not met as evidenced by:					
	Based on review of medical records, review of facility policy and procedures and staff interview it						
	was determined the facility failed to ensure staff						
	adhered to written policies and procedures for						
	post care related to assessment,						
		criteria for discharge and minimum observation					
	period for four (#1, #2, #3, #4) of four second trimester procedures of ten patients sampled.						
	univester procedures	or terr patients sampled.					
	Findings included:						
	Review of the facility policy, "Second Trimester						
	Abortion Procedures", states routine patient						
		rding in the recovery area					
	include uterine size a	nd tone, usually assessed					
	by examin	ation; minimum observation					
		nid second trimester cases					
		has transportation other					
	than self after	sedation or general					

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Review of the medical record for patient #1 revealed the patient had a second trimester surgical procedure performed on Review of the post-procedure assessment revealed no evidence the patient's uterine size and tone were assessed. Review of the procedure record revealed the patient received

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PRINTED: 03/26/2018 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B MING AC13910029 02/05/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 28960 HWY 19 NORTH, SUITE 110 WOMEN'S OB-GYN CENTER OF COUNTRYSIDE, INC. CLEARWATER, FL 33761 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 250 Continued From page 3 A 250 5 milligrams (mg) for sedation. Review of the post-procedure record revealed the patient was observed for 22 minutes and discharged from the facility. Review of the post-procedure record revealed no evidence the natient had transportation other than self after the procedure. Review of the medical record for patient #2 revealed the patient had a second trimester surgical procedure performed on ...... Review of the post-procedure assessment revealed no evidence the patient's uterine size and tone were assessed. Review of the procedure record revealed the patient received 10 mg for sedation. Review of the post-procedure record revealed the patient was observed for 17 minutes and discharged from the facility. Review of the post-procedure record revealed no evidence the patient had transportation other than self after the procedure. Review of the medical record for patient #3 revealed the patient had a second trimester surgical procedure performed on Review of the post-procedure assessment revealed no evidence the patient's uterine size and tone were assessed. Review of the

procedure record revealed the patient received 5 mg for sedation. Review of the post-procedure record revealed the patient was observed for 15 minutes and discharged from the facility. Review of the post-procedure record revealed no evidence the patient had transportation other than self after the procedure. Review of the medical record for patient #4 revealed the patient had a second trimester surgical procedure performed on Review of the post-procedure assessment

02/05/2018

Agency for Health Care Administration
STATEMENT OF DEFICIENCIES
AND PLAY OF CORRECTION

OCH PROVIDER/SUPPLER/CLIA
IDENTIFICATION NAMBER:

R MINIS

R MINIS

AC13910029

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 28960 HWY 19 NORTH, SUITE 110 WOMEN'S OB-GYN CENTER OF COUNTRYSIDE, INC. CLEARWATER, FL 33761 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 250 Continued From page 4 A 250 revealed no evidence the patient's uterine size and tone were assessed. Review of the procedure record revealed the patient received 5 mg for sedation. Review of the post-procedure record revealed the patient was observed for 15 minutes and discharged from the facility. Review of the post-procedure record revealed no evidence the patient had transportation other than self after the procedure. On \_\_\_\_ at 2:30 pm review of the clinical records and interview with the Administrator confirmed the above findings. A 300 59A-9.025(1), FAC Medical Screening/Eval.-2nd A 300 Trimester (1) Each abortion clinic that provides second trimester abortions shall formulate and adhere to written patient care policies and procedures designed to ensure professional and safe care for patients undergoing second trimester abortions and shall maintain a medical record for each such patient that records history, care and services. Any abortion clinic that performs second trimester abortions shall comply with these patient care policies and procedures for patients undergoing second trimester abortions, to include but not limited to the following: (a) Admission criteria and procedures: (b) Identification in the medical record of physician(s) and nurse(s) involved in providing the services offered for patients undergoing second trimester abortions: (c) Specific details regarding the procedures performed, to include: 1. History and physical examination, to include verification of \_ \_\_\_\_\_, estimation of \_ . . . . age, identification of any past

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sampled. Findings included:

revealed the patient had a second trimester surgical procedure performed on ... physical exam Review of the revealed no evidence the physician performed a bimanual examination estimating uterine size or palpation of the adnexa. Review of the medical record for patient #2

revealed the patient had a second trimester

second trimester procedures of ten patients

Review of the medical record for patient #1

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PRINTED: 03/26/2018 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING AC13910029 02/05/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 28960 HWY 19 NORTH, SUITE 110 WOMEN'S OB-GYN CENTER OF COUNTRYSIDE, INC. CLEARWATER, FL 33761 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) A 300 | Continued From page 6 A 300 surgical procedure performed on ... Review of the . physical exam revealed no evidence the physician performed a bimanual examination estimating uterine size or palpation of the adnexa.

surgical procedure performed on Review of the physical exam revealed no evidence the physician performed a bimanual examination estimating uterine size or palpation of the adnexa.

Review of the medical record for patient #4

Review of the medical record for patient #3 revealed the patient had a second trimester

revealed the patient had a second trimester surgical procedure performed on Review of the , physical exam revealed no evidence the physician performed a bimanual examination estimating uterine size or palpation of the adnexa.

A 600 59A-9.031(1), FAC Clinical Records

- (1) 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.

A 600

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performed on

procedure record revealed

administered to the patient. Review of the documentation revealed no evidence the time or who administered the medication. Review of the medical record for patient #3 revealed the patient had a surgical procedure

administered to the patient. Review of the documentation revealed no evidence the time. the route or who administered the medication.

..... Review of the

5 mg was

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PRINTED: 03/26/2018 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING AC13910029 02/05/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 28960 HWY 19 NORTH, SUITE 110 WOMEN'S OB-GYN CENTER OF COUNTRYSIDE, INC. CLEARWATER, FL 33761 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 600 Continued From page 8 A 600 Review of the medical record for patient #4 revealed the patient had a surgical procedure record revealed 5 mg was administered to the patient, Review of the documentation revealed no evidence the time. the route or who administered the medication. Review of the medical record for patient #5 revealed the patient had a surgical procedure procedure record revealed 7.5 ma was administered to the patient. Review of the documentation revealed no evidence the time or who administered the medication. On ....... at 2:30 pm review of the clinical records and interview with the Administrator confirmed the above findings.