

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/09/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910007	(X3) DATE SURVEY COMPLETED 04/28/2016
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF TAMPA, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 WEST KENNEDY BLVD. TAMPA, FL 33609	

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

0000 INITIAL COMMENTS

Accepted 5/26/16

An unannounced Licensure survey was conducted at All Women's Health Center of Tampa, Inc. an abortion clinic located in Tampa, Fl. on

The provider had deficiencies at the time of the visit.

0156 Clinic Suppl/eap-2nd Trimest-Eapt Maintenance

Based on observation, interview and record reviews, the clinic failed to ensure patient monitoring equipment was checked and/or tested annually to ensure safe and proper operation.

Findings Included:

On at 9:38 a.m. during tour with Staff E it was observed the following patient equipment was past due for preventative maintenance and electrical safety checks based on observation of inspection stickers located on the equipment.

1. Centrifuge inspection was due by
2. Colposcope inspection was due by
3. Suction Vacuum Unit [Procedure] inspection was due by
4. Suction Vacuum Unit [Procedure] inspection was due by
5. Autoclave inspection was due by
6. unit inspection was due by

The following equipment did not have any preventative maintenance or electrical safety check stickers noted on the equipment:

1. Machine
2. Suction Machine
3. [automatic external defibrillator]

A review of the clinic Equipment Maintenance Policy and Procedure manual revealed a log of last completed inspections as follows:

1. Matrix 02 Unit
2. Centrifuge
3. Aspirator

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910007	(X3) DATE SURVEY COMPLETED 04/28/2016
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF TAMPA, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 WEST KENNEDY BLVD. TAMPA, FL 33609	

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

4.
5. Autoclave
Not all of the clinic's equipment was listed on the log.

An interview with the administrator on [redacted] at 11:30 a.m. confirmed the above findings. She stated she had just recently called the medical supply company in order to sign the annual Electrical Safety Testing Service Agreement. The Agreement was signed with services effective 2/1/16- // // . She said no one had come to inspect the equipment yet.

0250 Clinic Policies/Procedures-2nd Trimester

Based on interview and record review, the clinic failed to ensure the second trimester written policies and procedures had been reviewed and approved by the clinic's medical director.

Findings included;

A review of the clinic's Policy and Procedures Manual revealed the last time the policies and procedures were reviewed by the Medical Director was // . The manual contained procedures that applied to second trimester abortions.

An interview was conducted with the Administrator on [redacted] at 11:00 a.m. She stated she was not aware the procedures had not been yet reviewed for this year. She said she had the Director review the Laboratory Procedures manual but forgot the Clinic Procedures manual review.

Z818 Minimum Licensure Requirement - Client Notice

Based on interview and record reviews, the clinic failed to ensure all clients, families and representatives were informed of the right to report complaints, [redacted] and Medicaid Fraud for 10 of 10 records reviewed.

Findings included;

A review of 10 medical records revealed no evidence that on or before the first day services were provided, the client was informed of their right to report a complaint to the Agency for Health Care Administration, [redacted] neglect or [redacted] to the central [redacted] hotline or Medicaid Fraud to the central Medicaid Fraud hotline.

An interview was conducted with the Administrator at 12:00 p.m. on [redacted]. She said she was unaware

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/09/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910007	(X3) DATE SURVEY COMPLETED 04/28/2016
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF TAMPA, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 WEST KENNEDY BLVD. TAMPA, FL 33609	

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

of the requirement. She confirmed the clinic did not provide the numbers to the clients. In addition, she stated the clinic did not have a policy and procedure established in order to do so.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
All Women's Health Center of Tampa, Inc.
3330 West Kennedy Blvd.
Tampa, FL 33609

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on _____, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than _____, 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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(s). Should you have any questions please call Nila Perrone, RNC at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/dw

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida