

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910009	(X3) DATE SURVEY COMPLETED 05/04/2017
NAME OF PROVIDER OR SUPPLIER EAST CYPRESS WOMEN'S CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 962 EAST CYPRESS CREEK FORT LAUDERDALE, FL 33334	

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

0000 - INITIAL COMMENTS

An unannounced relicensure survey commenced on _____ and was concluded on _____ at East Cypress Women's Center, LLC, License #842. The facility had a deficiency at the time of the visit.

D362 - Termination/Consents Required - 390.0111(3)(a), FS

Based on record review and interview, the facility failed to have the person performing the _____ offer the patient the opportunity to view the live _____ images and have a verbal explanation of the _____ live images by a physician, registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant working in conjunction with the physician, prior to giving informed consent to having an abortion procedure performed. The facility failed to provide printed materials which included a description of the _____, including various stages of development, a list of entities that offer alternatives to terminating the _____, and detailed information on the availability of medical assistance benefits for prenatal care, childbirth, and _____ care, prepared and provided by AHCA, (Agency for Health Care Administration), and the facility failed to obtain an acknowledgment in writing, before the termination of _____, that the required information has been provided. This affected 1 of 8 sampled patients (#B).

The findings include:

Review of Patient #B's record reveals that a live _____ image done on _____ by Physician #1 revealed that she was _____, and a termination of _____ was performed by Physician #1 on _____. A form signed by Patient #B and witnessed by the Administrator on _____ documented the following: "As of _____, 2011 the State of Florida requires that all termination patients have a mandatory _____ prior to ending their _____, so as to determine the probable _____ age. The State of Florida also requires that you may be given these options. Select either #1 or #2 by placing your initials next to the appropriate number to indicate your choice". Further review of the form revealed that Patient #B placed her initials next to #1, which read as follows: "I choose to view the _____, and/or have an explanation of the results". The form also documented "I am satisfied with these explanations and my choice". There is no evidence of documentation that Physician #1 viewed the live images with Patient #B or discussed the live _____ images with her. There is no documentation that Patient B was offered a copy of printed material prepared and provided by the department (AHCA), which included "a description of the _____, including a description of the various stages of development, a list of entities that offer alternatives to terminating the _____, and detailed information on the availability of medical assistance benefits for prenatal care, childbirth, and _____ care", or that Patient #B acknowledged in writing, prior to the termination of the _____, that the required information was provided.

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During an interview with Medical Assistant #1 she explained that all _____ are performed by the Physician, and the _____ live images are not discussed with Patients by the Physician prior to Patients giving consent to have an abortion procedure. She also stated that the Medical Assistants assist the Physicians, and there are no registered nurses, licensed practical nurses, physician assistants, or advanced registered nurse practitioners employed by the clinic. She explained that patients are given a copy of the live _____ image, and patients are not offered a copy of the printed materials prepared by the Agency for Health Care Administration, which include "a description of the _____, including a description of the various stages of development, a list of entities that offer alternatives to terminating the _____, and detailed information on the availability of medical assistance benefits for prenatal care, childbirth, and _____ care. She located the materials prepared by AHCA in the patient waiting area, and stated that the information contained in the written materials prepared by AHCA was available on the facility website. She acknowledged that all patients do not view the facility website prior to having an abortion, during the interview. During a telephone interview with the Administrator on _____ at approximately 2:00 PM, she stated that patients are given a copy of the _____ image as they are leaving the facility. She also acknowledged that the printed materials prepared by AHCA were not provided to patients, and she stated that the printed materials prepared by AHCA were _____ available for all patients in the waiting area.

Class III