

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2017
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NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF NORTH TAMPA,	STREET ADDRESS, CITY, STATE, ZIP CODE 14498 UNIVERSITY COVE PL TAMPA, FL 33613
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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>INITIAL COMMENTS</p> <p>An unannounced Licensure survey was conducted at All Women's Health Center of North Tampa, Inc., an abortion clinic located in Tampa, FL on License #814.</p> <p>The provider had deficiencies at the time of the visit.</p>	A 000		
A 250	<p>59A-9.024, FAC Clinic Policies/Procedures-2nd Trimester</p> <p>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. Any abortion clinic which is in operation at the time of adoption of this rule and providing second trimester abortions shall be given six months within which to comply with these clinic policies and procedure requirements which shall include but not be limited to the following:</p> <ol style="list-style-type: none"> (1) Patient admission; (2) Pre- and post- care; (3) Physician's orders; (4) Standing orders with required signatures; (5) Medications, storage and administration; (6) Treatments; (7) Surgical ; (8) Medial ; (9) Sterilization and ; (10) Documentation: Medical records and facility records; (11) Patient discharge; (12) Patient transfer; 	A 250		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 250	<p>Continued From page 1</p> <p>(13) Emergency measures; (14) Incident reports; (15) Personnel orientation; (16) Inservice education record; (17); (18) Equipment and supplies: availability and maintenance; (19) Volunteers; and, (20) Visitors.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations and staff interviews it was determined the facility failed to ensure a current policy related to medication preparation and storage was in effect and available to staff members.</p> <p>Findings included:</p> <p>A tour of the clean supply conducted on at 9:15 a.m. accompanied by the medical assistant. Observations of the medicine cabinet revealed a white plastic basket containing 27 10 milliliter syringes filled with clear liquid. None of the syringes were labeled with any information regarding the contents of the syringe, the date of preparation, the date of expiration or the person who prepared the syringes.</p> <p>The facility was unable to provide a policy and procedure related to medication preparation and storage.</p> <p>The medical assistant who was present at the time of the observations and the policy request confirmed the above findings in an interview conducted on at 11:30 a.m.</p>	A 250		