

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/03/2016  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960055</b>	(X3) DATE SURVEY COMPLETED  <b>09/13/2016</b>
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NAME OF PROVIDER OR SUPPLIER <b>ALL WOMEN'S HEALTH CENTER OF ORLANDO, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>431 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701</b>
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SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 INITIAL COMMENTS**

Complaint Investigation #2016006936 was conducted on [redacted] at All Women's Health Center of Orlando, Inc., License #800014739, had deficiencies found at the time of the visit.

**0202 Clinic Personnel-2nd Tri-Orientation/Training**

Based on interview, review of facility personnel records, and review of facility policies, the facility failed to assure that 2 of 4 sampled employees received the required orientation training in [redacted] control, fire protection, medical emergencies, counseling, patient advocacy, confidentiality, patient rights, licensing and regulations, and incident reporting as required for a second trimester licensed facility (C & D).

Findings:

Review of personnel files of employees C and D did not contain documentation that they had undergone facility orientation training in the required subjects. A paper marked "Employee Orientation and Annual Retraining Checklist" was found in employee D's file that revealed her name, the date of [redacted], and Job title of "M.A. (medical assistant)" Documentation on this form read, "Employee safety orientation, employee to date and initial each box when instruction is completed and understood." There were 10 items listed which included general safety policy/program, safety rules, fire prevention, location of fire fighting equipment, and location of exits, proper personal attire and required personal protective equipment, how, when, and where to report injuries, housekeeping, cleaning up spills and how, when and where to report unsafe conditions. The form was signed by the employee and the previous administrator and none of the boxes were checked, dated, or completed.

Additionally, there was no job description found in Employee C's file that documented job description and duties.

On [redacted] at 11:50 AM, the facility administrator revealed she was not employed during the period when employee C and D started their employment, and could not find any documentation that they had undergone the facility orientation training.

On [redacted] at 11:30 AM, employee C revealed she had started employment with the facility in [redacted] of 2010 and had never been trained in the facility orientation program. She related she had not taken training in [redacted] control, fire protection, confidentiality, patient rights, licensing and regulations and incident reporting.

On [redacted] at 12:45 PM, employee D revealed she had started employment with the facility in [redacted] of [redacted]

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2016 and had never been trained in the facility orientation program. She related she had not taken training in control, fire protection, confidentiality, patient rights, licensing and regulations and incident reporting.

Review of the facility policy entitled "Employee Orientation" read, "Purpose: The most important asset of any organization is people, in a service organization. It is vital to the continuing success of our center that well-trained personnel be employed in all of the many types of positions occupied by members of the staff. Our center makes a commitment at the time of hire to welcome, inform, and train new employees. Policy: A. Orientation, Letter B, page 23, #3. read "Teach new employees the methods and standards used at the center to accomplish the duties and responsibilities of their position." There were no dates documented on the policies.

A policy entitled, "Contents of Employee Records" read, "Purpose: To establish the specific requirements of the contents and access to employee personnel records....In-service trainings."

A policy entitled "Probationary Period", read, "Policy: New or rehired employees and all present employees promoted to a new position shall be placed on a probation for a period of three months."

A policy entitled "Performance Appraisals" read, "A performance appraisal should be conducted at the completion of the first three months in a position, and annually thereafter."

Employee C and D did not receive orientation/training to the center as required, and there was no documentation of probationary status and evaluation of duties as required by the facility's policies.

**D250 Clinic Policies/Procedures-2nd Trimester**

Based on observation, interview and review of facility policies, the facility failed to follow protocol for safe medication practices, and failed to address acceptable medication preparation protocols in their facility policy.

Findings:

During a tour of the facility on at 11:15 AM with the facility administrator, the following was found and observed:

1. Observation of the facility secured/locked medication cabinets revealed a round container with 11 syringes marked labeled Stadol 1 cc expires . . . . . Ten syringes were marked with a pre-poured date of . . . . . and 1 had no pre-pour date.

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2. There was a second round container holding 7 syringes marked \_\_\_\_\_ 5 milligrams (mg.) which showed an acceptable expiration date however showed no pre-poured dates on any of the syringes.

3. A third container held 13 Normal \_\_\_\_\_ flushes in an unlabeled container and 11 had no pre-poured dates.

4. Observation of the adjacent secured medication cabinet revealed 16 amber single medication bottles marked with varied medications of Azythromycin 250 mg. which showed a pre-poured date of \_\_\_\_\_, and Ciprofloxin 500 mg. prepared \_\_\_\_\_

5. A bottle of \_\_\_\_\_ 800 mg. was observed in the cabinet which was opened, had an expiration date of \_\_\_\_\_ and had no date the bottle was opened.

6. There was injectable \_\_\_\_\_ 8.4% 50 mg. expiration date of \_\_\_\_\_ / / \_\_\_\_\_, and a 50 mEq (milliequivalents)/milliliter (ml.) 4.2 grams (gm.) (84 mg./ml.) with an expiration date of \_\_\_\_\_ / / \_\_\_\_\_.

7. Observation of the contents in the secured/locked medication cabinet in the facility laboratory area revealed 4 bottles of \_\_\_\_\_ 50% Injection 0.5 ml. single dose vials with USP 25 gm./50 ml. lot 44-335 DK with an expiration date of \_\_\_\_\_ / / \_\_\_\_\_.

8. There was a dose pack of \_\_\_\_\_ for birth control usage noted with a marked expiration date of \_\_\_\_\_.

9. Observation of the refrigerated medication storage in the laboratory revealed a bottle of \_\_\_\_\_ Solution with an expiration date of \_\_\_\_\_ and a bottle of \_\_\_\_\_ Injection 0.2 mg./ml. with an expiration date of \_\_\_\_\_.

10. Review of an unlocked cabinet in the recovery \_\_\_\_\_ a 500 count bottle labeled 800 mg. with an expiration date of \_\_\_\_\_ on the shelf in an unsecured cabinet.

On \_\_\_\_\_ at approximately 11:45 AM, the administrator revealed the medications in the secured/locked medication cabinets are suppose to be pre-poured only on the day of a procedure and it was unknown why they showed a date prior to today. She stated medications are frequently checked for expiration dates, however confirmed all findings of the expired medications found. The administrator also verbalized the bottle of \_\_\_\_\_ in the unlocked cabinet in the recovery \_\_\_\_\_ not have been there. She related the facility does not employ licensed nurses and has medical assistants to assist the physician. She replied medications are pre-poured and prepared by the medical assistants for the

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physicians.

Review of the facility policy entitled "Medications" read, "Medication storage - Medication storage requires attention. Storage must ensure the condition of the supplies. Temperature, humidity, and the effects of light, dark, and dust need to be taken into account." There was no information regarding checking for expiration dates observed.

Review of the job description for the facility Medical Assistant, and employee orientation and annual competencies checklist did not reveal any entry or documentation regarding medication preparation or administration.

**Z818 Minimum Licensure Requirement - Client Notice**

Based on interview and record review, the facility failed to provide patients with required information and written statements for the Agency for Health Care Administration (AHCA) toll free complaint line, the State wide toll-free hotline telephone number and the State wide toll-free telephone for the central Medicaid fraud hotline number.

Findings:

Review of the facility admission paperwork during the complaint survey did not reveal any required written information regarding the explanation for the AHCA complaint line, hotline, or Medicaid fraud information. There was no posting of the information noted in the clinic for patient view.

On at 1:50 PM, the facility administrator revealed the facility practice has been to provide the Agency names and telephone numbers in a bag that patients were given at their counseling session. The administrator retrieved a copy of the information which did not include the explanation of the State agency, the Agency telephone numbers and did not include the required statements "To report a complaint regarding the services you receive, please call toll-free (phone number). To report neglect, or , please call toll-free (phone number), or An agency-written description of Medicaid fraud and the statewide toll-free telephone number for the central Medicaid fraud hotline, or include the words "To report suspected Medicaid fraud, please call toll-free)."

Review of the 10 sampled patient records did not reveal any information that patients served by the facility received the information as required.



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

, 2016

Administrator  
All Women's Health Center Of Orlando, Inc.  
431 Maitland Avenue  
Altamonte Springs, FL 32701

Re: Complaint Investigation - CCR #2016006936

Dear Administrator:

This letter reports the findings of a complaint investigation that was completed on  
, 2016 by a representative 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.

Orlando Field Office  
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Orlando, FL 32801  
Phone:(407) 420-2502; Fax:(407) 245-0998  
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida  
Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida

Thank you for the assistance provided to the surveyor. Should you have any questions please call Theresa DeCanio at 407 420-2502.

Sincerely,

A handwritten signature in black ink, appearing to read 'Theresa DeCanio RN'. The signature is fluid and cursive, with the letters 'R' and 'N' being particularly prominent and stylized.

Theresa DeCanio, RN  
Field Office Manager

TDC/cid  
Enclosure: State Form

XG90