

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960132	(X3) DATE SURVEY COMPLETED 09/20/2016
NAME OF PROVIDER OR SUPPLIER NORTH FLORIDA WOMEN'S SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CROSS CREEK CIR TALLAHASSEE, FL 32301	

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

0000 INITIAL COMMENTS

An annual licensure survey was conducted at North Florida Women's Services on [redacted], 2016. Deficiencies were identified at the time of the survey. License number 924.

Z818 Minimum Licensure Requirement - Client Notice

Based on observation during tour, record review and staff interview, the clinic failed to inform clients of their right to report complaints, [redacted] practices or Medicaid fraud for 10 of 10 sampled clients, (#1, 2, 3, 4, 5, 6, 7, 8, 9, & 10)

The findings:

A tour of the clinic was conducted with the Office Manager on [redacted] beginning at approximately 10:00am. There were postings in the hall, numerous pamphlets in the lobby and education materials in the counseling [redacted]. No postings, pamphlets or educational material was found which would inform clients of their right to report and the telephone contact number for:

1. How to report a complaint to the Agency for Healthcare Administration (AHCA)
2. How to report [redacted], neglectful, or [redacted] practices to the statewide [redacted] hotline
3. How to report suspected Medicaid fraud.

An interview was conducted with the Office Manager on [redacted] at about 10:30am. The Office Manager confirmed that she could not locate the contact information for the [redacted] hotline, AHCA's complaint line or Medicaid fraud in the clinics postings, handouts or educational materials. The Office Manager stated that the forms were recently updated, and this information was most likely accidentally deleted. She would immediately begin providing this information to clients.

A clinical record review was conducted for 10 sampled clients (#1, 2, 3, 4, 5, 6, 7, 8, 9, & 10). The record for client #1 contained the [redacted] hotline number, but did not include the statement, "To report [redacted], neglect, or [redacted], please call toll-free (phone number)." The record did not contain the contact information for AHCA's complaint line or Medicaid fraud. No contact information for the [redacted] hotline, AHCA's complaint line or Medicaid fraud was located in the clinical records of client's 2, 3, 4, 5, 6, 7, 8, 9 or 10.

An interview was conducted with two health care workers (A & B) on [redacted] at about 12:00pm. Neither health care worker was aware of where this information might be located, nor were they aware of a policy regarding this information. They offered to contact the Office Manager who was presently out of the building, and stated that this would be corrected right away.



RICK SCOTT

ELIZABETH DUDEK
SECRETARY

....., 2016

Administrator
North Florida Women's Services
1345 Cross Creek Cir
Tallahassee, FL 32301

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted 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.

Thank you for the assistance provided to the surveyor. Should you have any questions please call me at (850) 412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb Enclosure

XG90

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