PRINTED: 03/07/2018 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING AC13910031 02/08/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4131 CENTRAL AVE ALL WOMEN'S HEALTH CENTER, INC. SAINT PETERSBURG, FL 33713 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 000 INITIAL COMMENTS A 000 An unannounced Re-licensure Survey was conducted on at All Women's Health Center, located in St. Petersburg, license #838. The facility was not in compliance in accordance with the state licensure requirements. The following deficiencies were identified at the time of the survey. A 154 59A-9.0225(5), FAC Clinic Suppl/eqt-2nd A 154 Trimest-Sterilization Eq. 59A-9.0225 Clinic Supplies and Equipment Standards for Second Trimester Abortions. (5) Sterilization Equipment. Sterilizing equipment of appropriate type shall be available and of adequate capacity to properly sterilize instruments and materials. The sterilizing equipment shall have approved control and safety features This Statute or Rule is not met as evidenced by: Based on document review, staff interview and review of facility policy and procedures it was determined the facility failed to ensure staff adhered to facility policy for cleaning and biological testing for one of one autoclave present.

Findings included:

During tour of the facility on at approximately 1:25 pm the clinics steritization equipment was observed. Observation revealed a single Pelton & Crane autoclave was present. Review of the autoclave cleaning log revealed the autoclave is cleaned on a monthly basis. Review of the biological testing log revealed the biological's are performed monthly.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

TITLE

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Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UNMBER:		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		AC13910031	B. WING		02/0	8/2018
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ALL WOM	IEN'S HEALTH CENTER,	INC 4131 CEN	ITRAL AVE			
ALL ITOM	EN O (IEAEII) OENTEN,	SAINT PE	TERSBURG, FL	. 33713		
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A 154	Continued From page	Continued From page 1 A 154				
	and Procedures", stat to frequent use the au a weekly basis with re- solution such as Omr- I. Types of Indicators steam sterilizers are t spores on a weekly b Interview with the Adr					
A 250	59A-9.024, FAC Clinic Trimester	c Policies/Procedures-2nd	A 250			A PRODUCTION OF THE PROPERTY O
	abortions shall have uprocedures to imploy patient to at the functional activities written procedures in abortions and shall be clinic personnel and approved annually by Any abortion clinic wiftime of adoption of this trimester abortions should be written to the complex of th	nent policiles and to assure re shall relate specifically to s of clinic services. These all apply to second trimester a variable and accessible to shall be reviewed and the clinic's medical director. ich is in operation at the s rule and providing second all be given six months y with these clinic policies y with these clinic policies ments which shall include the following:				

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(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 . . . ;

STATE FORM FOR H7Z411 H continuation sheet 2 of 7

PRINTED: 03/07/2018 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING AC13910031 02/08/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4131 CENTRAL AVE ALL WOMEN'S HEALTH CENTER, INC. SAINT PETERSBURG, FL 33713 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 250 Continued From page 2 A 250 (9) Sterilization and . . . (10) Documentation: Medical records and facility records: (11) Patient discharge; (12) Patient transfer: (13) Emergency measures; (14) Incident reports: (15) Personnel orientation: (16) Inservice education record; (18) Equipment and supplies: availability and maintenance: (19) Volunteers; and, (20) Visitors. This Statute or Rule is not met as evidenced by: Based on review of medical records, review of facility policy and procedures and staff interview it was determined the facility failed to ensure staff adhered to written policies and procedures for post- ... care related to assessment, criteria for discharge and minimum observation period for one (#8) of one second trimester procedures of ten patients sampled. Findings included: Review of the facility policy, "Second Trimester Abortion Procedures", states routine patient

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assessment and recording in the recovery area include uterine size and tone, usually assessed examination, degree of pain and ...: minimum observation period for early and mid second trimester cases is 1 hour; and patient has transportation other than self after sedation or general Review of the medical record for patient #8 revealed the patient had a second trimester surgical procedure performed on

STATE FORM caso H7Z411 If continuation sheet 3 of 7

Agency for Health Care Administration				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X3) DATE SURVEY COMPLETED	
	AC13910031	B. WING	02/08/2018	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

4131 CENTRAL AVE

ALL WOMEN'S HEALTH CENTER, INC. SAINT PETERSBURG, FL 33713					
(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 250	Continued From page 3 Review of the procedure record revealed the patient received 5 milligrams (mg) and Stadol 2 mg for sedation. Review of the post-procedure assessment revealed no evidence the patient's tuerine size and tone were assessed and no evidence of a pain assessment. Review of the post-procedure record revealed the patient was observed for 33 minutes and discharged from the facility. Review of the post-procedure record revealed no evidence the patient had transportation other than self after the procedure. Interview with the Administrator on at approximately 1:45 pm confirmed the findings.	A 250			
A 300	59A-9.025(1), FAC Medical Screening/Eval2nd Trimester (1) Each abortion clinic that provides second trimester abortions shall formulate and adhere to written patient care policies and procedures designed to ensure professional and safe care for patients undergoing second trimester abortions and shall maintain a medical record for each such patient that records history, care and services. Any abortion clinic that performs second trimester abortions shall comply with these patient care policies and procedures for patients undergoing second trimester abortions, to include but not limited to the following: (a) Admission criteria and procedures; (b) Identification in the medical record of physician(s) and nurse(s) involved in providing the services offered for patients undergoing second trimester abortions; (c) Specific details regarding the _ procedures performed, to include: 1. History and physical examination, to include	A 300			

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patients sampled. Findings included:

Review of the medical record for patient #8 revealed the patient had a second trimester surgical procedure performed on ... Review of the history and physical examination revealed no evidence the physician performed a bimanual examination estimating uterine size or palpation of the adnexa. Interview with the Administrator on at approximately 1:45

trimester abortions for one (#8) of one second trimester patient procedures reviewed of ten

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provide pertinent information.

records reviewed. Findings included:

performed on

This Statute or Rule is not met as evidenced by: Based on review of medical records and staff interview it was determined the facility failed to ensure clinical records were complete and accurately documented for one (#8) of ten

Review of the medical record for patient #8 revealed the patient had a surgical procedure

record revealed 5 milligrams (mg) and Stadol 2 mg was administered to the patient's left arm. Review of the documentation revealed no evidence of the time the medications were administered, the route it was administered or

. Review of the procedure

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Agency f	or Health Care Adminis	tration			PRINTED: 03/07/2018 FORM APPROVED
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		AC13910031	B. WING		02/08/2018
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ALL WOM	EN'S HEALTH CENTER,	INC.	NTRAL AVE ETERSBURG, F	L 33713	
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A 600	Continued From page	6	A 600		And the second s
	who administered the	medication.			A. C.
	Interview with the Administrator on at approximately 1:45 pm confirmed the findings.				ann
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