09/04/2018

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:

NAME OF PROVIDER OR SUPPLIER

B. WING_ STREET ADDRESS, CITY, STATE, ZIP CODE

AC13910032 1135 NORTHWEST 23RD AVENUE, # N

ALL WOMEN'S HEALTH CENTER OF GAINESVILLE, II 1135 NORTHWEST 23RD AVENUE, # N GAINESVILLE, FL. 32609						
(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	INITIAL COMMENTS	A 000				
	An unannounced licensure survey was conducted for All Women's Health Care of Gainesville (license #777) on , 2018. The facility was found not to be in compliance with the requirements of Chapter 390 F.S. and 59 A-9 F.A.C.					
A 150	59A-9.0225(1), FAC Clinic Supplies/Equip. Stand2nd Trimester	A 150		nodandandanda		
	59A-9.0225 Clinic Supplies and Equipment Standards for Second Trimester Abortions.			arane ann ann ann ann ann ann ann ann ann		
	(1) Each abortion clinic providing second trimester abortions shall provide essential clinic supplies and equipment as required in subsections (1) through (7) when performing second trimester abortions. Any such abortion clinic which is in operation at the time of adoption of this rule and providing second trimester abortions shall be given one year within which to meet these standards as follows: (a) A surgical or examination table(s); (b) A bed or recliner(s) suitable for recovery; (c) with flow meters and masks or equivalent; (d) Mechanical suction; (e) with flow meters and masks or equivalent; (d) Mechanical suction; (e) flow flow flow flow flow flow flows, and related supplies and equipment; (g) Sterile surfuring equipment and supplies; (h) Adjustable examination light; (l) Containers for soiled flome and waste materials with covers; and, (l) Appropriate equipment for the administering of general, if applicable.					

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

TITLE (X6) DATE

PRINTED: 09/14/2018 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 AC13910032 09/04/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1135 NORTHWEST 23RD AVENUE, # N ALL WOMEN'S HEALTH CENTER OF GAINESVILLE, II GAINESVILLE, FL 32609 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES 1D 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 150 Continued From page 1 A 150 This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure emergency drugs used in the facility were labeled in accordance with professional standards, to include expiration dates Findings: On , 2018 at 9:20 AM during a tour of the facility the following was observed: In the medication cabinet, one multi-use vial of was opened and not labeled with an open date, one open multi-use vial of labeled and out of date. (photographic evidence). In the medication refrigerator door. , had no open one syringe labeled date. (photographic evidence). An interview was conducted on at 9:50 AM with Staff A, the Receptionist and she stated "I don't know why they are here." An interview was conducted on ... AM with the Administrator, the findings were confirmed and she stated, "The syringe is my fault the physician did not use it on Friday and I placed the syringe in the fridge. The two open multi-use vials, go ahead write it up, that is mine too."

AHCA Form 3020-0001

Class III

A 156 59A-9.0225(7), FAC Clinic Suppl/eqp-2nd

Trimest-Egot Maintenance

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A 156

PRINTED: 09/14/2018 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 AC13910032 09/04/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1135 NORTHWEST 23RD AVENUE, # N ALL WOMEN'S HEALTH CENTER OF GAINESVILLE, II GAINESVILLE, FL 32609 (X433F) SUMMARY STATEMENT OF DEFICIENCIES 1D 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 156 Continued From page 2 A 156 59A-9.0225 Clinic Supplies and Equipment Standards for Second Trimester Abortions. (7) Equipment Maintenance. (a) When patient monitoring equipment is utilized, a written preventive maintenance program shall be developed and implemented. This equipment shall be checked and/or tested in accordance with manufacturer's specifications at periodic intervals, not less than annually, to insure proper operation, and a state of good repair. After repairs and/or alterations are made to any equipment, the equipment shall be thoroughly tested for proper calibration before returning it to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance. and surgical equipment shall have a written preventive maintenance program developed and implemented. Equipment shall be checked and tested in accordance with the manufacturer's specifications at designated intervals, not less than annually, to ensure proper operation and a state of good repair. (c) All surgical instruments shall have a written preventive maintenance program developed and implemented. Surgical instruments shall be

repair.

repair. Findings:

cleaned and checked for function after use to ensure proper operation and a state of good

This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure all clinical supplies and equipment were kept clean and in a state of good

During an observation in exam

an

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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: (1) Patient admission: (2) Pre- and post- care;

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDERSUPPLEDICULA
IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A BUILDING:

(X3) MULTIPLE CONSTRUCTION
COMPLETED

(X3) DATE SURVEY
COMPLETED

(X3) DATE SURVEY
COMPLETED

(X3) DATE SURVEY
COMPLETED

(X3) DATE SURVEY
COMPLETED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ALL WOMEN'S HEALTH CENTER OF GAINESVILLE, II 1135 NORTHWEST 23RD AVENUE, # N

ALL WOMEN'S HEALTH CENTER OF GAINESVILLE, II GAINESVILLE, FL 32609						
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A 250	Continued From page 4	A 250				
A 250	Continued From page 4 (3) Physician's orders; (4) Standing orders with required signatures; (5) Medications, storage and administration; (6) Treatments; (7) Surgical; (8) Medial .; (9) Starilization and; (10) Documentation: Medical records and facility records; (11) Patient discharge; (12) Patient reports; (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. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure all medications were kept secured and locked . Findings: During a tour of the facility beginning on, 2018 at 9:20 AM the following was observed; four boxes of unsecured on					
	the counter of the back evidence) In exam , a small open bow with unsecured medication bottles labeled 200 mg (micrograms). (photographic evidence)					
	An interview was conducted on at 11:15 AM with the Administrator. She confirmed the findings, and stated, "Yes, the bottles,					

AHCA Form 3020-0001

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