

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/10/2018
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NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF GAINESVILLE, II	STREET ADDRESS, CITY, STATE, ZIP CODE 1135 NORTHWEST 23RD AVENUE, # N GAINESVILLE, FL 32609
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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 follow up licensure survey was conducted at All Women's Health Center of Gainesville, license #777, on _____, 2018. Deficient practice was identified at the time of the survey.</p>	{A 000}		
{A 150}	<p>59A-9.0225(1), FAC Clinic Supplies/Equip. Stand.-2nd Trimester</p> <p>59A-9.0225 Clinic Supplies and Equipment Standards for Second Trimester Abortions.</p> <p>(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:</p> <p>(a) A surgical or _____ examination table(s);</p> <p>(b) A bed or recliner(s) suitable for recovery;</p> <p>(c) _____ with flow meters and masks or equivalent;</p> <p>(d) Mechanical suction;</p> <p>(e) _____ equipment to include, at a minimum, _____ bags and oral airways;</p> <p>(f) Emergency medications, _____ fluids, and related supplies and equipment;</p> <p>(g) Sterile suturing equipment and supplies;</p> <p>(h) Adjustable examination light;</p> <p>(i) Containers for soiled linen and waste materials with covers; and,</p> <p>(j) Appropriate equipment for the administering of general _____, if applicable.</p>	{A 150}		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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{A 150}	<p>Continued From page 1</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure expired emergency drugs were disposed of according to professional standards. (Photographic evidence).</p> <p>Findings:</p> <p>During a tour on _____ beginning at 9:07 AM an observation of the locked medication cabinet revealed a medication bottle labeled, " _____ 0.1 mg for "B/P (_____)", with an expiration date of _____.</p> <p>On _____ at 09:10 AM an interview was conducted with Staff A, Medical Assistant. She confirmed the Medication bottle labeled _____ 0.1 mg for B/P (_____) with an expiration date of: _____. She stated the bottle should have been disposed of when it expired according to company policy.</p>	{A 150}		