

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2020
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NAME OF PROVIDER OR SUPPLIER FT MYERS WOMEN'S HEALTH CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3677 CENTRAL AVE, STE H FORT MYERS, FL 33901
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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
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A 000	<p>INITIAL COMMENTS</p> <p>An unannounced relicensure survey was conducted on _____ at Ft. Myers Women's Health Center, Inc., an _____ clinic in Fort Myers, Florida.</p> <p>The following is description of the deficiency.</p>	A 000		
A 390	<p>390.01114(5) Parental Consent</p> <p>(5) PARENTAL CONSENT REQUIRED.-</p> <p>(a) A physician must obtain written consent from a parent or legal guardian before performing or inducing the termination of a _____ of a minor.</p> <p>1. The consenting parent or legal guardian shall provide to the physician a copy of a government-issued proof of identification. The parent or legal guardian shall certify in a signed, dated, and notarized document, initialed on each page, that he or she consents to the termination of the _____ of the minor. The document must include the following statement, which must precede the signature of the parent or guardian: "I, (insert name of parent or legal guardian), am the (select "parent" or "legal guardian," as appropriate) of (insert name of minor) and give consent for (insert name of physician) to perform or induce a termination of _____ on her. Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true." A copy of the parent's or legal guardian's government issued proof of identification must be attached to the notarized document.</p> <p>2. The physician shall keep a copy of the proof of identification of the parent or legal guardian and the certified statement in the medical file of the minor for 5 years after the minor reaches the age of 18 years, but in no event less than 7 years.</p>	A 390		

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

TITLE

(X8) DATE

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A 390	<p>Continued From page 1</p> <p>3. A physician receiving consent from a parent or guardian under this section shall execute for inclusion in the medical record of the minor an affidavit stating: "I, (insert name of physician), certify that, according to my best information and belief, a reasonable person under similar circumstances would rely on the information presented by both the minor and her parent or legal guardian as sufficient evidence of identity." (b) The consent of a parent or guardian is not required if:</p> <ol style="list-style-type: none"> 1. Notification is not required as provided in subparagraph (4)(b)1., subparagraph (4)(b)3., subparagraph (4)(b)4., or subparagraph (4)(b)5.; 2. Notification is not required due to the existence of a waiver as provided in subparagraph (4)(b)2., if that waiver is signed by the minor's parent or legal guardian, is notarized, is dated within 30 days before the termination of the _____, contains a specific waiver of the right of the parent or legal guardian to consent to the minor's termination of _____, and a copy of the parent's or legal guardian's government-issued proof of identification is attached to the waiver; 3. Consent is waived under subsection (6); or 4. In the physician's good faith clinical judgment, a medical emergency exists and there is insufficient time for the attending physician to comply with the consent requirement. If a medical emergency exists, the physician must make reasonable attempts, whenever possible, and without endangering the minor, to contact the parent or legal guardian of the minor, and may proceed, but must document reasons for the medical necessity in the minor patient's medical records. The physician shall inform the parent or legal guardian, in person or by telephone, within 24 hours after the termination of the _____ of the minor, including details of the medical 	A 390		
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A 390	<p>Continued From page 2</p> <p>emergency that necessitated the termination of the , , without the parent's or legal guardian's consent. The physician shall also provide this information in writing to the parent or legal guardian at his or her last known address, by first-class mail or by certified mail, return receipt requested, with delivery restricted to the parent or legal guardian.</p> <p>(c)1. A physician who intentionally or recklessly performs or induces, or attempts to perform or induce, a termination of a , of a minor without obtaining the required consent pursuant to this subsection commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. A penalty may not be assessed against the minor upon whom a termination of , is performed or or upon whom a termination of , is attempted to be performed or .</p> <p>2. It is a defense to prosecution that a minor misrepresented her age or identity to a physician by displaying a driver license or identification card issued by the state or another state which indicated that the minor was or older and that the appearance of the minor was such that a reasonably prudent person would believe that the minor was not under . To use the defense, a physician must provide a copy of the driver license or identification card used by the minor. The defense does not apply if the physician is shown to have had independent knowledge of the minor's actual age or identity or to have failed to use due diligence in determining the minor's age or identity.</p> <p>This Statute or Rule is not met as evidenced by: Based on patient record review and administrative interview, the , clinic failed to provide a notarized document attesting to the</p>	A 390		
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A 390	<p>Continued From page 3</p> <p>legal guardianship of a minor receiving services for 2 (Patients #2 and #3) of the 4 minors records reviewed.</p> <p>The findings included:</p> <p>On at 10:00 a.m., review of Patient's #2's medical record reviewed revealed the patient was a minor requiring a notarized consent/waiver for services. The review revealed a consent form dated The form failed to provide the notary seal. The form had a section for a notary seal.</p> <p>On at 10:25 a.m., review of Patient's #3 medical record reviewed revealed the patient was a minor requiring a notarized consent/waiver for services. The review revealed a waiver form dated The form failed to provide the notary seal. The form has a section for a notary seal.</p> <p>On at 12:30 p.m., during an interview with the Interim Administrator, she stated: "I'm not a notary at this time. I am working on the application."</p> <p>Class</p>	A 390		