Agency for Health Care Administration

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

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AC13960109

B. WING

DENTIFICATION PLAN OF CORRECTION

B. WING

DENTIFICATION PLAN OF CORRECTION

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O5/11/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1103 LUCERNE TERRACE

| CENTER OF ORLANDO FOR WOMEN ORLANDO, FL 32806 |  |  |   |                          |  |  |
|---|--|--|---|--------------------------|--|--|
| (X4) ID<br>PREFIX<br>TAG                      | SUMMARY STATEMENT OF DEFICIENCIE<br>(EACH DEFICIENCY MUST BE PRECEDED BY<br>REGULATORY OR LSC IDENTIFYING INFORM   | FULL PREFIX  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |  |  |
| A 000   | INITIAL COMMENTS   | A 000  |   |                          |  |  |
| 3   | An Unannounced Complaint Investigation<br>#2022007072 was conducted on<br>Center of Orlando for Women had a defici<br>found at the time of the visit.  |  |   |                          |  |  |
|   | 390.0111(3)(a), FS Termination/Consents<br>Required  | A 362  |   | orano and a second       |  |  |
|   | (3) CONSENTS REQUIRED. A termination may not be performed or except with the voluntary and informed wronsent of the woman or, in the a mental written consent of her court-appointed gue (a) Except in the case of a medical emerge consent to a termination of jobs of the consent to a termination of the consent to a termination of the consent to a termination of the consent to the consent | sitten case of formed ridien. ency, oloutrary ceedure, |   |                          |  |  |

AHCA Form 3020-0001

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

TITLE (X6) DATE

PRINTED: 06/15/2022 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 AC13960109 05/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1103 LUCERNE TERRACE CENTER OF ORLANDO FOR WOMEN ORLANDO, FL 32806 (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 362 Continued From page 1 A 362 them. If the woman accepts the opportunity to view the images and hear the explanation, a physician or a registered nurse, licensed practical nurse, advanced practice registered nurse, or physician assistant working in conjunction with the physician must contemporaneously review and explain the images to the woman before the woman gives informed consent to having an procedure performed. (III) The woman has a right to decline to view and hear the explanation of the live images after she is informed of her right and offered an opportunity to view the images and hear the explanation. If the woman declines, the woman shall complete a form acknowledging that she was offered an opportunity to view and hear the explanation of the images but that she declined that opportunity. The form must also indicate that the woman's decision was not based on any undue influence from any person to discourage her from viewing the images or hearing the explanation and that she declined of her own free will ( ) Unless requested by the woman, the person performing the . . . . . may not offer the opportunity to view the images and hear the explanation and the explanation may not be given if, at the time the woman schedules or arrives for her ..... to obtain an ....., a copy of a

restraining order, police report, medical record, or other court order or documentation is presented which provides evidence that the woman is obtaining the .... because the woman is a victim of , , incest, domestic violence, or human trafficking or that the woman has been diagnosed as having a condition that, on the basis of a physician's good faith clinical judgment. would create a serious risk of substantial and irreversible . . . of a major bodily function

STATE FORM caso F89111 If continuation sheet 2 of 5 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: С AC13960109 B. WING \_\_\_ 05/11/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1103 LUCERNE TERRACE

| CENTER OF ORLANDO FOR WOMEN |  |  | LUCERNE TERRACE<br>ANDO, FL 32806 |   |                          |
|-----------------------------|--|--|-----------------------------------|---|--------------------------|
| (X4) ID<br>PREFIX<br>TAG    | SUMMARY STATEMENT OF DEFICIENC<br>(EACH DEFICIENCY MUST BE PRECEDED B<br>REGULATORY OR LSC IDENTIFYING INFORM  | ES<br>Y FULL   | ID<br>PREFIX<br>TAG               | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|                             | Continued From page 2  If the woman delayed terminating her, c. The medical risks to the woman and carrying the  | of of on ours woman er she training her court he is citizen of n ours woman er she training her court he is citizen of n ours woman er she training her court he is citizen of o of or our ours woman en ours woman en our our ours woman en our our our ours woman en our our ours woman en our |                                   | CROSS-REFERENCED TO THE APPROPRIATE   |                          |
|                             | Based on interview and record review, the failed to assure that 193 of 217 patients wentered the clinic for termination of processive the required 24-hour wait time for the failed process. | who  |                                   |   |                          |

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| Agency f  | or Health Care Adminis   | stration  |   |   |                               | ): 06/15/2022<br>1 APPROVED |
|---|--|---|---|---|-------------------------------|-----------------------------|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |  | 1   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED |                             |
|   |  | AC13960109  | B. WING                                 |   | C<br>05/11/2022               |                             |
| NAME OF P   | ROVIDER OR SUPPLIER  | STREET AD   | DRESS, CITY, STA                        | TE, ZIP CODE  |                               |                             |
| CENTER  | OF ORLANDO FOR WON   | IEN .   | ERNE TERRAC<br>D. FL 32806              | E   |                               |                             |
|   |  |   | <del></del>                             |   |                               |                             |
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| A 362   | Continued From page 3  |   | A 362                                   |   |                               |                             |
|   | (#1-193). The physicic regarding the nature in ot undergoing the pressonable patient making a knowing an to terminate a good the at the time in the ti | the Clinic Manager on the clinic was aware of the the patient but was unaware it time was to be started.  I time was to be started.  I they made changes eive the 24-hour wait period on the case of procedures the assure more than and reduce.  She had not instituted these ords of all procedures for |   |   |                               |                             |
|   | patient visits which in<br>Out of the 217 visits,<br>was performed on the  | vealed there were 217<br>cluded the physician exam.<br>193 showed the procedure<br>a same day of the initial<br>isit, therefore not meeting   | -                                       |   |                               |                             |

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the 24-hour wait time from physician visit to the performance of the procedure. The review revealed the following: There were 25 procedures, and 24 patients did not receive the 24-hour wait period. There were 21 procedures, and 19

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PRINTED: 06/15/2022 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. WING 05/11/2022 AC13960109 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1103 LUCERNE TERRACE CENTER OF ORLANDO FOR WOMEN ORLANDO, FL 32806 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 362 A 362 Continued From page 4 patients did not receive the 24-hour wait period. There were 19 procedures, and 19 patients did not receive the 24-hour wait period. There were 20 procedures, and 17 patients did not receive the 24-hour wait period. There were 13 procedures, and 13 patients did not receive the 24-hour wait period. There were 20 procedures, and 20 patients did not receive the 24-hour wait period. There were 19 procedures, and 16 patients did not receive the 24-hour wait period. There were 19 procedures, and 18 patients did not receive the 24 hour wait period. There were 21 procedures, and 21 patients did not receive the 24-hour wait period. There were 26 procedures, and 26 patients did not receive the 24-hour wait period. Clinic dates of . . . and .. showed compliance with patients undergoing procedures for termination of , . , and compliance with the 24-hour wait period prior to performing the Unclassified