

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2013
NAME OF PROVIDER OR SUPPLIER FORT LAUDERDALE WOMEN'S CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311		
(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)	(X6) COMPLETE DATE
A 000	INITIAL COMMENTS Licensure Survey conducted on Fort Lauderdale Women's Center had deficiencies found at the time of the visit.	A 000		
A 400	Recovery 1-2nd Trimester Each abortion clinic which is providing second trimester abortions shall comply with the following recovery when providing second trimester abortions: (1) Following the procedure, post procedure recovery will be supervised and staffed to meet the patient's needs. A physician or physician assistant, a licensed registered nurse, a licensed practical nurse or an advanced registered nurse practitioner who is trained in the management of the recovery area shall be available to monitor the patient in the recovery the patient is discharged. The individual must be certified in basic A patient in the post-op or recovery be observed for as long as the patient's condition warrants. (2) The clinic shall arrange hospitalization if any complication beyond the medical capability of the staff occurs or is suspected. The clinic shall ensure that all appropriate equipment and services are readily accessible to provide appropriate emergency resuscitative and life support procedures pending the transfer of the patient or a viable to the hospital. A physician shall sign the discharge order and be readily accessible and available until the last patient is discharged to facilitate the transfer of emergency cases if hospitalization of the patient or viable is necessary. The clinic medical records documenting care provided shall	A 400		

AHCA Form 3026-0001

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

STATE FORM

[Handwritten Signature]
[Handwritten Signature]

TITLE

Administrative

(X6) DATE

05/17/13

6XNR11

If continuation sheet 1 of 5

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A 400	Continued From page 1 accompany the patient. These records will include the contact information for the physician who performed the procedure at the clinic. (3) A physician shall discuss Rho (D) with each patient for whom it is indicated and will ensure that it is offered to the patient in the immediate period or that it will be available to the patient within 72 hours following completion of the abortion procedure. If the patient refuses the Rho (D) refusal Form 3130-1002, 2006, "Refusal to Permit Administration of (D)", herein incorporated by reference, shall be signed by the patient and a witness, and shall be included in the patient's medical record. (4) Written instructions with regard to post abortion coitus, signs of possible medical complications, and general aftercare shall be given to each patient. Each patient shall have specific written instructions regarding access to medical care for complications, including a telephone number to call for medical emergencies. The physician will ensure that either a registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant from the abortion clinic makes a good faith effort to contact the patient by telephone, with the patient's consent, within 24 hours after surgery to assess the patient's recovery. A contact for post-op care from the facility shall be available to the patient on a 24-hour basis. (5) Facility procedures must specify the minimum length of time for recovery as warranted by the procedure type and period. Chapter 59A-9.027, F.A.C.	A 400		

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A 400	Continued From page 2 This STANDARD is not met as evidenced by: Based on record review and interview, it was determined that a Physician did not sign discharge orders on Patients who received 2nd trimester abortions, for 4 of 4 Patients. (Patient #1,#2,#3, and #4) The findings include: Review of Patient #1's record revealed that on _____ it was determined that she was 22 weeks _____ and requested an abortion. Further review of Patient #1's record revealed that on _____ a 2nd Trimester Medical Procedure was performed by Physician #1. Review of the "Recovery _____ notes documented and initialed by Medical Assistant #1 on _____ revealed that "at 10:52 AM, she "was ambulatory upon discharge". Review of a portion of the "Recovery _____ notes titled "discharge orders" revealed the following: "ergonovine, _____ and _____ however the orders were not signed by Physician #1. Review of Patient #2's record revealed that on _____ it was determined that she was 16-17 weeks _____ by sonogram, and requested an abortion. Further review of Patient #2's record revealed that on _____ a 2nd Trimester Medical Procedure was performed by Physician #1 between 11:00 and 11:05 AM. Review of the "Recovery _____ notes documented and initialed by Medical Assistant #1 on _____ revealed that "at 12:15 AM (PM),	A 400		

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A 400	Continued From page 3 Patient #2 "was ambulatory upon discharge". Additional review of Patient #2's record revealed that "discharge orders" signed by Physician #1 were not available. Review of Patient #3's record revealed that on _____ it was determined that she was 17-18 weeks _____ by sonogram, and requested an abortion. Further review of Patient #3's record revealed that on _____ a 2nd Trimester Medical Procedure was performed by Physician #1 between 11:00 and 11:05 AM. Review of a portion of the "Recovery notes on Patient #3 titled "discharge orders" revealed the following: "ergonovine, _____ and _____ however the orders were not signed by Physician #1. Review of Patient #4's record revealed that on _____ she was evaluated at the Clinic, and found to be 14 weeks _____ by sonogram, and a 2nd Trimester Abortion procedure was performed by Physician #1 between 2:35 and 2:40 PM. Review of the "Recovery _____ notes documented and initiated by Medical Assistant #1 on _____ revealed that "at 3:25 PM Patient #1 was ambulatory upon discharge". Further review of Patient #4's record revealed that discharge orders signed by a Physician were not available. Interview with Medical Assistant #2 at approximately 2 PM on _____ revealed that Patient's _____ is taken 3 times during the medical procedure. She explained that Patient's _____ is taken upon arrival in the Recovery area, it is taken again 15 minutes	A 400		

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<p>A 400</p> <p>Continued From page 4</p> <p>later, and it is taken prior to Patient leaving the Clinic. During the above mentioned interview with Medical Assistant #2, she explained that "the staff determine when the Patient is ready to leave the Clinic". She also stated that Physician #1 "checks the Patients". Interview with the Administrator at approximately 2:15 PM on 5-17 that "if the Patient is stable, the staff determine if Patient is ready for discharge". Interview with Medical Assistant #1 at approximately 2:45 PM on 5-17 that her responsibilities include assisting Physician #1 with abortion procedures, assisting "post op" Patients in the recovery area, and ensuring that Patient's are "coherent enough to be discharged". She also stated that she informs Physician #1 the post-op Patients "bleeding, blood pressure, and he tells her if it is ok to discharge the Patient". Additional interview with the Administrator at approximately 2:50 PM on 5-17 that the staff informs Physician #1 of Patient's vital signs, bleeding, cramping, prior to discharge. She explained that vital signs are repeatedly taken, if requested by Physician #1, prior to discharge. At approximately 3:15 PM on 5-17 an interview with Physician #1, he confirmed that there were no documented "discharge orders" on Patient #1, #2, #3, #4.</p>	<p>A 400</p> <p><i>I explained at time of inspection all Patients vital signs, bleeding, and cramping notes are documented by trained staff and reported to the physician. However DR Roth repeatedly checks all Patients during recovery and prior to the discharge of all Patients.</i></p> <p><i>Plan of action:</i> <i>Since 5/17/13 the corrective plan of action has been implemented. All discharge summaries are signed off by the attending physician 6/20/13 addendum charts will be monitored by adm. instr. or acting administrator to ensure discharge summaries are completed by attending physician.</i></p>
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RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Fort Lauderdale Women's Center, Llc
2001 W Oakland Park Blvd
Fort Lauderdale, FL 33311

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on . 17, 2013 by a representative from this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this report. All deficiencies shall be corrected no later than . 2013.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure(s)

TBB2

