

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		CITY PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ACT1985065		CITY MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		CITY DATE SURVEY COMPLETED 06/18/2013	
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF ORLANDO			STREET ADDRESS, CITY, STATE, ZIP CODE 431 MAITLAND AVENUE ALTA MONTE SPRINGS, FL 32701				
CITY 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)		CITY COMPLETE DATE
A 000	INITIAL COMMENTS A Reinspection survey was conducted on 6/17/13. The All Women's Health Center of Orlando, Inc. had a deficiency found at the time of the visit.			A 000			
A 400	Rm Stand.-2nd Trimester Each abortion clinic which is providing second trimester abortions shall comply with the following recovery room standards when providing second trimester abortions: (1) Following the procedure, post procedure recovery rooms will be supervised and staffed to meet the patient's needs. A physician or 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 room until the patient is discharged. The individual must be certified in basic cardiopulmonary resuscitation. A patient in the post-operative or recovery room shall 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 fetus 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 fetus is necessary. The clinic medical			A 400	A 400 Either a registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant will make a good faith effort to contact second trimester patients by telephone, with the patient's consent, within 24 hours after surgery to assess the patient's recovery. The Administrator is responsible for this correction and the ongoing monitoring to prevent		

2013

HICA Form 3025-0001

Samara Nester

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

TITLE Administrator

CITY DATE 7/10/13

STATE FORM

WXEK11

If continuation sheet 1 of 4

7/22/13. J.G.

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/18/2013
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF ORLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 431 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701		
(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 400	<p>Continued From page 1</p> <p>records documenting care provided shall accompany the patient. These records will include the contact information for the physician who performed the procedure at the clinic.</p> <p>(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.</p> <p>(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.</p> <p>(5) Facility procedures must specify the minimum length of time for recovery as</p>	A 400		

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A 400	<p>Continued From page 2</p> <p>warranted by the procedure type and period.</p> <p>Chapter 59A-9.027, F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility did not ensure that either a registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician's assistant from the facility made a good faith effort to contact 8 of 8 of the patients by telephone, with the patient's consent, within 24 hours after surgery to assess the patient's recovery.</p> <p>Findings:</p> <p>Review of the medical records for patients #1, #2, #3, #4, #5, #6, #7 and #8 revealed that each of these patients underwent abortion procedures at this facility in 2013. Within 24 hours after each of these surgeries, the patients were contacted by telephone by a medical assistant to assess the patient's recovery.</p> <p>Review of the facility's personnel files revealed the facility did not have a registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician's assistant employed at the facility. The staff at the facility consists of 3 physicians, 4 medical assistants, 1 stenographer and 2 receptionists.</p> <p>In an interview conducted with the office manager/administrator on _____ at 2 p.m., she verified that the facility did not have a registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician's assistant working at the facility. She stated the</p>	A 400		

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A 400	Continued From page 3 medical assistants contact the patients by telephone, when the patient consents, to assess the patient's recovery.	A 400			



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
All Women's Health Center Of Orlando, Inc.
431 Maitland Avenue
Altamonte Springs, FL 32701

Re: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on _____, 2013 by a representative of 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 surveyor. Should you have any questions please call Theresa DeCanio at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC/at
Enclosure: State Form

