

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13850038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) REVIEW PERIOD: 08/12/2013
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NAME OF PROVIDER OR SUPPLIER ORLANDO WOMEN'S CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 LUCERNE TERRACE ORLANDO, FL 32808
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LAC 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 INITIAL COMMENTS

Complaint Inspection #2013006314 was attempted on [redacted] at 9:45 AM and again at 3 PM. The surveyor was denied access to the clinic on both visits. The Area Office was notified and multiple telephone calls were made by the office and the surveyor to arrange a time for a scheduled entrance to the clinic. No one appeared at the clinic to allow the AHCA access.

Complaint Inspection #2013006314 was conducted on 8/12/13. Orlando Women's Center, LLC had deficiencies found at the time of the visit.

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AHCA - HQA

- 6 2013

RECEIVED

A 250 Clinic Policies/Procedures-2nd Trimester

An abortion clinic providing second trimester abortions shall have written policies and procedures to implement policies and to ensure that quality patient care shall relate specifically to the functional activities of clinic services. These written procedures shall apply to second trimester abortions and shall be available and accessible to clinic personnel and shall be reviewed and approved annually by the clinic's medical director. These clinic policies and procedures shall include but not be limited to the following:

- (1) Patient admission;
- (2) Pre- and post-op care;
- (3) Physician's orders;
- (4) Standing orders with required signatures;
- (5) Medications, storage and administration;
- (6) Treatments;
- (7) Surgical
- (8) Medical
- (9) Sterilization and
- (10) Documentation: Medical records and facility records;
- (11) Patient discharge;
- (12) Patient transfer;

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It has been determined that no patients, staff members or visitors have been adversely affected by this deficiency.

All medications, including those indicated in this deficiency report have been transferred to a locked cabinet where they will remain until needed for use.

This deficiency corrected on 8-14-13 by the clinic administrator. The administrator will monitor this plan of

8/14/13

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

[Signature]

TITLE

Administrator

DATE

9-6-13

STATE FORM

RB0611

If continuation sheet 1 of 6

9/6/13 - J.G.

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NAME OF PROVIDER OR SUPPLIER ORLANDO WOMEN'S CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1103 LUCERNE TERRACE ORLANDO, FL 32806
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A 250 Continued From page 1

(13) Emergency measures;
 (14) Incident reports;
 (15) Personnel orientation;
 (16) Inservice education record;
 (17) Anesthesia;
 (18) Equipment and supplies: availability and maintenance;
 (19) Volunteers; and
 (20) Visitors.

Chapter 68A-9.024, F.A.C.

This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to implement their policies and procedures to ensure all medications were stored, secured and accessible only to authorized persons.

Findings:

Observation during a tour with the assistant administrator of recovery 8/12/13 at 11:00 a.m. revealed the following medications were stored in an unsecured, opened and unsupervised recovery. The medications were observed stored in an un-lockable cabinet stored in a basket: Six (6) boxes containing 28 tablets each of Loloestrinfe 1 milligrams (mg)/10 micrograms (mcg), 0.2 mg 1 large container ¼ filled, Amoxicillin 500 mg 2 capsules and twenty three (23) scalp needle sets. The assistant administrator validated the finding during the above date and time. Record review and interview on 8/12/13 at 4:20 p.m. with the administrator validated that the facility failed to implement their policies and procedures to

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Correction on a daily basis.

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NAME OF PROVIDER OR SUPPLIER ORLANDO WOMEN'S CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1103 LUCERNE TERRACE ORLANDO, FL 32808
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(X4) ID PREFIX TAG A 250	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG A 250	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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A 250	<p>Continued From page 2</p> <p>ensure the storage of all medications.</p> <p>Class III</p> <p>A 350 Abortion Procedure-2nd Trimester</p> <p>Any abortion clinic which is providing second trimester abortions must be in compliance with the following standards relative to second trimester abortion procedures:</p> <p>(1) A physician, registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant shall be available to all patients throughout the abortion procedure.</p> <p>(2) The abortion procedure will be performed in accordance with obstetric standards and in keeping with established standards of care regarding the estimation of _____ age of the _____</p> <p>(3) Anesthesia service shall be organized under written policies and procedures relating to _____ staff privileges, the administration of _____, and the maintenance of strict safety controls.</p> <p>(4) Prior to the administration of _____ patients shall have a history and physical examination by the individual administering _____ including laboratory analysis when indicated.</p> <p>(5) Appropriate precautions, such as the establishment of _____ access, at least for patients undergoing post-first trimester abortions.</p>	A 250	<p>It has been determined that no patients have been adversely affected by this deficiency.</p> <p>The physician is always present and reviews each patient's vital signs and post operative condition throughout their recovery process and prior to patient discharge.</p> <p>Patient charting will now reflect this.</p>	
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NAME OF PROVIDER OR SUPPLIER ORLANDO WOMEN'S CENTER, LLC		STREET ADDRESS, CITY, STATE ZIP CODE 1103 LUCERNE TERRACE ORLANDO, FL 32806		
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A 350	Continued From page 3 (8) Appropriate monitoring of the patient's vital signs by professionals licensed and qualified to assess the patient's condition will occur throughout the abortion procedure and during the recovery period until the patient's condition as specified by the type of abortion procedure performed, is deemed to be stable in the recovery Chapter 59A-8.026, F.A.C. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to complete appropriate monitoring by professionals licensed and qualified to assess the patients' condition during the recovery period until the patients' condition was stable after receiving a second trimester procedure in the recovery 7 of 7 patients. (#1, 2, 3, 4, 5, 6, & 7). Findings: Record review for patients #1, 2, 3, 4, 5, 6, & 7 on 8/12/13 revealed the facility failed to have evidence of documentation that appropriate monitoring and assessments while in recovery from a second trimester procedure were completed by professionals licensed and qualified staff. Review of the recovery room monitoring and assessments of vital signs and the fundus revealed they were signed by a medical assistant (MA). Interview on at 4:00 p.m. with the Administrator validated the findings. Class III	A 350 A350	Process and will be signed by the physician. This deficiency was corrected on 8-14-13 by the clinic administrator. The administrator will monitor this plan of correction on a daily basis.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13950025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/12/2013
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ORLANDO WOMEN'S CENTER, LLC

1103 LUCERNE TERRACE
ORLANDO, FL 32806

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A 600 Clinical Records

A permanent individual clinical record shall be kept on each clinic patient. Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval.

(a) Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval.

(b) Clinical records involving second trimester abortion procedures shall be kept confidential and secure.

(c) Reports signed by the physician performing the second trimester abortion shall be recorded in the clinical record immediately following the procedure or that an operative progress note is entered in the clinical record to provide pertinent information.

Chapter 58A-9.031(1), F.A.C.

This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to keep patients medical records confidential and secure.

Findings:

During a tour of the facility with the Assistant administrator on 8/12/13 at 10:50 a.m., all of the patients medical records were observed unsecured and stored on an open shelf in an unlocked, open, and unsupervised room. An unsupervised child was observed at that time sitting at a table reading a book in the vicinity of

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It has been determined that no patient records were accessed in the location (administrator's office) as referenced in this deficiency, nor in any other location in the facility, by any unauthorized personnel. A new lock has been installed on the door to the administrator's office, preventing unauthorized personnel.

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A 800	Continued From page 5 the opened unsecured records. The assistant administrator validated the finding during the above date and time. Interview on at 4:10 p.m. with the Administrator validated the findings and indicated that the locked. Class III	A 800 A 800	This deficiency was corrected on 8-14-13 by the Clinic administrator. The administrator will monitor this plan of correction on a daily basis.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Orlando Women's Center, Llc
1103 Lucerne Terrace
Orlando, FL 32806

Re: Complaint Inspection - CCR #2013006314

Dear Administrator:

This letter reports the findings of a Complaint Inspection survey that was conducted on 2013 by a representative of this office.

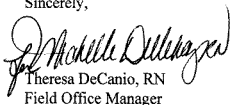
Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

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

Headquarters
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Tallahassee, FL 32308
<http://ahca.myflorida.com>



Orlando Field Office
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Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998