PRINTED: 09/18/202 FORM APPROVE Agency for Health Care Administration							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		AC13960065	B. WING	3		08/15/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRE PRESIDENTIAL WOMEN'S CENTER WEST PALM				WAY			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECODED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE C OSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 000	complaint# 20240102 at Preside	ensure complaint survey, 11, was conducted on ential Women's Center. The is at the time of the survey.	A 000				
A 359	may not knowingly petermination of , determines the more than 6 weeks ut conditions is met: (a) Two physicians or reasonable medical juthe , is nect woman's life or avert and irreversible physicians or severt and irreversible physicians of the conditions of the c	WEEKS TER AGE I ALLOWEDA physician riform or induce a	A 359				

fatal

for consultation.

abnormality.

in reasonable medical judgment, the has a LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(c) The , ..., has not progressed to the third and two physicians certify in writing that,

(b) The physician certifies in writing that, in reasonable medical judgment, there is a medical necessity for legitimate emergency medical procedures for termination of the , . , to save the , woman's life or avert a serious risk of imminent substantial and irreversible physical , of a major bodily function of the woman other than a condition, and another physician is not available

(X6) DATE

TITLE

PRINTED: 09/18/2024 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 AC13960065 08/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 100 NORTHPOINT PARKWAY PRESIDENTIAL WOMEN'S CENTER WEST PALM BEACH, FL 33407 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES 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 359 Continued From page 1 A 350 (d) The , , is the result of , , incest, or human trafficking and the ____ age of the is not more than 15 weeks as determined by the physician. At the time the woman schedules or arrives for her , , to obtain the, she must provide a copy of a restraining order, police report, medical record, or other court order or documentation providing evidence that she is obtaining the termination of , __, because she is a victim of ___, incest, or human trafficking. If the woman is , or older, the physician must report any known or suspected human trafficking to a local law enforcement agency. If the woman is a minor, the physician must report the incident of , , incest, or human trafficking to the central hotline as required by s. 39,201. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the termination of , _____, is not performed without appropriate certification of two physicians for a with a ... age

The findings included:

A review of Patient #1's medical record revealed an completed on measuring the j... age of the at 5 weeks and 6 days. Further review of the medical record revealed the termination of , , , was dated which would put the _.... age of the at 6 weeks and 4 days. The medical record did not have a certification signed by two physicians indicating there was medical necessity

of more than 6 weeks for 1 of 3 patients reviewed. (Patient #1)

AHCA Form 3020-0001

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circulates gases between the mother and, it produces cells, and helps the baby develop metabolism and function).