



CHARLIE CRIST
GOVERNOR

THOMAS W. ARNOLD
SECRETARY

, 2010

Administrator
All Women's Health Center of Gainesville, Inc.
1135 Northwest 23rd Avenue, # N
Gainesville, FL 32609

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on _____, 2010 by a representative of this office. Enclosed is the provider's copy of the State Form (3020-0001), which indicates the deficiency that was 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 faxed report**. You will not receive a copy of this report in the mail, you will only receive this faxed report. **All deficiencies shall be corrected no later than _____, 2010.**

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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE ADMINISTRATION

INSTRUCTIONS FOR PLAN OF CORRECTION

Please review the following Prior to completing the Plan of Correction section of AHCA 3020-0001

1. Prepare your reply by using a typewriter or computer to ensure legibility.
2. Note that each deficiency is consecutively numbered with an ID Prefix tag. This tag number is repeated in column #3, and your plan of correction (POC) should begin opposite the number.
3. The POC must be specific and realistic, have reasonable time frames based on dates discussed during the exit conference and state exactly how the deficiency was (or will be) corrected. Stating simply that "staff will be trained", is not acceptable. An acceptable POC might state that "staff were trained regarding policy and procedure, before and after tests were given, daily staff monitoring will be performed, staff will be re-evaluated in one month, then quarterly."
4. POC's should address the problem and be aimed at correction in a systematic sense, as opposed to correcting an example or an isolated problem.
5. The plan may not be argumentative. Generalized, unsubstantiated arguments are not acceptable. A deficiency may be disputed provided it is supported by factual attached documentation. For example, attached is the controlled substance verification log which has the date, time and signature of oncoming and outgoing nurses who have counted controlled substances.
6. The responsibility for correction and ongoing monitoring should be assigned to a specific position to preclude recurrence.
7. You must sign the bottom of page 1 of the statement of deficiencies, include your title and date.

After the completed POC is received, it will be evaluated. Failure to submit a timely report may result in a finding of non-compliance.

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 01/11/10

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2010
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF GAINESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1138 NORTHWEST 23RD AVENUE, # N GAINESVILLE, FL 32609		
(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 000	INITIAL COMMENTS An unannounced Licensure Survey was conducted on 8/28/2010. Deficiencies were identified as a result of the Licensure Survey. The facility was not in substantial compliance with the requirements of Florida Statutes Chapter 400, Part II and Florida Administrative Code, Chapter 58 A-4.	A 000		
A 202	Clinic Personnel-2nd Trimester Orientation. Each facility shall have and execute a written orientation program to familiarize each new staff member, including volunteers, with the facility and its policies and procedures, to include, at a minimum, fire safety and other safety measures, medical emergencies, and control. In-service Training. In-service training programs shall be planned and provided for all employees including full time, part time and contract employees, at the beginning of employment and at least annually thereafter and will also apply to all volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually, and for surgical assistants and volunteers, must include training in counseling, patient advocacy and specific responsibilities associated with the services they provide: (a) Infection control, to include at a minimum, universal precautions against airborne, contact and general sanitation, personal hygiene such as hand washing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting a communicable disease to patients or other staff members.	A 202	A 202 Clinic Personnel-2 nd Trimester The Fire Evacuation Plan has been Revised and is posted by each fire extinguisher in the facility. The Fire Protection Protocol has been revised and includes the proper use of fire extinguishers and the procedure for reporting fires. All employees attended an In-service Training for the revised Fire Evacuation Plan and the Fire Protection Protocol on 8/28/2010. The new Orientation and Re-training record was documented during the in-service and includes the date and name of each employee in attendance. The Administrator of the facility will be Responsible to ensure all employees are trained at the beginning of employment and annually thereafter.	7/8/10

HCA Form 5200-000

LABORATORY OF THE PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Jacobson Kemp Olson

TITLE
Director 7/15/10

(X6) DATE

STATE FORM

00811

If continuation sheet 1 of 2

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13810032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2010
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NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF GAINESV	STREET ADDRESS, CITY, STATE, ZIP CODE 1135 NORTHWEST 23RD AVENUE, # N GAINESVILLE, FL 32609
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 202	<p>Continued From page 1</p> <p>(b) Fire protection, to include evacuating patients, proper use of fire extinguishers, and procedures for reporting fires; (c) Confidentiality of patient information and records, and protecting patient rights; (d) Licensing regulations; and (e) Incident reporting.</p> <p>Chapter 99A-9.023, (4) and (5), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on review of employe records, and interview, the facility failed to assure that all employe's are trained in the protection and safety of the patients.</p> <p>Findings:</p> <p>Review of personnel records and the training manual, revealed that employees have not been annually inserviced in the areas of infection control and fire protection. The training manual did not include dates, times or attendance of trainings.</p> <p>Interview with the Clinic Director on 08/28/2010 at approximately 2:15 PM, revealed that there is a high turnover of employees and some employees are gone before they can be trained.</p> <p>Correction date: 07/28/10</p>	A 202	<p>All employees attended an In-service Training on Infection Control on 7/12/10, 2010. The new Orientation and Re-training record was documented during the In-service and includes the date and name of each employee in attendance.</p> <p>The Administrator of the facility will be responsible to ensure all employees are trained at the beginning of employment and annually thereafter.</p>	7/12/10