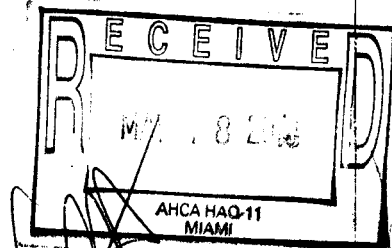


PRINTED: 05/11/2010
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2010
NAME OF PROVIDER OR SUPPLIER A WOMAN'S CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 68-A NE 167TH STREET MIAMI, FL 33167		
(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 visit was made to A Woman's Care on April 27, 2010, in order to conduct a Renewal State licensure survey. The facility was not in compliance with 390.014 F.S., 59A-9 F.A.C. at the time of the survey. The following deficiencies were identified. Recommend a plan of correction.	A 000			
A 150	Clinic Supplies/Equip. Stand.-2nd Trimester Each abortion clinic providing second trimester abortions shall provide the following essential clinic supplies and equipment: (a) A surgical or gynecological examination table(s); (b) A bed or recliner(s) suitable for recovery; (c) Oxygen with flow meters and masks or equivalent; (d) Mechanical suction; (e) Resuscitation equipment to include, at a minimum, resuscitation bags and oral airways; (f) Emergency medications, intravenous fluids, and related supplies and equipment; (g) Sterile suturing equipment and supplies; (h) Adjustable examination light; (i) Containers for soiled linen and waste materials with covers; and (j) Appropriate equipment for the administering of general anesthesia, if applicable.	A 150			



AHCA Form 3020-0001

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

TITLE

Administration

(X6) DATE

5/18/10

STATE FORM

60VM11

If continuation sheet 1 of 5

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A 150	Continued From page 1 Chapter 59A-9.0225(1), F.A.C. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the crash cart, which includes emergency medications. Findings include: During a tour of the facility conducted on 4-27-2010 at 11:00 am, the surveyor requested to observe the facility's crash cart containing emergency medications. A review of the medications within the medication case, revealed leuprel expired 2/2009, Ipecac Syrup 2/2009 and another container of Ipecac 3/2010, and Nalbuphine 8/2009. The facility staff advised new medications were in route, as they had been previously ordered. Class III Correction date: 5-27-2010	A 150	A call to the medical Supplier revealed that the medications were en route. The RMA of the facility will revise the medications on a quarterly basis to prevent this from reoccurring.	
A 151	Clinic Supplies/equip. Stand.-2nd Trimester Emergency equipment shall be provided for immediate use, maintained in functional condition, and capable of providing at least the following services: (a) Inhalation therapy (b) Defibrillation (c) Cardiac monitoring (d) Suctioning	A 151		

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A 161	Continued From page 2 (e) Maintenance of patient airway Chapter 59A-9.0225(2), F.A.C. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure emergency equipment provided for immediate use is maintained in functional condition. Findings include: During the tour of the facility conducted on 4-27-2010, the surveyor observed the facility's defibrillator was serviced for technical maintenance January 2010. The defibrillator needed a new battery. Facility staff advised the battery has been ordered. Facility staff acknowledged at the time of the survey, the facility's defibrillator located within the procedure room, was not functional and that it needed a new battery. Class III Correction date: 5-27-2010	A 151	A new battery and a battery charger has been purchased for the defibrillator.		
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 infection control. In-service Training. In-service training programs shall be planned and provided for all employees including full time, part time and contract	A 202			

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A 202	<p>Continued From page 3</p> <p>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:</p> <p>(a) Infection control, to include at a minimum, universal precautions against blood-borne diseases, 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 disease to patients or other staff members.</p> <p>(b) Fire protection, to include evacuating patients, proper use of fire extinguishers, and procedures for reporting fires;</p> <p>(c) Confidentiality of patient information and records, and protecting patient rights;</p> <p>(d) Licensing regulations; and</p> <p>(e) Incident reporting.</p> <p>Chapter 58A-9.023,(4) and (5), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on record review, the facility failed to ensure in-service training was conducted on an annual basis and included fire protection, licensing regulations, infection control, confidentiality of patient information, and incident reporting.</p> <p>Findings include:</p> <p>Review of 4 out of 5 personnel records conducted on 4-27-2010, revealed staff #1, #2, #3, and #4</p>	A 202	<p>In-Service training records were kept in a Seperate file, which could not be located on the day of the visit. These files will be relocated to each individual employee record and maintained on a yearly Basis.</p>		

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A 202	Continued From page 4 personnel records did not include in-services in fire protection, licensing regulations, infection control, confidentiality of patient information, and incident reporting on an annual basis. Staff #1 (medical assistant) last completed in-service 1-23-2009, staff #2 (medical assistant) 1-21-2009, staff #3 (ultrasound technician) 1-6-2009, and staff #4 (medical assistant) 1-9-2009. The surveyor reviewed both personnel records and the facility's policy and procedure manual which contained in-service documentation, however, the in-service documentation within the policy and procedure manual was not current either. Facility staff confirmed the findings. Class III Correction date: 5-27-2010	A 202			



CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

THOMAS W. ARNOLD
SECRETARY

May 11, 2010

Administrator
A Woman's Care
68-A NE 167th Street
Miami, FL 33167

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on April 27, 2010 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 (10) 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 May 27, 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 Nancy Lubin, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

E. Casillejo
R. Steve Emling *for*
Field Office Manager, Area 11

