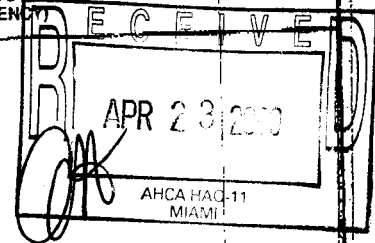


PRINTED: 04/14/2009
FORM APPROVED

Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13980105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2009
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7250 SOUTH DIXIE HIGHWAY MIAMI, FL 33133		
(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 the facility on April 1, 2009, in order to conduct a Renewal State licensure survey with an addition of 2nd Trimester to the licensure. 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 153	Clinic Supplies/equip. Stand.-2nd Trimester Resuscitative Medications Required. The clinic shall have a crash cart at the location the anesthetizing is being carried out. The crash cart must include, at a minimum, those emergency medications to support the procedures performed as determined by the medical director. Chapter 59A-9.0225(4), F.A.C. This Standard is not met as evidenced by: Based on observation and interview, the facility failed to maintain their crash cart, which includes emergency medications. Findings include: During a tour of the facility conducted on 4-1-2009 at 1:15 PM, the surveyor requested to see the facility's crash cart. The crash cart contained expired and outdated supplies. The crash cart did not contain resuscitative medications. During a telephonic interview with the medical director on 4-1-2009 at 1:50 PM, he/she advised the nurse practitioner brings the crash cart with	A 153	A- 153 Outdated and expired supplied are removed from the crush cart and destroyed. Medical director will maintain control over expiration of the supplies and medications. Presently, crash cart is adequately equipped with proper medications.	



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

STATE FORM

021100

IWA711

FILE

(X6) DATE

4/23/09

If continuation sheet 1 of 7

Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/01/2009
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3250 SOUTH DIXIE HIGHWAY MIAMI, FL 33133		
(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 153	Continued From Page 1 him/her. The medical director advised the facility will be in compliance and correct the deficiency. The facility was unable to demonstrate compliance with this requirement at the time of survey. Correction date: May 1, 2009	A 153			
A 156	Clinic Supplies/equip. Stand.-2nd Trimester Equipment Maintenance. (a) When patient monitoring equipment is utilized, a written preventive maintenance program shall be developed and implemented. This equipment shall be checked and/or tested in accordance with manufacturer's specifications at periodic intervals, not less than annually, to insure proper operation, and a state of good repair. After repairs and/or alterations are made to any equipment, the equipment shall be thoroughly tested for proper calibration before returning it to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance. (b) All anesthesia and surgical equipment shall have a written preventive maintenance program developed and implemented. Equipment shall be checked and tested in accordance with the manufacturer ' s specifications at designated intervals, not less than annually, to ensure proper operation and a state of good repair. (c) All surgical instruments shall have a written preventive maintenance program developed and implemented. Surgical instruments shall be cleaned and checked for function after use to ensure proper operation and a state of good repair.	A 156			

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NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3200 SOUTH DIXIE HIGHWAY MIAMI, FL 33133		
(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 156	Continued From Page 2 Chapter 59A-9.0225(7), F.A.C. This Standard is not met as evidenced by: Based on record review, interview, and observation, the facility failed to have a written preventive maintenance program for patient monitoring equipment, anesthesia and surgical equipment, and surgical instruments. Findings Include: Review of the facility's policies and procedures conducted on 4-1-2009, revealed their policies did not include a written preventive maintenance program for patient monitoring equipment, anesthesia and surgical equipment, and surgical instruments. During a tour of the procedure room conducted on 4-1-2009 at 1:15 PM, the surveyor observed a defibrillator, cardiac monitor, suctioning machine, and an ultrasound machine. There were no stickers or tags indicating current preventive maintenance had been completed. During an interview conducted on 4-1-2009 at 1:15 PM, the surveyor requested to review documentation demonstrating the equipment received preventive maintenance. The administrator was unable to provide the documentation requested at the time of the survey. Correction date: May 1, 2009	A 156	A-156 All equipment will have written preventive maintenance program to maintain their proper operations		
A 202	Clinic Personnel-2nd Trimester Orientation. Each facility shall have and execute	A 202			

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STATE FORM

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IWA711

If continuation sheet 3 of 7

U. D. [Signature]

U. J. [Signature]

4/27/09

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NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3280 SOUTH DIXIE HIGHWAY MIAMI, FL 33133		
(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 202	<p>Continued From Page 3</p> <p>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.</p> <p>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:</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 69A-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 included fire</p>	A 202	A-202 Personnel will have in-service training in fire protection, licensing regulations and incident reporting.		

V. D. [Signature] *W. [Signature]* 4/25/09

Agency For Health Care Administration

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NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3250 SOUTH DIXIE HIGHWAY MIAMI, FL 33133		
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A 202	Continued From Page 4 protection, licensing regulations, and incident reporting. Findings include: Review of personnel records conducted on 4-1-2009, revealed surgical staff #3's personnel record did not include in-services in fire protection, licensing regulations, and incident reporting. Correction date: May 1, 2009	A 202			
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 assure 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-operative care; (3) Physician ' s orders; (4) Standing orders with required signatures; (5) Medications, storage and administration; (6) Treatments; (7) Surgical asepsis; (8) Medial asepsis; (9) Sterilization and disinfection; (10) Documentation: Medical records and facility records; (11) Patient discharge; (12) Patient transfer;	A 250			

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NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3250 SOUTH DIXIE HIGHWAY MIAMI, FL 33133		
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A 250	<p>Continued From Page 5</p> <p>(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.</p> <p>Chapter 59A-9.024, F.A.C.</p> <p>This Standard is not met as evidenced by: Based on record review, the facility failed to have their written policies and procedures reviewed and approved by the medical director, and to ensure those policies included at a minimum: Patient admission; Pre- and post-operative care, Physician's orders, Standing orders with required signatures, Medications storage and administration, Treatments, Surgical asepsis, Medial asepsis, Sterilization and disinfection. Documentation: Medical records and facility records, Patient discharge, Patient transfer, Emergency measures, Incident reports, Personnel orientation In-service education record, Anesthesia Equipment and supplies: availability and maintenance, Volunteers and Visitors.</p> <p>Findings include:</p> <p>During facility record review conducted on 4-1-2009, the surveyor requested to review the facility's policies and procedures. The surveyor was provided with a biomedical waste policy and confidentiality of patient information and records policy. The surveyor asked if there were any other policies as listed in the regulatory requirement. The administrator stated no, and requested a copy of the policies and procedures</p>	A 250	<p>A 250</p> <p>Clinic will develop written policies regarding patients care, physicians orders, medications, asepsis, sterilization, medical documentation, emergencies, incident reports, anesthesia, equipment.</p>		

AHCA Form 3020-0001

STATE FORM

[Signature]

[Signature]

If continuation sheet 6 of 7

4/23/09

Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/01/2009
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3250 SOUTH DIXIE HIGHWAY MIAMI, FL 33133		
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A 250	Continued From Page 6 as listed in the regulation. The administrator stated he/she will provide the information to the medical director so that he/she can develop the policies. The facility's policies did not meet the minimum standards at the time of the survey. Correction date: May 1, 2009	A 250			



CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

HOLLY BENSON
SECRETARY

April 15, 2009

Administrator
Today's Women Medical Center
3250 South Dixie Highway
Miami, FL 33133

Dear Administrator:

This letter reports the findings of a State Licensure survey that was conducted on April 1, 2009 by Kim Ody, Health Facility Evaluator II of this office.

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

- St - A - 0153 - - Clinic Supplies/equip. Stand.-2nd Trimester
- St - A - 0156 - - Clinic Supplies/equip. Stand.-2nd Trimester
- St - A - 0202 - - Clinic Personnel-2nd Trimester
- St - A - 0250 - - Clinic Policies/procedures-2nd Trimester.

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 May 1, 2009.**

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.

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>

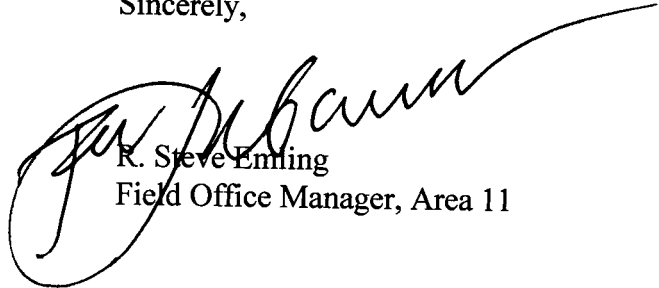


Miami Field Office
8355 N.W. 53rd Street, First Floor
Miami, FL 33166
Phone (305) 499-2165; Fax (305) 499-2190

Today's Women Medical Center
April 15, 2009
Page 2

Thank you for all assistance provided. Should you have any questions please call Ric Garcia, RNC and Supervisor HHA/Hospital Unit at (305) 499-2165.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Steve Emiling", is written over the typed name and title. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

R. Steve Emiling
Field Office Manager, Area 11

YJ
Enclosures: State Form 3020
TBB2