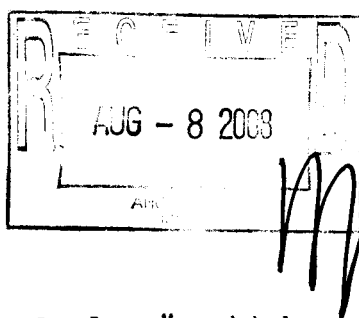


PRINTED: 08/06/2008  
FORM APPROVED

## Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13980105</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) SURVEY COMPLETED  U 8/3/2008
NAME OF PROVIDER OR SUPPLIER <b>TODAY'S WOMEN MEDICAL CENTER</b>		STREET ADDRESS CITY, STATE, ZIP CODE <b>3250 SOUTH DIXIE HIGHWAY MIAMI, FL 33133</b>		
ISSUED 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 AFFECTED DEFICIENCY)	(X5) COMPLETE DATE
A 000	INITIAL COMMENTS  An unannounced visit was made to the facility on 7/23/2007 in order to conduct a State Felicensure survey. Some areas of concern were identified.	A 000		
A9999	Final Observations  Observation of the sterile equipment while doing the tour of the facility instrument room on 7/23/2008 at 6:20pm revealed that the vaginal clamp that was ready for use was dirty and had blood particles on it.  Interview with the administrator on 7/23/2008 at 6:23pm revealed that the instruments that were there were already clean and ready for use, however after her she confirmed that the vaginal clamp was dirty, therefore confirmed the findings.  Observation of the medication cabinet on 7/23/2008 at 6:35pm revealed that the following medications were expired: 1. (2) Ammonia Inhalants (10/2005) 2. (13) Diphenhydramine HCl Injection 50mg/ml (7/2007) 3. (3) Gentamicin Sulfate Injection 80mg/2ml IV diluted (2/2007) 4. (1) Ampicillin Injection 500mg (6/2008) 5. (2) Lidocaine HCl Injection 10mg/ml 50ml (5/2008) 6. (1) para Pak LV-1 VA Fixation (3/1996)  One of the 2 bottles of the Lidocaine HCl was open.  Observation of the items inside of the emergency crash cart kit revealed that inside there was	A9999	 <p>"Vaginal clamp", which actually called ring forceps, was not sterilizes and "ready to use", it was in open tray and ready to be clean prior to sterilization. In any event, all instruments are and will be clean properly prior to sterilization and this process is supervised by the administrator.</p> <p>Expired medication were discarded and in future, administrator will check weekly an expiration date on all medications.</p> <p>Lidocaine bottles are multi-use bottles of 50 cc. Therefore in order to use it, the seal must be broken, but rubber cover still intact allowing multiplier seuse.</p>	

ARCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SIGNATURE

STATE FORM

TITLE

(X6) DATE

B68D11

Continuation sheet 1 of 2

8/7/08

Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960105</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		DATE SURVEY COMPLETED  <b>07/23/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>TODAY'S WOMEN MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3260 SOUTH DIXIE HIGHWAY MIAMI, FL 33133</b>		
(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	
A9999	Continued From Page 1  "Benadryl High Potency 1ML Steriodose and seringe 50mg per ml that expired on 11/19/02.  Interview with the administrator on 7/23/2008 at 6:37pm revealed that the expired Lidocaine was actually being used by the MD by mistake and confirmed the expiration date as past due of all of the medications identified, therefore confirmed the findings.	A9999	This particular lidocaine was used over a year ago at the different location, which was closed last year, but all supplie were relocated to this office.  No patients were affected by this. All corrections will be implemented imediately.		

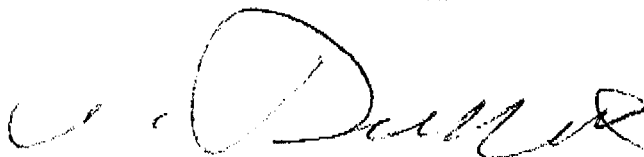
AHCA Form 3020-0001

STATE FORM

021100

B68D11

If continuation sheet, enter





CHARLIE CRIST  
GOVERNOR

HOLLY BENSON  
SECRETARY

August 6<sup>th</sup>, 2008

Mrs. Yleana Lopez, Administrator  
Today's Women Medical Center  
3250 South Dixie Hwy  
Miami, Florida 33133

Dear Mrs. Lopez,

This letter confirms the findings of your Abortion Clinic State Licensure survey conducted on 7/23/2008 by Mildred Kincaid, Health Facility Evaluator II representing this office.

Enclosed is a "Statement of Deficiencies and Plan of Correction" (State 3020) listing the deficiencies as discussed with you and/or your representative (s) upon the completion of the survey.

Please submit a "Plan of Correction" (POC) for the deficiencies shown on the "Statement of Deficiencies" and "Plan of Correction", including the date corrective action was accomplished or is anticipated to be accomplished. Also, please sign and date all forms on the bottom and return them to this office **within ten (10) calendar days of receipt of the letter**. Failure to submit a reply within this time may jeopardize your initial certification process status. **All deficiencies must be corrected within 30 days of survey date.**

Plan of Correction (POC)

A PoC for the deficiencies must be summated on the State 3020 form enclosed. Your POC must contain the following information.

- What corrective action(s) will be implemented to correct the deficient practice.
- Who will correct the deficient practice and when the deficient practice will be corrected.
- What systematic measures/changes will be put into place to ensure the deficient practice does not recur.
- What on-going monitoring/quality assurance will be conducted to ensure the deficient practice will not recur, who will be responsible for the on going monitoring.

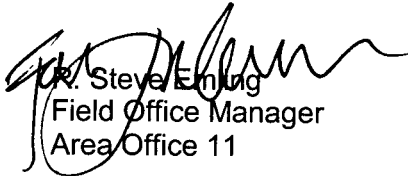
Certain documents may be made available for public disclosure as required by law.

In order to obtain feedback regarding your survey, a web-based interactive survey satisfaction questionnaire has been placed on the Agency's website at [www.fdhc.state.fl.us/Publications](http://www.fdhc.state.fl.us/Publications). You may access the "Quality Assurance Survey Satisfaction Questionnaire" through the link under the Forms heading on this webpage. Your feedback is encouraged and valued, as our goal is to ensure a satisfactory and professional survey process.



Thank you for the assistance provided to the surveyor at the time of the survey. Should you have any questions, please contact the office at 305-499-2165.

Sincerely,

  
R. Steve Enling  
Field Office Manager  
Area Office 11

Enclosures: State Form 3020  
Cc: Hospital/Home Care Unit