

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 06/17/2010
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S 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 Women Medical Center, on June 17, 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 201	Clinic Personnel-2nd Trimester Each abortion clinic providing second trimester abortions shall have a staff that is adequately trained and capable of providing appropriate service and supervision to the patients. The clinic will have a position description for each position delineating duties and responsibilities and maintain personnel records for all employees performing or monitoring patients receiving a second trimester abortion. The clinical staff requirements are as follows: Physicians. The clinic shall designate a licensed physician to serve as a medical director. Nursing Personnel. Nursing personnel in the clinic shall be governed by written policies and procedures relating to patient care, establishment of standards for nursing care and mechanisms for evaluating such care, and nursing services. Allied health professionals, working under appropriate direction and supervision, may be employed to work only within areas where their competency has been established. Chapter 59A-9.023(1),(2),and (3), F.A.C. This STANDARD is not met as evidenced by: Based on record review, the facility failed to	A 201		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

STATE FORM

6899

93PR11

If continuation sheet 1 of 3

Agency for Health Care Administration

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A 201	Continued From page 1 demonstrate the designation of their medical director. Findings include: During personnel record review conducted on 6-17-2010, the surveyor requested to review the designation of the facility's medical director. The owner was able to verbalize the designation of the medical director, but there was no documentation demonstrating the physician acknowledged or accepted the appointment of medical director for the facility. Correction date: 7-17-2010	A 201	A 201 Documentation regarding designated medical director is available on site	
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 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 202		

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NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3260 S DIXIE HIGHWAY MIAMI, FL 33133		
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A 202	Continued From page 2 (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. (b) Fire protection, to include evacuating patients, proper use of fire extinguishers, and procedures for reporting fire; (c) Confidentiality of patient information and records, and protecting patient rights; (d) Licensing regulations; and (e) Incident reporting. Chapter 59A-9.023, (4) and (5), F.A.C. This STANDARD is not met as evidenced by: Based on record review, the facility failed to ensure in-service training included fire protection, licensing regulations, and incident reporting. Findings include: Review of 3 personnel records conducted on 6-17-2010, revealed the 3 surgical staff sampled, did not have documentation within their personnel records demonstrating they completed orientation/in-services in fire protection, licensing regulations, and incident reporting. Staff was unable to provide documentation at the time of the survey demonstrating compliance with this regulatory requirement. Correction date: 7-17-2010	A 202	A 202 Written orientation program with all components will be implemented in 20 days Log will be maintain for employees completed orientation program Orientation program and in-service training will include infection control, fire protection, confidentiality Law, licensing regulations, incident reporting. It will be completed by July 30, 2010.	



CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

THOMAS W. ARNOLD
SECRETARY

July 8, 2010

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

Dear Administrator:

This letter reports the findings of a complaint # 2010004350 investigation and a state licensure renewal survey that were completed on June 17, 2010 by a representative of this office.

Attached is the provider's copy of the State Forms 3020, which indicate that the allegation against the Abortion Clinic was unable to be substantiated and list the deficiencies that were identified on the state licensure renewal survey.

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 July 17, 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,

R. Steve Emling
Field Office Manager, Area 11





CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

THOMAS W. ARNOLD
SECRETARY

July 16, 2010

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

RE: Notice of Unacceptable Plan of Correction

Dear Administrator:

Your Plan of Correction for the deficiencies cited on the June 17, 2010 survey was received on July 14, 2010. It was reviewed and is considered unacceptable as written. Several attempts have been made by this office to receive a corrected PoC. The following reasons have been identified:

1. The Plan of Correction for the citations, does not, but should include:

- a) Specific and realistic, **time frames** based on dates discussed during the exit conference. It must 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 "staffs 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."
- b) 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.
- c) The plan may not be generalized, it should address what measures will be put into place.
- d) The PoC must indicate how the facility will monitor its performance (QI/QA) to make sure that solutions are sustained.
- e) You must then sign the bottom of page 1 of the statement of deficiencies; include your title and date.



A Medical Office For Women

July 14, 2010

Page 2

We are asking for the submission of a revised Plan of Correction within the next two business days. **If not received, or if deemed unacceptable, we have no other option than to submit our recommendations to the Regional Office that remedies be imposed effective as soon as notice requirements are met.**

Thank you for your prompt attention to this matter. If you have any questions, please contact this office at (305) 499-2165.

Sincerely,

A handwritten signature in black ink that reads "R. Steve Emling" with "(for)" written in parentheses below the name.

R. Steve Emling
Field Office Manager, Area 11