

PRINTED: 04/14/2009
 FORM APPROVED

Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13969104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/01/2009
NAME OF PROVIDER OR SUPPLIER A MEDICAL OFFICE FOR WOMEN			STREET ADDRESS, CITY, STATE, ZIP CODE 909 NE 163 STREET #402 NORTH MIAMI BEACH, FL 33162		
(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 March 31, 2009 and April 1, 2009, in order to conduct a 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.	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			

AMCA Form 3020-9001

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

[Signature]

TITLE

med. Director

(X6) DATE

4/18/09

Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/01/2009
NAME OF PROVIDER OR SUPPLIER A MEDICAL OFFICE FOR WOMEN			STREET ADDRESS, CITY, STATE, ZIP CODE 909 NE 163 STREET #402 NORTH MIAMI BEACH, FL 33162		
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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 current and up to date supplies. Findings include: During a tour of the procedure room conducted on 4-1-2009 at 10:25 am, the surveyor observed expired medications being kept in a clear storage box. The surveyor observed 1 vial of Diphenhydramine 50mg/ml (expired 7/2007), 1 vial of Ampicillin 500mg (expired 6/2008), and 1 vial of Gentamicin 80mg (expired 2/1/2007), and 3 vials of Gentamicin (expired 10/1/2008). Staff advised the facility doesn't use the medications. Staff confirmed and acknowledged the medications were in the procedure room, and that the medications were expired. Staff advised the physician will be notified, and the medications discarded. Correction date: May 1, 2009	A 150	A-150 a) All expired medications have been destroyed. b) Medical director will periodically check expiration dates on all medications		
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.	A 153	A-153 Crush cart is equipped with proper emergency medications.		

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NAME OF PROVIDER OR SUPPLIER A MEDICAL OFFICE FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 909 NE 163 STREET #402 NORTH MIAMI BEACH, FL 33162		
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A 153	Continued From Page 2 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 10:25 am, the surveyor observed a box with the words "crash cart" on it. The box contained expired and outdated supplies. The box did not contain any resuscitative medications. The surveyor inquired if the facility maintained another crash cart. The staff advised no. The staff advised he/she will inform the physician. Correction date: May 1, 2009	A 153		



CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

HOLLY BENSON
SECRETARY

April 15, 2009

Administrator
A Medical Office For Women
909 Ne 163 Street, #402
North Miami Beach, FL 33162

Dear Administrator:

This letter reports the findings of a State Licensure survey that was completed 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 - 0150 - - Clinic Supplies/equip. Stand.-2nd Trimester
St - A - 0153 - - Clinic Supplies/equip. Stand.-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

A Medical Office For Women
April 15, 2009
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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,



R. Steve Emling
Field Office Manager, Area 11

YJ
Enclosures: State Form 3020
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