PRINTED: 06/24/2010
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13960104	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A MEDICAL OFFICE FOR WOMEN	909 NE 163 STREET SUITE 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 A Medical Office For Women on June 8, 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 050	Licensure Procedures All persons planning the operation of an abortion clinic under the provisions of Chapter 390, F.S., shall make application for a license to the Agency for Health Care Administration and must receive a license prior to the acceptance of patients for care and treatment. Chapter 59A-9.020(1) A current license shall be posted in a conspicuous place within the licensed premises where it can be viewed by patients. Chapter 59A-9.020(4), F.A.C This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure their license is posted in a conspicuous place within the licensed premises where it can be viewed by patients. Findings include: During a tour of the facility conducted on 6-8-2010 at 11:25 am, the surveyors observed the facility's license was not readily visible to the	A 050	A 050 All licences are posted in the counseling room, visible for all patients. 150 Policies and procedures will be implemented and comply with. Log will be kept. Monitoring of compliance will be done by the MD at yearly intervals. In Service training will updated and followed. Completed on 20 days It will be completed by July 30, 2010.	

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

STATE FORM 6899 H9T511 If continuation sheet 1 of 11

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13980104	A. BUILDING _____ B. WING _____	08/06/2010

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A 050	Continued From page 1 public. The surveyors inquired where is the facility's license posted. Staff advised the license is posted in an office. Staff confirmed patients do not enter that office, as it is used to process credit card payments. Staff confirmed the facility's license is not posted in a conspicuous place and viewable by patients. Correction date: 7-8-2010	A 050		
A 100	Physical Plant Req.-2nd Trimester The following are minimum standards of construction and specified minimum essential physical plant requirements which must be met when providing second trimester abortions. (1) Consultation room(s) with adequate private space specifically designated for interviewing, counseling, and medical evaluations; (2) Dressing rooms designated for staff and patients; (3) Handwashing station(s) equipped with a mixing valve and wrist blades and located in each patient exam/procedure room or area; (4) Private procedure room(s) with adequate light and ventilation for abortion procedures; (5) Post procedure recovery room(s) equipped to meet the patient's needs; (6) Emergency exits wide enough to accommodate a standard stretcher or gurney; (7) Cleaning and sterilizing area(s) adequate for the cleaning and sterilizing of instruments;	A 100	A 100 Patients dressing room is allocated.. done	

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A 100	Continued From page 2 (8) Adequate and secure storage area(s) for the storage of medical records and necessary equipment and supplies; and (9) If not otherwise required by the Florida Building Code, at least one general use toilet room equipped with a hand washing station. Chapter 59A-9.022, F.A.C. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure adequate private space is specifically designated for dressing rooms for staff and patients. Findings include: During a tour of the facility conducted on 6-8-2010 at 11:25am the surveyors inquired where do the patients get dressed. Staff advised the patients get dressed in the procedure room. Staff acknowledged patients get dressed in the procedure room where surgery is conducted. Staff advised he/she will discuss using one of the other rooms as a dressing room for patients. Correction date: 7-8-2010	A 100		
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	A 150		

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A 150	Continued From page 3 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. 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 sterile suturing equipment and supplies, and their crash cart, which includes emergency medications. Findings include: During a tour of the facility conducted on 6-8-2010 at 11:25 am, the surveyors observed the sterilization room. The surveyors observed	A 150	A 150 Surgical instrument will be properly scrubbed prior to sterilization. Done	

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A 150	Continued From page 4 rust on the surgical instruments. Staff advised the physician uses a solution that removes the rust prior to the use of the instruments. Staff advised he/she was instructed to scrub the rusty instruments with brillo pads to remove the rust. The surveyors observed rust on the surgical instruments within the procedure room, contained in clear packaging with an indication they had been sterilized. The surveyors demonstrated the condition of the instruments to the staff. Staff acknowledged the rust on the surgical instruments. The surveyors observed expired Isuprel .2mg Exp 8/09, Atropine .4mg Exp 2/2010, Nalbuphine Exp 2/2010. Staff acknowledged the expired medications. Correction date: 7-8-2010	A 150		
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 (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 is	A 151	A 151 Defibrillator is provided Done	

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A 151	Continued From page 5 provided for immediate use. Findings include: During a tour of the procedure room conducted on 6-8-2010 at 11:25 am, the surveyors did not see a defibrillator. The staff was asked to provide their defibrillator. Staff advised on 6-8-2010, the facility did not have a defibrillator. Correction date: 7-8-2010	A 151	151 Policies and procedures will be implemented and comply with. Monitoring of compliance will be done by the MD at yearly intervals. Log will be kept.	
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	A 156	comply 8d 30 days It will be completed by July 30, 2010.	

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A 156	Continued From page 6 implemented. Surgical instruments shall be cleaned and checked for function after use to ensure proper operation and a state of good repair. Chapter 59A-9.0225(7), F.A.C. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure surgical instruments shall be cleaned and checked for function after use to ensure proper operation and a state of good repair. Findings include: During a tour of the facility conducted on 6-8-2010 at 11:25 am, the surveyors observed the sterilization room. The surveyors observed rust on the surgical instruments. Staff advised the physician uses a solution that removes the rust prior to the use of the instruments. Staff advised he/she was instructed to scrub the rusty instruments with brillo pads to remove the rust. The surveyors observed rust on the surgical instruments within the procedure room, contained in clear packaging with an indication they had been sterilized. The surveyors demonstrated the condition of the instruments to the staff. Staff acknowledged the rust on the surgical instruments. Correction date: 7-8-2010	A 156	A 156 preventive maintenance program for all equipment is implemented. All surgical instruments will be checked for function prior to use. 156 Policies and procedures will be implemented and comply with. Monitoring of compliance will be done by the MD at yearly intervals. Log will be kept. comply by in 20 days It will be completed by July 30, 2010.	
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	A 201		

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A 201	Continued From page 7 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 and interview, the facility failed to demonstrate the designation of their medical director. Findings include: During personnel record review conducted on 6-8-2010, the surveyor requested to review the designation of the facility's medical director. Staff and the owner were 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. Staff advised the physician will be notified and documentation provided to correct the deficiency.	A 201	A 201 Documentation of appointed medical director will be provided Dawn	

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A 201	Continued From page 8 Correction date: 7-8-2010	A 201		
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) 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 fires; (c) Confidentiality of patient information and records, and protecting patient rights; (d) Licensing regulations; and	A 202		

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A 202	Continued From page 9 (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 personnel records conducted 6-8-2010, revealed surgical staff #1's pe record did not include 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: 7-8-2010	A 202	A 202 Written orientation and in-service training program for all employees will be implemented. Including inf. control, use of fire extinguisher and procedures in case of fire, incidence reporting.	
A 600	Clinical Records A permanent individual clinical record shall be kept on each clinic patient. Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval. (a) Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval. (b) Clinical records involving second trimester abortion procedures shall be kept confidential and secure. (c) Operative reports signed by the physician performing the second trimester abortion shall be	A 600	comply ref 20 days It will be completed by July 30, 2010.	

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A 600	Continued From page 10 recorded in the clinical record immediately following the procedure or that an operative progress note is entered in the clinical record to provide pertinent information. Chapter 59A-9.031(1), F.A.C. This STANDARD is not met as evidenced by; Based on record review, the facility failed to ensure clinical records for 1 out of 6 sampled patients was accurately documented. Findings include: During clinical record review for 1 (#4) out of 6 sampled patients, the surveyors reviewed documentation indicating patient #4 signed his/her recovery room form prior to the actual procedure. Review of the form on 6-8-2010 revealed the patient signed the document on 6-5-2010, discharge condition was circled indicating a condition of "Good", "Minimal" was circled for the amount of bleeding following the procedure. Discharge medications indicated as Tetracycline 500mg. Staff acknowledged the form had been completed before the patient completed the procedure. The patient did not complete the procedure at the facility. The patient had the procedure at the facility's south location. Correction date: 7-8-2010	A 600	A 600 Employees will be instructed on proper signing of medical charts. Jade	

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

THOMAS W. ARNOLD
SECRETARY

June 25, 2010

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on June 8, 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 July 8, 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

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) 593-3100; Fax (305) 499-2190

CHARLIE CRIST
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION
Better Health Care for all Floridians

THOMAS W. ARNOLD
SECRETARY

AREA OFFICE 11

Guidelines for the Development of Plans of Correction (PoC)

The Plan of Correction (PoC) is intended to correct any systemic regulatory non-compliance found during the survey process and remediate any specific non-compliance that may have been identified for the individuals residing in the facility.

A PoC for the deficiencies must be submitted by 10 days after the facility receives its State Form. Failure to submit an acceptable Plan of Correction within the required time frame may result in the imposition of remedies 20 days after due date for submission.

Your Plan of Correction must contain the following:

1. What corrective action(s) will be accomplished for those residents/patients found to have been affected by the deficient practice;

2. How you will identify other residents/patients having the potential to be affected by the same deficient practice and what corrective action will be taken;

3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,

4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

5. The PoC must be specific and realistic, have reasonable periods based on dates discussed during the exit conference, and state exactly how the deficiency was/will be corrected. Stating "staff will be trained" is not acceptable. An acceptable PoC might state that "staff was trained regarding policy and procedure, before and after tests were given, daily staff monitoring will be performed, and staff will be monitored daily and in two months/quarterly".

6. PoCs should address the problem and be aimed at correction in a systematic sense, as opposed to correcting an example or an isolated problem.

7. Please ensure legibility in responses.

Note: Please provide your correction next to each Tag and date it on the far right column. Also please make sure that your Signature, Title and Date are on the bottom of the first page of every Form.

Please send all your correspondence to the Miami address located at the bottom right hand corner of this letter.

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

Area Office 11
8355 NW 53rd Street
Manchester Building
Doral, FL 33166

CHARLIE CRIST
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION
Better Health Care for all Floridians

THOMAS W. ARNOLD
SECRETARY

July 16, 2010

Administrator
A Medical Office for Women
909 n. E. 163rd Street , Ste. 402
N. Miami, Fl. 33182

RE: Notice of Unacceptable Plan of Correction

Dear Administrator:

Your Plan of Correction for the deficiencies cited on June 8th, 2010 survey was received on July 9th, 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.

We are asking for the submission of a revised Plan of Correction by the next business day. **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,

Robert Steve Emling
Field Office Manager

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

Area Office11
Manchester Building
8355 NW 53rd Street
Miami, Fl 33166