

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(K) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

AC13910004

(X) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(X) DATE SURVEY
COMPLETED:

04/02/2015

NAME OF PROVIDER OR SUPPLIER

A EVE'S CLINIC & REFERRAL SERVICE, INC.

STREET ADDRESS, CITY, STATE, ZIP CODE

3900 NORTHWEST 79TH AVENUE
MIAMI, FL 33156

(04) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

IDENTIFYING INFORMATION

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(08) COMPLETE
DATE

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INITIAL COMMENTS

A relicensure survey was conducted on April 2, 2015. A Eve's Clinic and Referral Service Inc. had Licensure deficiencies found at the time of the visit.

The following is a description of the non-compliance:

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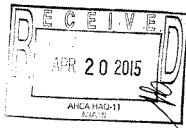
Physical Plant Requirements Trimester

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 room 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 exit wide enough to accommodate a standard stretcher or gurney;
- (7) Cleaning and sanitizing area(s) adequate for the cleaning and sanitizing of instruments;
- (8) Adequate and secure storage area(s) for the

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[Signature] LPN

(08) DATE

4/20/15

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

TITLE

04/15/2015 16:48

3055933121

AHCA

PRINTED: 04/02/2015
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

AC13910004

(2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(3) DATE SURVEY
COMPLETED

04/02/2015

NAME OF PROVIDER OR SUPPLIER

A EVE'S CLINIC & REFERRAL

SERVICE, INC.

STREET ADDRESS, CITY, STATE, ZIP CODE

3900 NORTHWEST 79TH AVENUE
MIAMI, FL 33186

(4A) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(4B) COMPLETE DATE
A 100	Continued From page 1 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-9.02, F.A.C. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the sink located in the procedure room was equipped with wrist blade handles. The findings include: A tour of the facility was conducted on 4/2/2015 beginning at 8:35 am with Staff A. During the tour, an observation of the procedure room was made with both Staff A and Staff B. The procedure room was observed to have one handwashing sink. The sink was noted to have a translucent, plastic, round knob on the right for cold water. On the left, the knob was noted to be missing with only the central screw projecting upwards. The sink did not have wrist blade handles. An interview was conducted with Staff B at 9:50 am regarding the sink in the procedure room. She confirmed this is the sink the physician uses after procedures but he also at times uses the sink in the sterilization room next to the procedure room or the sink in the nearby patient bathroom. Staff B stated the building's maintenance department has been notified about the missing knob for the hot	A 100	Wrist blade handles have been ordered for sink located in the procedure room. They will be installed by the end of this week (4/24/15). Our facility will ensure that wrist blade handles are installed at all handwashing stations at all times. We will store extra wrist blade handles in case one breaks at anytime.	

Agency for Health Care Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910004	(02) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(03) DATE SURVEY COMPLETED 04/02/2015
NAME OF PROVIDER OR SUPPLIER A EYE'S CLINIC & REFERRAL SERVICE, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 3800 NORTHWEST 79TH AVENUE MIAMI, FL 33186		
(04) 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)	(05) COMPLETE DATE
A 100	Continued From page 2 water. An interview with Staff A at 11:15 am confirmed the sink in the procedure room does not have wrist blade handles.	A 100		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 2, 2015

Administrator
A Eve's Clinic & Referral Service, Inc.
3900 Northwest 79th Avenue
Miami, FL 33156

Dear Administrator:

This letter reports the findings of a re-licensure survey that was conducted on April 2, 2015 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 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 2, 2015.**

The plan of correction must include the following:

1. Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
2. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice.
3. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur.
4. Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change.
5. Ensure that no protected or other confidential information (i.e., resident or staff names) are included in the plan.
6. State the completed date; the date that the facility identifies compliance can be achieved, which must be after the exit date.
7. You must sign the bottom of page 1 of the statement of deficiencies; include your title and date.

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
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AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtm> 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 contact Faith Randolph, Registered Nurse Consultant at (305) 593-3100.

Sincerely,


Ariene Mayo-Davis (FNV)
Field Office Manager, Area 11

Enclosure: State (3020) Form, and POC guidelines