

PRINTED: 01/14/2011  
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

AC13910004

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_  
B. WING \_\_\_\_\_

(X3) GATE SURVEY COMPLETED

01/08/2011

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

(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 Eve's Clinic & Referral Service, Inc. on January 6, 2011, in order to conduct a State Licensure Survey. The Abortion Clinic was not in compliance with 390.014 F.S., 59A-9 F.A.C. at the time of the survey. The following deficiency was identified.

A 302 Medical Screening/eval.-2nd Trimester

Laboratory Equipment and Supplies.

(a) All equipment and supplies for the collection, storage, and testing of specimens shall meet the provisions of Rule 59A-7 F.A.C., and shall be maintained according to manufacturer's instructions and in a manner that ensures accurate test results.

(b) Temperature controlled spaces for the storage of specimens or testing supplies shall be monitored and recorded to ensure that the proper storage temperature is maintained.

(c) All dated supplies and materials shall not be used beyond their expiration date.

(d) Adequate facilities and supplies for the collection, storage and transportation of laboratory specimens shall be available on site.

Chapter 59A-9.025(3), F.A.C.

This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure laboratory supplies were maintained according to manufacturer's instructions and in a manner that ensures accurate test results.

A000

A302

Medical Screening 2nd Trimester Procedure Laboratory Equipment and Supplies Rule 59A-7 F.A.C.,

(a) Medical Director's, instructions do not require using test tubes for drawing patient's blood, we are instructed to perform a urine pregnancy test, and finger stick for both hemoglobin and Rh-testing and in this manner we are following manufacturer's instructions and in a manner that ensures accurate test results every time.

(b) Temperature controlled spaces for storage of testing specimens, reagents, and supplies are always monitored and recorded to ensure the proper storage temperature maintained according to manufactures instructions.

(c) Laboratory Policy and Procedure Protocol has incorporated all provisions for the collection, testing, storage and equipment according to manufactures instructions to ensure accurate test results.

(d) Medical Screening- 2nd Trimester Procedures do not require using test tubes or drawn blood. Rule 59A-9.025(3) F.A.C., may not apply Staff grading for lab proficiency testing has earned us a score of 100% in all specimen testing. The Standard would be met under these conditions Further evidenced by the over abundance of years of laboratory documentation, laboratory inspection awards and reports backing the actual scores of this labs proficiency testing results.

1/31/11

AHCA Form 3020-0001

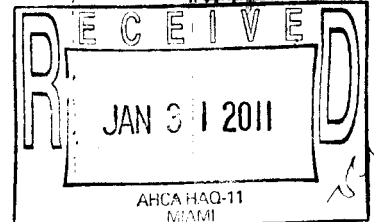
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIG

STATE FORM

(305) 332-8299

T 10T11

If continuation sheet 1 of 2



*Karen B. ...*

January 31, 2011

*Amended Copy*

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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13910004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>A EVE'S CLINIC &amp; REFERRAL SERVICE, INC.</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3900 NORTHWEST 79TH AVENUE MIAMI, FL 33155</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)

A 302

Continued From page 1

Findings include:

During a tour of the facility conducted on 1-6-2011 at approximately 11:12 am, the surveyor observed outdated/expired specimen collection supplies. The tubes were dated 12/2010. During an interview conducted with staff on 1-6-2011 at approximately 11:12am, she advised the supplies were recently purchased from the lab. Facility staff advised she questioned the expiration date on the tubes but was advised by the lab the dates run from year to year. Staff was unable to provide documentation demonstrating the tubes' expiration date per manufacturer's recommendation is labeled from year to year, and not month and year.

Correction date: 2-5-2011

A302

Plan of action to correct test tubes which expired on 12/2010

Per A302, as of 1/31/2011, all test tubes must be checked and a log kept so as not to be used beyond their expiration dates.

Copy of new monthly log Lab Inventory (Vacutainer) 2011, for the specimen collection test tubes

*1/31/11*

Outdated test tubes have been removed from Laboratory

New Vacationers have the expiration month and year on them.

Reminder Sign has been posted in Laboratory to check expiration date of all Laboratory Supply's

All medical staff cleared to perform laboratory testing have been given verbal instruction as to the importance of checking the expiration dates of all items; medications, controls, reagents, and testing materials used on or for patients benefit, which is documented in employee file

Our Laboratory Manual Policy and Procedure has been amended by Laboratory Director, Correction date is 1/31/2011.

This amendment will be included in all new lab staff training reviews.

Lab Rules, of no food or drink strictly enforced

Staff have been advised; failure to adhere to clinic policy, procedures, and protocol will be terminate

*Corrections completed  
1/31/2011  
Karen B. ...  
(305) 332-8299*



RICK SCOTT  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
INTERIM SECRETARY

January 14, 2011

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on January 6, 2011 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 February 5, 2011.**

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 Faith Randolph, Registered Nurse Consultant at (305) 593-3100.

Sincerely,

R. Steve Emling  
Field Office Manager, Area 11

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



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Miami Field Office  
8333 N.W. 53rd Street, Suite 300  
Miami, FL 33166  
Phone (305) 593-3100; Fax (305) 593-3121