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
	AC13960090	A. BUILDING _____ B. WING _____	09/02/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A GYN DIAGNOSTIC CENTER #3	267 EAST 49TH STREET HIALEAH, FL 33012

(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 September 2, 2008, in order to conduct a state licensure survey. The following deficiency was identified at the time of the licensure survey	A 000	232 COA	
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;	A 202	In service training will be done yearly to all clinic employees. The inservice training will be held by the administrator of the office It will be held September of each year. -Natali Vargas 9/23/08.	

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A 202	Continued From Page 1 (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 and interview, the facility failed to provide annual in-service training for all employees. Findings include: Personnel record review conducted on 9-2-2008, revealed 2 medical assistants last received their annual in-service training 6-28-2007. The administrator reviewed the training documentation and confirmed the findings. Class IV Correction date: 10-2-2008	A 202		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

CHARLIE CRIST
GOVERNOR

HOLLY BENSON,
SECRETARY

September 2nd, 2008

Natali Vergara, Administrator
A GYN Diagnostic Center
267 East 49th Street
Hialeah, Florida 33012

Dear Ms Vergara:

This letter is to report the findings of the annual Licensure survey, which was completed on September 2nd, 2008 by Kim Ody, Health Facility Evaluator II, of this office.

Enclosed, please find State Form 3020, Statement of Deficiencies and Plan of Correction, which enumerate the deficiency that was found during the survey and discussed with you and your staff during the survey and at the exit conference.

Please provide an acceptable Plan of Correction for each deficiency on the State Form 3020 in accordance with the enclosed instructions (Guidelines for Development of Plans of Correction). You must include on your Plan of Correction who, when and how the deficiency is to be corrected as well as how the requirement will be monitored for future compliance. You must sign, date, and return the Statement of Deficiencies/Plan of Correction, State Form 3020, to this office **within ten (10) calendar days of receipt. All citations must be corrected within 30 days of survey date.**

Sign and return the original State Form 3020 with the Plan of Correction to:

R. Steve Emling
Field Office Manager, Area 11
Agency for Health Care Administration, HQA Area 11
Manchester Bldg, 1st floor
8355 N.W 53rd Street
Miami, FL 33166
(305) 499-2165
FAX: (305) 499-2190

Any deficiencies, which were repeated from previous surveys, or deficiencies that are not corrected within the established time frames may be subjected to administrative actions or fines by the department.

Certain documents may be made available for public disclosure as required by law.

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 www.fdhc.state.fl.us/Publications/, as a first step in providing a web-based interactive consumer

satisfaction survey system. You may access the questionnaire through the link under **Forms** 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 every assistance provided during this survey process. If you have any questions regarding this report, please call Ric Garcia, RNC and Supervisor of the HHA/Hospital Unit of this office at (305) 499-2165.

Sincerely,

R. Steve Emling
Field Office Manager, Area 11
Division of Health Quality Assurance

Enclosure: State Form 3020, and Instructions
Copies to: Hospital and Outpatient Services