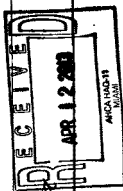


Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13810063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/21/2013
NAME OF PROVIDER OR SUPPLIER A WOMAN'S CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 68-A NE 167TH STREET MIAMI, FL 33187			
(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 A Licensure Survey was conducted on 03-21-2013. A Woman's Care had deficiencies found at the time of the visit.	A 000	<p>A-156.</p> <p>An equipment maintenance Log and a calibration Log has been implemented AS OF 04/02/2013 TO include calibration, inspection, and maintenance.</p> <p>ON 04/03/13 the defibrillator, cardiac monitoring device, Exam light, sterilizer, suction machine and the surgical table; were calibrated.</p> <p>Calibrations on all machines were done on 4/3/13 A copy of the service order attached.</p>		
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 implemented. Surgical instruments shall be cleaned and checked for function after use to ensure proper operation and a state of good repair. (d) Chapter 68A-9.0225(7), F.A.C.	A 156			

AHCA Form 3020-0001

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE VP.

DATE

4/9/13

If continuation sheet 1 of 3

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/21/2013
NAME OF PROVIDER OR SUPPLIER A WOMAN'S CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 68-A NE 167TH STREET MIAMI, FL 33167		
(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 156	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the provider failed to ensure the maintenance of the surgical equipments. Findings include: Observation conducted on 03/21/2013 at 9:50 AM of the defibrillator, cardiac monitoring machine, adjustable examination light, sterilization equipment, the suctioning machine, and the surgical table had not been calibrated since March 2011. On 03/21/2013 at 10 AM, employee #3 acknowledged the findings.	A 156			
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	A 202	A 202 - On 04/01/13 our employee manual has been revised to include a new fire safety route and the new policies + procedures that became effective 01/03/13. All employees have been retrained and familiarized with the new policies and procedures		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/21/2013
NAME OF PROVIDER OR SUPPLIER A WOMAN'S CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 68-A NE 167TH STREET MIAMI, FL 33167			
(X4) TO 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 202	<p>Continued From page 2</p> <p>include training in counseling, patient advocacy and specific responsibilities associated with the services they provide:</p> <p>(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.</p> <p>(b) Fire protection, to include evacuating patients, proper use of fire extinguishers, and procedures for reporting fires;</p> <p>(c) Confidentiality of patient information and records, and protecting patient rights;</p> <p>(d) Licensing regulations; and</p> <p>(e) Incident reporting.</p> <p>Chapter 59A-9.023,(4) and (5), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interview the facility failed to provide annual in-service training to 2 out of 3 (#2, #3) employees.</p> <p>Findings include:</p> <p>A review of the facility's in-service training documentation revealed that employee #2 and employee #3 had not received in-service training in 2012.</p> <p>On 03/21/2013 at 10:15 AM, employee #3 acknowledged the findings.</p>	A 202	<p>A 202- CONT.</p> <p>A new In-Service training log was implemented on 04/1/13 to document yearly In-Service Training</p> <p>All In-Service Training were Done 4/1/13</p>		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 26, 2013

Administrator
A Woman's Care
68-A Ne 167th Street
Miami, FL 33167

Dear Administrator:

This letter reports the findings of a State Licensure survey that was conducted on March 21, 2013 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 April 20, 2013.**

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://www.fhca.org/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,

Arlene Mayo-Davis
Field Office Manager, Area 11

Enclosures: State (3020) Form and POC Guidelines

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



Miami Field Office
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Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121