

Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13850034	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2008
NAME OF PROVIDER OR SUPPLIER A WOMAN'S CHOICE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 8406 NW 188TH STREET MIAMI, FL 33015		
(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 000}		
	An unannounced visit was made to the facility on November 17, 2008, to conduct a follow-up to the state licensure survey, September 3, 2008. One out of four (1 of 4) deficiencies was found corrected. The following deficiencies were still not corrected at the time of the follow up survey.			
{A 201}	Clinic Personnel-2nd Trimester	{A 201}		
	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 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:		A Medical director, DR. David Brown, is assigned to this office. All Employees are governed by written Policies and Procedures relating to patient care	

AHCA Form 3020-0001

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

Michelle Jenkins

TITLE

Pres.

(X5) DATE

12/4/08

STATE FORM

021166

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If continuation sheet 1 of 5

FROM :

FAX NO. : 3058254215

Dec. 06 2008 11:40AM P4

11/21/2008 14:53

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AHCA

PRINTED: 11/21/2008
FORM APPROVED

Agency For Health Care Administration		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13980034		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/17/2008
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		STREET ADDRESS, CITY, STATE, ZIP CODE 8406 NW 186TH STREET MIAMI, FL 33015				
NAME OF PROVIDER OR SUPPLIER A WOMAN'S CHOICE, INC		(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(X5) COMPLETE DATE
(A 201)	Continued From Page 1	(A 201)		<p>Based on interview and record review, the facility still failed to maintain personnel records for all employees performing or monitoring patients receiving second trimester abortions.</p> <p>Findings include:</p> <p>During the personnel record review follow-up conducted on 11/17/2008, the office manager revealed that he/she cannot locate files for his/her medical director, medical assistant, or registered nurse that monitor patients receiving a second trimester abortion. Review of the facility employee handbook manual revealed a one page job description for the following employees: Physician, Registered Nurse, LPN, Advanced Nurse Practitioner, PA, Sonogram Technician, Medical Assistant Receptionist, Director, Office and Office Assistant.</p>		<p>ALL Employees, whether contracted, employed, or trainee, currently have updated personnel records.</p>
(A 202)	Clinic Personnel-2nd Trimester	(A 202)		<p>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.</p> <p>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</p>		<p>All Employees are Trained by our medical director on a yearly basis.</p>

AHCA Form 3020-0001

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If continuation sheet 2 of 5

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NAME OF PROVIDER OR SUPPLIER A WOMAN'S CHOICE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6406 NW 186TH STREET MIAMI, FL 33016			
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(A 202)	<p>Continued From Page 2</p> <p>for surgical assistants and volunteers, must 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 58A-9.023,(4) and (5), F.A.C.</p> <p>This Standard is not met as evidenced by: Based on interview and record review, the facility still failed to maintain personnel records for all employees performing or monitoring patients receiving second trimester abortions.</p> <p>Findings include:</p> <p>During the personnel record review follow-up conducted on 11/17/2008, the office manager revealed that he/she cannot locate files for his/her medical director, medical assistant, or registered nurse that monitor patients receiving a second trimester abortion. Review of the facility employee handbook manual, revealed a one page job description for the following employees: Physician, Registered Nurse, LPN, Advanced Nurse Practitioner, PA, Sonogram Technician, Medical Assistant Receptionist, Director, Office and Office Assistant.</p>	(A 202)	<p>Training in Bmw, Fire protection, Patient rights, and other areas pertaining to area of expertise; are conducted by our medical director.</p> <p>A copy of the "In Service Training Log" remains in the employees Personnel file.</p>		

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{A 202}	Continued From Page 3	{A 202}			
{A 250}	<p>Clinic Policies/Procedures-2nd Trimester</p> <p>An abortion clinic providing second trimester abortions shall have written policies and procedures to implement policies and to assure that quality patient care shall relate specifically to the functional activities of clinic services. These written procedures shall apply to second trimester abortions and shall be available and accessible to clinic personnel and shall be reviewed and approved annually by the clinic's medical director. These clinic policies and procedures shall include but not be limited to the following:</p> <ol style="list-style-type: none"> (1) Patient admission; (2) Pre- and post-operative care; (3) Physician 's orders; (4) Standing orders with required signatures; (5) Medications, storage and administration; (6) Treatments; (7) Surgical asepsis; (8) Medial asepsis; (9) Sterilization and disinfection; (10) Documentation: Medical records and facility records; (11) Patient discharge; (12) Patient transfer; (13) Emergency measures; (14) Incident reports; (15) Personnel orientation; (16) Inservice education record; (17) Anesthesia; (18) Equipment and supplies: availability and maintenance; (19) Volunteers; and (20) Visitors. <p>Chapter 59A-9.024, F.A.C.</p>	{A 250}	<p>The medical director Dr. David Brown, Has read and approved our Employee Manual. This is evidenced by written notice, located in the Employee manual.</p>		

AHCA Form 3020-0001

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If continuation sheet 4 of 5

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(A 250)	<p>Continued From Page 4</p> <p>This Standard is not met as evidenced by: Based on record review, the facility still failed to have their written policies and procedures reviewed and approved annually by the clinic's medical director.</p> <p>Finding's include:</p> <p>A follow-up review of the facility conducted on 11/17/2008, revealed that the clinic is licensed to perform first and second trimester abortions only. The surveyor reviewed the policies and procedures. The last date for revision/review was September 2008. The office manager was unable to provide documentation demonstrating their policies and procedures had been reviewed and approved by the facility's medical director on an annual basis.</p>	(A 250)	<p>Each employee, trainee, and volunteer shall read and familiarize themselves with our Employee manual. This shall be evidenced by each person signing the last sheet of the Employee Manual.</p>		

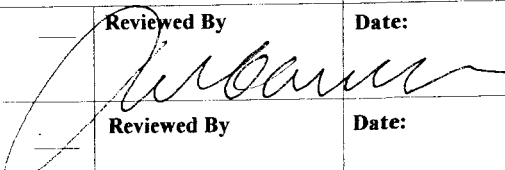
11/21/2008

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AC13950034	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/17/2008
Name of Facility A WOMAN'S CHOICE, INC	Street Address, City, State, Zip Code 6406 NW 186TH STREET MIAMI, FL 33015	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>A0151</u> Reg. # _____ LSC _____	Correction Completed 11/17/2008	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By State Agency	Reviewed By 	Date:	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 09/03/2008	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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CHARLIE CRIST
GOVERNOR



HOLLY BENSON
SECRETARY

November 25, 2008

Milta Turbider, Administrator
A Woman's Choice, Inc.
6406 N. W. 186th Street
Miami Lakes, FL 33015

Dear Ms. Turbider,

This letter confirms the findings of the follow-up visit to the State Licensure survey conducted on November 17, 2008 by Ernestine Cowart, RNS, representing this office.

Attached is your copy of the current Statement of Deficiencies State Form 3020 and 2567-B which listed one (1) corrected deficiency and three (3) deficiencies continue to be uncorrected.

Please complete a "Plan of Correction" (POC) for the deficiency shown on the "Statement of Deficiencies" and "Plan of Correction", including the date corrective action was accomplished or is anticipated to be accomplished. **Also, please sign and date all forms on the bottom and return them to this office within 10 days after receipt of this letter.** Failure to submit a reply within this time may jeopardize your licensure renewal status. The uncorrected citation must be corrected by December 17, 2008.

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

R. Steve Emling

**Field Office Manager, Area 11
Agency for Health Care Administration, HQA
8355 NW 53rd Street Miami, FL 33166
Phone: (305) 499-2165 Fax: (305) 499-2190**

You must keep a copy of this report and plan of correction to post in a prominent place in the facility where it is accessible to the residents and the general public.

Your facility was found not to be in compliance with licensure requirements of F.S. Chapter 390. 390.019, and 59 A-9 of Florida Administrative Code. You will receive a letter under separate cover explaining the fines and fees you have incurred as a result of not bringing your facility into compliance.

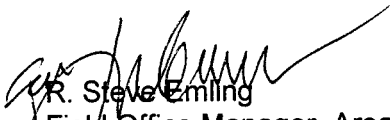
Documents relating to State Licensure requirements will be made available for public disclosure as required by Florida law.



In order to obtain feedback regarding your survey, a web-based interactive survey satisfaction questionnaire has been placed on the Agency's website at www.fdhc.state.fl.us/Publications. You may access the "Quality Assurance Survey Satisfaction Questionnaire" through the link under the Forms heading on this webpage. Your feedback is encouraged and valued, as our goal is to ensure a satisfactory and professional survey process.

If you have any questions, please contact Ric Garcia, RNC and Hospital/Home Care Supervisor of this office at (305)499-2165.

Sincerely,



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

Enc. Statement of Deficiencies State Form 2567

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 found to have been affected by the deficient practice;
2. How you will identify other residents 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. Staffing "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 the State Form.

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