

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  A123456789	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ STREET ADDRESS, CITY, STATE, ZIP CODE 6408 NW 186TH STREET MIAMI GARDENS, FL 33015	(X3) DATE SURVEY COMPLETED
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)	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 conducted on September 26, 2011 for a Relicensure State Survey at A Woman's Choice located at 6408 NW 186th Street, Miami Lakes, Florida 33015. A Woman's Choice was found to be in noncompliance with 380.014 F.S., 59A-9 F.A.C. at the time of the survey. The following deficiencies were identified.	A 000		
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	A 156	A preventative maintenance program was implemented on Oct. 12, 2011. This will provide a written log for medical equipment and surgical equipment. It will also provide a history of testing and maintenance.	

AHCA Form 3020-0001

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

Anita Dink

TITLE

Pres.

(X6) DATE

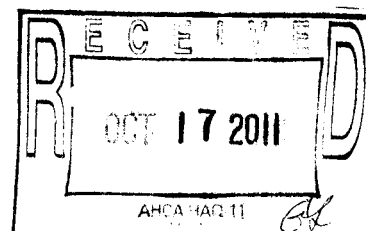
10/14/11

STATE FORM

0000

J6G411

If continuation sheet 1 of 4



## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>A WOMAN'S CHOICE, INC.</b>		STREET ADDRESS, CITY, STATE ZIP CODE <b>6406 NW 186TH STREET MIAMI GARDENS, FL 33015</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)	(X5) COMPLETE DATE
A 156	<p>Continued From page 1</p> <p>ensure proper operation and a state of good repair.</p> <p>Chapter 59A-9.0226(7), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that preventive maintenance was conducted on all surgical equipments.</p> <p>Findings include:</p> <p>On September 26, 2011 at 10:50 a.m., the surveyor conducted a tour of the facility with the registered medical assistant. During the tour of the surgical examination room, the surveyor observed a defibrillator/vital signs monitor machine, a suctioning machine, a sterilizer machine, and an ultrasound machine. Further observation revealed that the defibrillator/vital signs monitor machine, the suctioning machine, the sterilizer machine, and the ultrasound machine had a bonded green sticker with 03/2011 written as the due date for maintenance. On September 26, 2011 at 10:59 a.m. the surveyor conducted an interview with the facility's administrator. When asked for the date that the defibrillator/vital signs monitor machine, the suctioning machine, the sterilizer machine, and the ultrasound machine were last calibrated, the administrator acknowledged that the green stickers have 03/2011 as the due date for maintenance and stated that "the maintenance company has been called a few days ago".</p> <p>Correction date: October 26, 2011</p>	A 158	<p>PACE has visited the clinic and tested and calibrated all related equipment As of Oct. 12, 2011.</p>	

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13060034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>A WOMAN'S CHOICE, INC.</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8406 NW 186TH STREET MIAMI GARDENS, FL 33015</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)	(X5) COMPLETE DATE
A 600	Continued From page 2	A 600		
A 600	<p><b>Clinical Records</b></p> <p>A permanent individual clinical record shall be kept on each clinic patient. Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval.</p> <p>(a) Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval.</p> <p>(b) Clinical records involving second trimester abortion procedures shall be kept confidential and secure.</p> <p>(c) Operative reports signed by the physician performing the second trimester abortion shall be recorded in the clinical record immediately following the procedure or that an operative progress note is entered in the clinical record to provide pertinent information</p> <p>Chapter 59A-9.031(1), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to accurately document clinical records for 1 out of 5 sampled patients (SP#34490).</p> <p>Findings include:</p> <p>Record review of SP#34490's file revealed that the facility administered a surgical abortion procedure to SP#34490 on January 29, 2011 and on September 10, 2011. Further review of SP#34490's file revealed that it contained a signed consent form dated January 29, 2011 and</p>	A 600 A 600	<p><i>ALL medical records, prior to being filed will now be reviewed by the CMA prior to filing, effective Oct. 17, 2011</i></p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13960034	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____		(X3) DATE SURVEY COMPLETED  08/28/2011
NAME OF PROVIDER OR SUPPLIER  A WOMAN'S CHOICE, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 6406 NW 186TH STREET MIAMI GARDENS, 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 600	Continued From page 3  an unsigned, blank consent form. On September 26, 2011 at 10:57 a.m., the surveyor conducted an interview with the administrator. The surveyor handed the administrator SP#34490's clinical file. When asked why SP#34490 did not complete a consent form for the September 10, 2011 surgical procedure, the administrator acknowledged that SP#34490's file did not contain a signed consent form for the September 10, 2011 surgical procedure and stated, "SP#34490 came in and filled out forms, but the procedure was conducted at the physician's office because she had multiple caesarian surgeries." The administrator continued to state that she called SP#34490 to go to the physician's office for the surgery.  Correction date: October 26, 2011	A 600			



RICK SCOTT  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
SECRETARY

October 4, 2011

Administrator  
A Woman's Choice, Inc.  
6406 Nw 186th Street  
Miami Gardens, FL 33015

Dear Administrator:

This letter reports the findings of a State Licensure survey that was conducted on September 26, 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 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 October 26, 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 surveyors. Should you have any questions please call Faith Randolph, Registered Nurse Consultant at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis  
Acting Field Office Manager, Area 11

Enclosures: State (3020) Form and POC Guidelines

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



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

RICK SCOTT  
GOVERNOR



ELIZABETH DUDEK  
SECRETARY

## 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/patients found to have been affected by the deficient practice;
2. How you will identify other residents/patients 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. Stating "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 every Form.**

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

