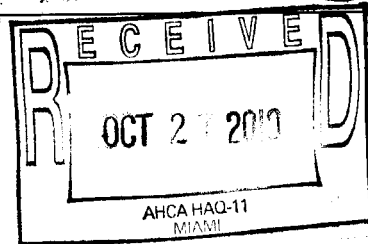


Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13950034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/30/2010</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 000	INITIAL COMMENTS  An unannounced visit was made to A Woman's Choice, Inc on September 30, 2010, in order to conduct a Renewal State licensure survey. The facility was not in compliance with 390.014 F.S., 59A-9 F.A.C. at the time of the survey. The following deficiencies were identified. Recommend a plan of correction.	A 000		
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.	A 202	 <p><i>A 202- All current employees have reviewed and signed OAR Employee Handbook which details our procedures, policies, and other pertinent information. Effect. The CEO will Annually review and assure the in-service training and will have each employee sign the Employee Manual.</i></p>	

AHCA Form 3020-0001

*Melita Juh*

TITLE *President*

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

(X6) DATE

*10-27-10*

STATE FORM

5899

N4TG11

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>AC13950034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/30/2010</b>
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A 202	Continued From page 1  (b) Fire protection, to include evacuating patients, proper use of fire extinguishers, and procedures for reporting fires; (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, the facility failed to ensure In-service training is provided for all employees including full time, part time, contracted employees and volunteers at the beginning of employment and at least annually thereafter.  Findings include:  Review of personnel records and the facility's employee handbook/manual conducted on 9-30-2010, revealed 2 (#1 and #4) out of 3 employees last signed acknowledgement of orientation/in-service training was 2008.  Correction date: October 30, 2010	A 202		
A 250	Clinic Policies/Procedures-2nd Trimester  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	A 250	- Effective 10/30/2010, the Medical Director will sign the Employee Handbook which includes provisions for Second Trimester abortions. The CEO will Review and have the Medical Director Sign in evidence every year.	

Agency for Health Care Administration

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A 250	<p>Continued From page 2</p> <p>but not be limited to the following:</p> <ol style="list-style-type: none"> <li>(1) Patient admission;</li> <li>(2) Pre- and post-operative care;</li> <li>(3) Physician ' s orders;</li> <li>(4) Standing orders with required signatures;</li> <li>(5) Medications, storage and administration;</li> <li>(6) Treatments;</li> <li>(7) Surgical asepsis;</li> <li>(8) Medial asepsis;</li> <li>(9) Sterilization and disinfection;</li> <li>(10) Documentation: Medical records and facility records;</li> <li>(11) Patient discharge;</li> <li>(12) Patient transfer;</li> <li>(13) Emergency measures;</li> <li>(14) Incident reports;</li> <li>(15) Personnel orientation;</li> <li>(16) Inservice education record;</li> <li>(17) Anesthesia;</li> <li>(18) Equipment and supplies: availability and maintenance;</li> <li>(19) Volunteers; and</li> <li>(20) Visitors.</li> </ol> <p>Chapter 59A-9.024, F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on record review, the facility failed to have their written policies and procedures reviewed and approved annually by the clinic's medical director.</p> <p>Findings include:</p> <p>A review of the facility's license conducted on 9-30-2010, revealed the clinic is licensed to perform first and second trimester abortions only. The surveyor reviewed the facility's policies and procedures. The last date of revision/review was</p>		A 250		

Agency for Health Care Administration

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A 250	Continued From page 3  September 2008. The facility 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 at the time of the survey.  Correction date: October 30, 2010		A 250		



CHARLIE CRIST  
GOVERNOR

**Better Health Care for all Floridians**

ELIZABETH DUDEK  
INTERIM SECRETARY

October 11, 2010

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 30, 2010 by a representative of this office.


Enclosed is the provider's copy of the State Form 3020, which indicates the deficiencies that were identified on the day of the visit.

Please mail or deliver 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 report. All deficiencies shall be corrected no later than October 30, 2010.**

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





CHARLIE CRIST  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
INTERIM 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.**

