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
	AC13960129	A. BUILDING: _____ B. WING _____	04/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A WOMAN'S OPTION	1933 W 60TH ST 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 annual relicensure survey was conducted on 4/24/2014 located at 1933 West 60th Street, Hialeah, Florida, 33012. A Woman's Option clinic had deficiencies found at the time of the visit.	A 000		
A 153	Clinic Supplies/equip. Stand.-2nd Trimester Resuscitative Medications Required. The clinic shall have a crash cart at the location the anesthetizing is being carried out. The crash cart must include, at a minimum, those emergency medications to support the procedures performed as determined by the medical director. Chapter 59A-9.0225(4), F.A.C. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure expired medications were removed from the facility's crash cart for two medications (Lidocaine 2% and Atropine Sulfate). The findings include: A review of the facility's crash cart was conducted on 4/24/2014 during a tour of the facility. A container of Lidocaine 2% was found with an expiration date of "1 March 2014" on the box. A bottle of Atropine Sulfate injection 1mg/ml was found with an expiration date of "Nov 13" on the label. An interview conducted on 4/24/2014 at 12:45 pm with the facility's Administrator confirmed the expiration dates and the items were removed from the crash cart.	A 153	After consulting w/ our Medical Director, (MD), we will now keep a log book inside our crash cart that will identify the purchase date and expiration date for each medication. This list will be checked every 1st of the month by a staff member to insure full compliance. All expired medication will be removed and replaced. 5-1-14	

RECEIVED
MAY - 6 2014
AHCA HAQ-11
MIAMI

5/6/14 Accepted

AHCA Form 3020-0007
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE admin (X6) DATE 5/6/14

STATE FORM 6899 HFD311 If continuation sheet 1 of 9

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
	AC13960129	A. BUILDING: _____ B. WING _____	04/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A WOMAN'S OPTION	1933 W 60TH ST 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 156	Continued From page 1	A 156		
A 156	Clinic Supplies/equip. Stand.-2nd Trimester	A 156		

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.

Chapter 59A-9.0225(7), F.A.C.

This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a preventative maintenance program was established for the

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
	AC13960129	A. BUILDING: _____ B. WING _____	04/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A WOMAN'S OPTION	1933 W 60TH ST 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 156	Continued From page 2 facilty's mechanical equipment. This includes ensuring that this equipment is inspected on an annual basis for proper operation and calibration. The findings include: A tour of the facility was conducted on 4/24/2014 beginning at 12:00 pm. Observations made of the facility's procedural, emergency, and sterilization equipment revealed the mechanical equipment, including the defibrillator, ultrasound machine observed in the procedure room, autoclave, and mechanical suction, lacked indication of routine inspection. A second ultrasound machine was observed in the recovery room which had a green sticker indicating the machine was last inspected on 8/10/2011 and was due for re-inspection on 8/2012. No other sticker was present indicating the 8/2012 inspection had occurred. An interview conducted with the Administrator on 4/24/2014 at 12:45 pm revealed the facility does not have the equipment inspected by an outside professional on an annual basis and the equipment is repaired as needed. She stated the second ultrasound machine located in the recovery room is currently being repaired and she was unable to confirm that the recommended 8/2012 inspection had occurred. She stated the ultrasound machine found in the procedure room is being used temporarily until the primary machine is repaired. A review of the facility's policy and procedures revealed no specific policy to address routine inspection of facility equipment.	A 156	A-156 On 5/1/14 an authorized and certified technician has fully inspected and certified all patient monitoring equipment. A maintenance program has been developed, with a professional company to insure proper operation and calibration based on each individual machines manufacturers requirements. We will keep a record for each equipment indicating its history of testing and maintenance.	5/1/14
A 202	Clinic Personnel-2nd Trimester	A 202		

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
	AC13960128	A. BUILDING: _____ B. WING _____	04/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A WOMAN'S OPTION	1933 W 60TH ST 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 202	Continued From page 3 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; (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.	A 202		

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
	AC13960129	A. BUILDING: _____ B. WING _____	04/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A WOMAN'S OPTION	1933 W 60TH ST 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 202	Continued From page 4 This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to demonstrate an annual inservice training was provided for 2 of 2 staff (Staff #1 and Staff #2) to include the facility's policy and procedures regarding infection control, fire protection, confidentiality of patient information and records, protection of patient rights, licensing regulations, and incident reporting. The findings include: A review of the facility's policy and procedures book and of personnel files was conducted on 4/24/12014. Review of the facility's policy and procedures book revealed no indication of annual inservice training for Staff #1 and Staff #2 for the past year. Review of the individual personnel files for Staff #1 and Staff #2 revealed no indication of annual inservice training for either employee. A review of the facility's Occupational Safety and Health Administration (OSHA) guideline book revealed a page titled "Inservice Signing Sheet for the office of: A Womens Option Gynocology & More" with a list of training topics which included bloodborne pathogens, HIV, infection control, needlestick safety and prevention act, hazard communication, portable fire extinguisher, fire prevention and emergency action, and biomedical waste. The sheet was signed by the trainer on the bottom and two handwritten dates of 1/31/14 were observed on separate lines with no staff name or signature present. No staff names or signatures were found anywhere else on the document. An interview was conducted with the Administrator on 4/24/14 at 12:45 pm to confirm	A 202	A202 We have now received the proper in-service form showing our proper business name by our OSHA Hamor, that our staff members have signed.	5/1/14

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
	AC13960129	A. BUILDING: _____ B. WING _____	04/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A WOMAN'S OPTION	1933 W 80TH ST 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 202	Continued From page 5 the type of annual inservice training the staff receive. The Administrator stated staff receive an annual OSHA training but they did not sign the inservice sheet on 1/31/2014 because the trainer wrote the wrong facility name on the sheet. She confirmed the facility did not have available a corrected sheet with staff members' signatures of receipt of the training. She confirmed the OSHA training does discuss general procedures for infection control, fire protection, and environmental safety but the training does not address the other required components of annual inservices training which include confidentiality of patient information and records, protecting patient rights, licensing regulations, and incident reporting. She stated the facility does not currently provide a formal annual inservice training to review with staff the facility's specific policies and procedures in these areas.	A 202	All employees will now be mandated and required to take an in-service training that includes: Patient information and records incident reporting confidentiality issues. Each employee will sign and date a log book that will be reviewed yearly. Every year the in-service training will done for each employee.	
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 but not be limited to the following: (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;	A 250		

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
	AC13960129	A. BUILDING: _____ B. WING _____	04/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A WOMAN'S OPTION	1933 W 60TH ST 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 250	Continued From page 6 (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. Chapter 59A-9.024, F.A.C. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to demonstrate their policies and procedures 1) addressed all required topics and 2) were reviewed annually by the Medical Director. The findings include: 1) A review of the facility's policy and procedures manual was conducted with the Administrator on 4/24/2014. During the review it was noted there were no references in the policies to the sterilization/disinfection of surgical equipment nor was there a policy for an annual preventative maintenance program for the facility's mechanical equipment. An interview conducted with the Administrator on	A 250		

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
	AC1396012B	A. BUILDING _____ B. WING _____	04/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A WOMAN'S OPTION	1933 W 60TH ST 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 250	Continued From page 7 4/24/2014 at 12:45 pm revealed she is the person in charge of sterilizing the surgical equipment but this is not formally written into the facility's policies. She also confirmed the facility does not have a policy for preventative maintenance of the equipment and that the equipment is repaired as needed. 2) A review of the facility's policy and procedures manual was conducted with the Administrator on 4/24/2014. During the review it was noted the manuals did not contain acknowledgement of an annual review by the facility's Medical Director. An interview conducted with the Administrator on 4/24/2014 at 12:45 pm revealed the facility has not been conducting a formal annual review and will ensure in the future the policies and procedures are reviewed at least annually and documented upon completion of the annual review.	A 250	A policy has been written that will show the proper way to sterilize and handle surgical equipment. This policy will be placed in the policies and procedures handbook. Our Medical director will review annually our policies and procedures handbook and sign his name to acknowledge compliance.	5/1/14
A 302	Medical Screening/eval.-2nd Trimester Laboratory Equipment and Supplies. (a) All equipment and supplies for the collection, storage, and testing of specimens shall meet the provisions of Rule 59A-7 F.A.C., and shall be maintained according to manufacturer's instructions and in a manner that ensures accurate test results. (b) Temperature controlled spaces for the storage of specimens or testing supplies shall be monitored and recorded to ensure that the proper storage temperature is maintained. (c) All dated supplies and materials shall not be	A 302	Our equipment is cleaned and checked manually, to ensure proper function. We have also contracted w/ a professional technician to ensure all equipment is safe reliable, and Certified.	

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
	AC13S60129	A. BUILDING: _____ B. WING _____	04/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A WOMAN'S OPTION	1933 W 60TH ST 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 302	Continued From page 8 used beyond their expiration date. (d) Adequate facilities and supplies for the collection, storage and transportation of laboratory specimens shall be available on site. Chapter 59A-9.025(3), F.A.C. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to remove a bottle of Anti-D after it expired. The finding include: A tour of the facility was conducted on 4/24/2014 beginning at 12:00 pm with the facility's Administrator. During a review of laboratory supplies, an opened bottle of Anti-D was found with an expiration date of "11/23/2013". The Administrator removed the bottle. An interview was conducted on 4/24/2014 beginning at 12:00 pm with the Administrator who confirmed the expiration date and stated the Anti-D is used to test a patient's blood for Rh factor.	A 302	The Anti-D Bottle has been removed. A new Anti-D Bottle has been received. We will check on the 1st date of every month that all medications are within proper usage date. The Anti-D bottle was placed in the bio-hazard bin and be disposed of by a certified disposal Company.	5/1/14

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 29, 2014

Administrator
A Woman's Option
1933 W 60th ST
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of an Annual State Re-licensure survey that was conducted on April 24, 2014 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 May 24, 2014.**

The plan of correction must include the following:

1. Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
2. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice.
3. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur.
4. Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change.
5. Ensure that no protected or other confidential information (i.e., resident or staff names) are included in the plan.
6. State the completed date; the date that the facility identifies compliance can be achieved, which must be after the exit date.
7. You must sign the bottom of page 1 of the statement of deficiencies; include your title and date.

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

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,

Randolph RNC (for)

Arlene Mayo-Davis
Field Office Manager, Area 11

Enclosure: State (3020) Form