

Agency For Health Care Administration

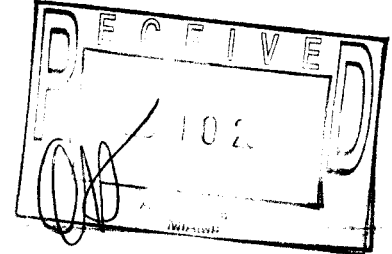
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13920003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/21/2009</b>
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NAME OF PROVIDER OR SUPPLIER <b>ALBA MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4210 PALM AVENUE HIALEAH, FL 33012</b>
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(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) COMPLI DATE
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A 000 INITIAL COMMENTS

An unannounced visit was made to the facility on January 21, 2009, in order to conduct a state licensure survey. The following deficiency was identified at the time of the licensure survey



A 600 Clinical Records

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.

(a) Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval.

(b) Clinical records involving second trimester abortion procedures shall be kept confidential and secure.

(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.

Chapter 59A-9.031(1), F.A.C.

This Standard is not met as evidenced by: Based on observation, interview, and record review, the facility's administration failed to ensure clinical records are systematically organized to facilitate storage and retrieval.

Findings include:

A 000

A 600

(A)

THE CLINIC DIRECTOR TOGETHER WITH THE MEDICAL DIRECTOR HAVE INSTRUCTED ALL PERSONNEL OF THE FACILITY TO MAINTAIN COMPLETE PATIENT RECORDS AND HAVE BEEN GIVEN TRAINING SO THAT THESE RECORDS ARE COMPLETE AND ACCURATE ACCORDING TO AHCA, A 600 REQUIREMENTS.

(B)

SECOND TRIMESTER PATIENT FILES ARE BEING KEPT SEPARATE FROM FIRST TRIMESTER PATIENTS FILES

(C)

DOCTOR PERFORMING SECOND TRIMESTER WILL RECORD CLINICAL RECORDS IN DETAIL AND A FOLLOWUP NOTE IS ENTERED AND GIVEN TO PATIENT TO SIGN TO INSURE PERTINENT INFORMATION.

ALL CLINICAL FILES ARE BEING UPDATED TO INSURE EASY STORAGE AND RETRIEVAL UPON REQUEST

AHCA Form 3020-0001

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

TITLE

(X8) DATE

02/09/09  
STATE FORM

*[Handwritten Signature]*

CLINIC DIRECTOR

02199

SY011

If continuation sheet

Agency For Health Care Administration

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A 600 Continued From Page 1

A 600

During the entrance conference conducted on 1/21/2009, with the designated individual in charge of the facility, the surveyors requested a list or log of patients for the past 6 months up to present. The surveyors requested to review clinical records for patients who had 2nd trimester abortions for the past 6 months up to present, as the facility is licensed to conduct 1st and 2nd trimester abortions. The surveyors advised the staff a sample of at least 10 clinical records will be chosen. The surveyors were advised lists and logs are not maintained. The surveyors were advised clinical records for 2nd trimester abortions are not separated or uniquely identified from 1st trimester abortions. The staff advised the recent charts are kept at the front desk. The surveyor observed only a couple of charts were located at the front desk. The staff advised the other records are kept in the file cabinets. The surveyor began looking through the charts in the file cabinets. The clinical records from 2008 were amongst records from 2007. Clinical records for patients who did not have an abortion were not separated or uniquely identified. Clinical records for patients who only had a gynecological exam, were not uniquely identified.

Staff advised the facility implemented their QA/QI program due to a survey conducted in March 2008. Staff advised new forms were created to maintain regulatory compliance for clinical record content. Staff confirmed the clinical records are not separated by month and year, staff were unable to readily retrieve files created after the March 2008 survey. The surveyors observed staff looking through individual files in order to provide clinical records within the surveyors requested period of review for clinical records.

Staff confirmed the clinical records were not

*To insure compliance from the request of AHCA inspectors the medical and clinical directors have trained the staff in a new filing system. First trimester records are being kept separate from second trimester. Records are being filed month by month for easy retrieval. A log has been established by receptionist recording case load by date of procedure and month and year. This will facilitate easy and correct retrieval of patient files upon your request. Records of clients not having a termination are also being filed separate. All old records from the facility are being readied for destruction.*

*[Signature]*

*02-09-09*

*CLINIC DIRECTOR*

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A 600	<p>Continued From Page 2</p> <p>systematically organized to facilitate storage and retrieval. Staff advised the file cabinets will be thinned out, and those records which meet the statutory requirement for destruction and removal, will be shredded.</p> <p>Class III Correction date: February 20, 2009</p>	A 600	<p><i>CLINICAL DIRECTOR WILL FOLLOW UP ON ALL NEW PROCEDURES OF RECORD KEEPING AND FILING TO INSURE THAT THE INSTRUCTIONS AND TRAINING THAT WAS GIVEN<sup>P</sup> STAFF ARE FOLLOWED AS REQUESTED BY AHCA. ALL PATIENT RECORDS WILL BE INSPECTED BY CLINICAL DIRECTOR DAILY AND MONTHLY, TO INSURE REQUIREMENTS.</i></p>	
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*[Handwritten Signature]*



CHARLIE CRIST  
GOVERNOR

HOLLY BENSON  
SECRETARY

January 30<sup>th</sup>, 2009

Dora Hernandez, Administrator  
Alba Medical Center  
4210 Palm Avenue  
Hialeah, Florida 33012

Dear Ms. Hernandez,

This letter is to report the findings of the annual Licensure survey, which was completed on January 21<sup>st</sup>, 2009 by Kim Ody and Carmen Flores, Health Facility Evaluator II, of this office.

Enclosed, please find State Form 3020, Statement of Deficiencies and Plan of Correction, which enumerate the deficiency that was found during the survey and discussed with you and your staff during the survey and at the exit conference.

**Please provide an acceptable Plan of Correction for each deficiency on the State Form 3020 in accordance with the enclosed instructions (Guidelines for Development of Plans of Correction). You must include on your Plan of Correction who, when and how the deficiency is to be corrected as well as how the requirement will be monitored for future compliance. You must sign, date, and return the Statement of Deficiencies/Plan of Correction, State Form 3020, to this office within ten (10) calendar days of receipt. All citations must be corrected within 30 days of survey date.**

Sign and return the original State Form 3020 with the Plan of Correction to:

**R. Steve Emling  
Field Office Manager, Area 11  
Agency for Health Care Administration, HQA Area 11  
Manchester Bldg, 1<sup>st</sup> floor  
8355 N.W 53<sup>rd</sup> Street  
Miami, FL 33166  
(305) 499-2165  
FAX: (305) 499-2190**

Any deficiencies, which were repeated from previous surveys, or deficiencies that are not corrected within the established time frames may be subjected to administrative actions or fines by the department.

Certain documents may be made available for public disclosure as required by law.

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 [www.fdhc.state.fl.us/Publications/](http://www.fdhc.state.fl.us/Publications/), as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Forms** on

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



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Area Office 11  
Manchester Building  
8355 NW 53<sup>rd</sup> Street  
Miami, FL 33166

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 every assistance provided during this survey process. If you have any questions regarding this report, please call Ric Garcia, RNC and Supervisor of the HHA/Hospital Unit of this office at (305) 499-2165.

Sincerely,

*E. Casillejo* for  
R. Steve Emling  
Field Office Manager, Area 11  
Division of Health Quality Assurance

Enclosure: State Form 3020, and Instructions  
Copies to: Hospital and Outpatient Services