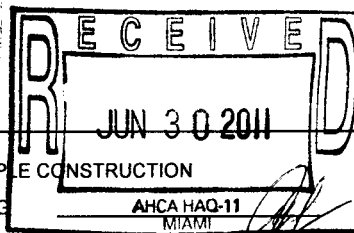


Agency for Health Care Administration



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13920003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ AHCA HQ-11 MIAMI	(X3) DATE SURVEY COMPLETED 06/02/2011
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NAME OF PROVIDER OR SUPPLIER ALBA MEDICAL CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4210 PALM AVENUE HIALEAH, FL 33012
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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) COMPLETE DATE
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A 000 INITIAL COMMENTS

An unannounced visit was made to Alba Medical Center, Inc. on June 2, 2011, in order to conduct a State Licensure Survey. The Abortion Clinic was not in compliance with 390.014 F.S., 59A-9 F.A.C. at the time of the survey. The following deficiency was identified.

A 000

AFTER RECEIVING YOUR RECOMMENDATIONS OUR MEDICAL AND CLINIC DIRECTOR HAVE DECIDED TO IMPLEMENT NEW TRAINING REGULATIONS FOR THE ALBA MEDICAL CENTER STAFF. WE WILL ENSURE THAT THIS TRAINING MEETS THE STANDARD FOR AND OF THE AGENCY FOR HEALTHCARE ADMINISTRATION. IN THE DEFICIENCIES CITED BY YOUR INSPECTOR,

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.

A 202

IN A-202 CLINIC PERSONNEL 2ND TRIMESTER, WE HAVE PUT IN AFFECT THE FOLLOWING CORRECTIONS WE WILL MAKE CERTAIN THAT OUR STAFF AND VOLUNTEERS ARE TRAINED AND WILL BE TESTED ON A QUARTLY BASIS BY THE MEDICAL AND CLINIC DIRECTOR. IN THE FOLLOWING REGULATIONS OF CLINIC PROCEDURES SUCH AS FIRE PROTECTION PROCEDURES AND EVACUATION IN CASE OF AN EMERGENCY FOR STAFF AND PATIENTS EACH EMPLOYEE HAS SPECIFIC DUTIES AS WELL THE STAFF WILL CONTINUE TO BE TRAINED. IN THE CONFIDENTIALITY OF PATIENT INFORMATION AND RECORDS TO PROTECT PATIENTS RIGHTS. ALSO, LICENSING REGULATIONS AND INCIDENT REPORTING. EACH STAFF MEMBER WILL KEEP A LOG WHICH NOTES THE DATES IN WHICH TRAINING IS RECEIVED TO ENSURE THEY HAVE THOROUGH AND SUFFICIENT PREPARATION

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,

AHCA Form 3020-0001

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

[Signature]

TITLE *MD* 06/28/2011 (X6) DATE

CLINIC DIRECTOR 06/28/2011

STATE FORM

6899

K0111

If continuation sheet 1 of 3

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13920003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2011
NAME OF PROVIDER OR SUPPLIER ALBA MEDICAL CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 4210 PALM AVENUE HIALEAH, FL 33012		
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A 202	Continued From page 1 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 and interview, the facility failed to ensure 3 (#1, #2, and #3) out of 3 personnel records reviewed contained documentation demonstrating staff received In-service training on an annual basis in fire protection, confidentiality of patient information and records, and protecting patient rights, licensing regulations, and incident reporting. Findings include: A review of personnel records conducted on 6-2-2011 for 3 (#1, #2, and #3) out of 3 employees, revealed the last documented In-service training in the following areas: fire protection, confidentiality of patient information and records, and protecting patient rights, licensing regulations, and incident reporting was completed since 4/13/2008 to 4/15/2008. During an interview conducted on 6-2-2011 at 11:25 am, staff provided documentation demonstrating up to date training in infection control. Staff advised on 6-2-2011 at 11:25 am, they completed their annual In-service training in the other areas, but were unable to locate the documentation for In-service training in the following areas: fire protection, confidentiality of patient information and records, and protecting patient rights, licensing regulations, and incident reporting at the time of the survey. Facility staff	A 202	CONTINUED FROM PAGE (1) IN ADDITION IF THERE SHOULD BE ANY CHANGES MADE TO POLICY AND PROCEDURES, THE STAFF WILL BE NOTIFIED IMMEDIATELY. THERE WILL BE A YEARLY POLICY AND PROCEDURE REVIEW CONDUCTED BY THE MEDICAL AND CLINICAL DIRECTORS TO GUARANTEE THAT ALL STAFF TRAINING IS UP TO DATE AND ACCURATE AND THAT EACH STAFF MEMBER HAS BEEN BRIEFED AND TESTED ON THEIR SPECIFIC DUTIES AND RESPONSIBILITIES. OUR POLICY HAS ALWAYS BEEN TO SCHEDULE PATIENTS TWO HOURS BEFORE THE PROCEDURE IN ORDER FOR THEM TO RECEIVE THE NECESSARY COUNSELING AND INFORMATION BY THE DOCTOR AND STAFF. ON JUNE 25TH 2011 THE MEDICAL AND CLINICAL DIRECTOR, RETRAINED AND REVIEWED AND TESTED EACH STAFF MEMBERS THEIR SPECIFIC DUTIES ON HOW TO CONTINUE PROVIDING COUNSELING AND SERVE AS PATIENT ADVOCATE.	06/25/2011

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER ALBA MEDICAL CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4210 PALM AVENUE HIALEAH, FL 33012
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A 202 Continued From page 2
reviewed the personnel records and 2 other facility binders and confirmed they were unable to locate the training documentation.

A 202

TRAINING LOGS HAVE BEEN PLACED FOR EACH EMPLOYEE WITH DATES OF TRAINING AND SIGNATURES OF EMPLOYEE'S RECEIVING TRAINING AND SIGNATURE OF TRAINER

06/25/2011

[Signature] *W.D.* *06/25/2011*
[Signature] *CLINIC DIRECTOR* *06/25/2011*



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

June 16, 2011

Administrator
Alba Medical Center, Inc.
4210 Palm Avenue
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a state licensure renewal survey that was conducted on June 2, 2011 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was 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 (10) 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 July 2, 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, RN
Field Office Manager

