Agency F	ог Health Care Adm	Inistration					
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	R/CLIA MBER:	A. BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		AC139200		B. WING		03/17/2008	
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE	•	
ALBA ME	DICAL CENTER			M AVENUE FL 33012			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIE	8	10	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO		
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	TION)	PREFIX TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	ROPRIATE DATE	
A 000	INITIAL COMMEN	TS		A 000		į.	
	#2008003261 was	omplaint investigation conducted on 3-17-t es were identified du	08. The		THE ALTIOMS LISTED BY WILL BE IMPLEMENTED ON-17-2008 AS STOTED.	BY TUTHE	
A 156		uip. Stand2nd Trime nance.	ster	A 156	A) MAINTENANCE LOGE HAVE BE TO PROVISE WAITTEN BOCKE EREPTHENT TESTING AUS C	LEOTH TION OF LACI GRAFFORES.	
	(a) When patient in utilized, a written program shall be d. This equipment shaccordance with meriodic intervals, insure proper open repair. After repair to any equipment, thoroughly tested freturning it to servimaintained on each indicate its history.  (b) All anesthesia and these a written program.	When patient monitoring equipment is zed, a written preventive maintenance gram shall be developed and implemented. It is equipment shall be checked and/or tested in ordance with manufacturer's specifications at iodic intervals, not less than annually, to are proper operation, and a state of good air. After repairs and/or alterations are made any equipment, the equipment shall be roughly tested for proper calibration before arming it to service. Records shall be intained on each piece of equipment to cate its history of testing and maintenance.  All anesthesia and surgical equipment shall be a written preventive maintenance program.			APR - 4 2008  APR - 4 2008  AND MAINTENANCE LOGS H	RECORDES OF WALNUT	
	developed and imp checked and teste manufacturer's st	plemented. Equipment of in accordance with pecifications at design than annually, to ensu	it shall be the nated		BEEN EMPLEMENTED I BAND SURGICAL EQUIPM	GA ANESTHESIA	
	preventive mainter implemented. Surg cleaned and check	ruments shall have a nance program devel gical instruments shall sed for function after ration and a state of 9 25(7), F.A.C.	oped and If be use to		C) SUPEICAL INSTRUMENT CLEMORD AUD CHECKED AFTER EACH USC. OOR EACH AND POLICIES AND PROCE WILL SERVE AS WALFFEN OF THE PREVIOUTIVE MAN PROGRAM THAT HAS BO AND IMPLEMENTED.	, FOR FUNETION SPLOYER HAVE BOOK EVAC MADUOL BOCUMOUTATTON WTEN ONLY	
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If continuation sheet 1 of 15

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13920003		MBER:	(X2) MULTI A. BUILDIN B. WING _		(X3) DATE S COMPLI 03/1	
	ROVIDER OR SUPPLIER	7.51.55		RESS, CITY.	STATE, ZIP CODE		
	DICAL CENTER		4210 PALI HIALEAH,	M AVENUE FL \$3012			
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A 158	Continued From P	•		A 156			
	Based on record in failed to develop a maintenance programaintenance recordinitiated annually, to a state of good regithe care of patients trimester abortions included:  A tour of the facility of the defibrility equipment. There documentation for interview with the	ram and compile a rd indicating history on insure proper open pair of the defibriliator is receiving 1st and 2 is in the facility. The find a receiving 1st and 2 is in the facility. The find a receiving 1st and 2 is in the facility. The find a receiving 1st and 2 is in the facility. The find a receiving the defibriliator in the received assistant on the received assis as a received assistant on the received assistant on the receiv	of testing, ation, and rused in addings.  3-17-08 at prother a facility.  3-17-08				
A 201	Each abortion cliniabortions shall have trained and capab service and superwill have a position delineating duties maintain personne performing or mor second trimester a requirements are Physicians. The cliphysician to serve	nd Trimester ic providing second to re a staff that is adequate of providing approprision to the patients. In description for each and responsibilities a precords for all emplitoring patients receivabortion. The clinical	priate The clinic in position and loyees wing a licensed in. in the	A 201	PERSONEL RECORDS FOR HAVE BEEN IMPLEME HAMBROOK AND POLOCY INCLUDES A LIST OF AND RESPONSIBILITY EACH EMPLOYEE 1:	EPTES COM I PROCESUR ALL VOB ES FOR AU	E MIANUM DUTTES

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Agency For Health Care Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING B. WING 03/17/2008 AC13920003 STREET ADDRESS, CITY, SYATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4210 PALM AVENUE ALBA MEDICAL CENTER HIALEAH, FL 33012 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 201 Continued From Page 2 A 201 procedures relating to patient care, establishment of standards for nursing care and mechanisms for evaluating such care, and nursing services. Allied health professionals, working under appropriate direction and supervision, may be employed to work only within areas where their competency has been established. Chapter 59A-9.023(1),(2),and (3), F.A.C. This Standard is not met as evidenced by: Based on record review and interview the facility failed to provide adequately trained personnel capable of providing appropriate service and supervision to the patients including a position description for each position delineating duties and responsibilities and maintaining personnel records for all employees performing or monitoring patients receiving 1st and 2nd trimester abortions in the facility. The findings included: Review of the employee file for the medical assistant revealed that the medical assistant had worked in the facility for 5 years. There was no evidence in the file of training of assistance with 2nd trimester abortions, no job description, and no orientation to the facility. Interview with the medical assistant on 3-17-08 at 1 pm revealed that he/she was untrained and unable to use any of the equipment in the procedure room. There was no nurse available to assist the physician with the procedure. Correction Date: 4-17-08

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Agency For Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING AC13920003 03/17/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4210 PALM AVENUE ALBA MEDICAL CENTER HIALEAH, FL 33012 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) Continued From Page 3 A 202 A 202 A 202 A 202 Clinic Personnel-2nd Trimester OUR EMPLOYEE HAND BOOK AND Orientation. Each facility shall have and execute a written orientation program to familiarize each POLACY AND PROCEDURES ALAUAL WILL new staff member, including volunteers, with the SERVE AS WESTTEN ORIENTATION FOR facility and its policies and procedures, to EACH EMPLOYEE TO FAMILMAILE include, at a minimum, fire safety and other THEMSELVES WITH THE FALILITY safety measures, medical emergencies, and 175 POLOCIES AND PROCEDURES infection control. FIRE SAFETY, BIO MEDICAL WASTE, In-service Training. In-service training programs SAFETY MEASURES, PATIONT shall be planned and provided for all employees CONFIDENTMENTY, PATIENT RIGHTS. including full time, part time and contract LICENSING, INCIDENT REPORTING employees, at the beginning of employment and at least annually thereafter and will also apply to AND MEDICAL EMERCENCIES all volunteers to insure and maintain their EAST EMPLOYOR IS TO READ THIS understanding of their duties and responsibilities. MIANUAL QUE A YEAR AND SIGN Records shalf be maintained to reflect program STATING THAT THEY HAVE READ content and individual attendance. The following AND FAMILIARIZED THEMSELVES training shall be provided at least annually, and for surgical assistants and volunteers, must WITH THE FACILITIES. POLICIES. include training in counseling, patient advocacy AND PROCEDURES and specific responsibilities associated with the OUR MEDICAL DIRECTOR WILL BC services they provide: PROVISING IN SERVICE TRANSING (a) infection control, to include at a minimum, universal precautions against blood-borne TO DERSONNEL WITHIN THEIR diseases, general sanitation, personal hygiene PARAS OF COMPETENCY. such as hand washing, use of masks and gloves, AN-IN SERVICE TRAINING LOG and instruction to staff if there is a likelihood of WILL BE IMPLEMENTED FOR EACH transmitting a disease to patients or other staff AREA OF TRAINING (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.

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	EMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A BUILDING	PLÉ CONSTRUCTION 3	(X3) DATE COMP	SURVEY LETED	
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A 202	Continued From Pa	ige 4		A 202			4	
	Based on record re- failed to provide a value the staff at the beg- least annually there their understanding responsibilities, information, hand washing, use protection, to include proper use of fire a patient information findings included:	ot met as evidenced eview and interview the written orientation profinning of employments and my of their duties and ection control precautipersonal hygiene such of masks and gloves de evacuating patient actinguishers, confiderand incident reporting	ne facility ogram for it and at naintain tions, ch as s, fire bs and intiality of ig. The					
	assistant revealed worked in the facilities evidence in the file of the employee to understanding of the infection control programmasks and gloves evacuating patient extinguishers, con information and invested worked in the facilities of the faci		was no training their nsibilities, snitation, g, use of clude	·	•			
	to produce a policy and 2nd trimester precautions, gene such as hand was fire protection, to proper use of fire patient information interview with the still nm revealed.	umentation in the fact yand procedure man abortions, infection or ral sanitation, person thing, use of masks anclude evacuating prextinguishers, confident and incident reportionations has bestiered assistant on that he/she was not gentility.	control ial hygiene and gloves, stients and entiality of ing. 13-17-08					
	in-service in the formation Date:						İ	
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		AC139200	<b>03</b>	B. WING,		03/17/2008
		A0 138200		NOTES CITY	STATE, ZIP CODE	
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A 202	Continued From Pa	age 5		A 202		*
A 250	An abortion clinic pabortions shall have procedures to implicate the functional active written procedures trimester abortions accessible to clinic reviewed and appropriet	operative care; ders; s with required signal forage and administration; d disinfection; on: Medical records a arge; er; entation; cation record; and supplies: availabili and	ester  i o assure cifically to a. These d le and be clinic's and ted to the tures; stion;	A 250	ANEMPLOYAL HOND B.  AND POLICY AND PR.  WILL THE DEVELOPED  THIS MANUAL WILL  THE FACILITIES DO  PROCEDURES TO! PR  PROCEDURES TO! PR  PRE AND POST OPE  PHYSICIANS CADER  STORAGE AND ADMIN  TREATMENTS, SO  MEDICAL DROTOCOL  STERILIZATION OF  FACILITY RECORDS,  DISCHARGE AND  EMERGENCY-MEAS  TIXIDENT RESON  ORIGITATION AND  TRAINING MAIN  AND VISITORS	DEEDONES MANUMA.  MOD INPLEMENTE  INCLUDE  CICIES AND  MITTENTADAISSION  A TTIVE CARC,  B, MEDICATION,  UISTMATION,  INGICAL AND  S,  NEDICAL AND  TRANSFOR,  URCS,  TYNG, PERSONNEL  B. IN SERVICE
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STATEMEN	ency For Health Care Administration ATEMENT OF DEFICIENCIES OPLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13920003		MBER:	(X2) MULT A. BUILDIN B. WING		(X3) DATE S COMPLI	
NAME OF D	ROVIDER OR SUPPLIER			DRESS, CITY,	STATE, ZIP CODE		
	DICAL CENTER			M AVENUE FL 33012			
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A 250	Continued From P	age 6		A 250			
A 300	Based on record re providing 1st and 2 to provide written particles and were reviewed clinic's medical din Review of the document of the document of the document of the medical assists confirmed that the available in the fact Correction Date: 4 Medical Screening Each abortion clinit trimester abortions written patient candesigned to ensure for patients undergabortions and shall each such patient services. These procedures; for patimester abortional limited to the follow (a) Admission critical conditions of the services offered second trimester abortions and shall each such patient services. These procedures; for patimester abortions and shall each such patient services of the services offered second trimester abortions and shall each such patient services offered second trimester abortions and shall each such patient second trimester as a second trimester abortions and shall each such patients.	-17-08  /Eval2nd Trimester ic that provides second shall formulate and proceed professional and salpoing second trimester maintain a medical that records history, ditents undergoing sets, shall include but nowing:  Intermedical record curse(s) involved in predictions;	ne facility ns falled nes that personnel ally by the cluded: ility failed or the mist and o pm k  adhere to ures are and and cond by the cond or the	A 300	NEW PATICUT ROCORDS:  TMPLEMENTED. THE  PAST MEDICAL HIST  AND SERVICES PROV  PLSO TUCLUDE THE  ESTIMATION OF GE  ANY ALLEGIES, C  TO CONFIRM GESTA  A BIMANUAL EXAM  UTERINE SIZE, PA  THE ADVENT AND  GIVEN. ALL CAIGN  OF UCTARSONOGRAM  TESTING WILL BE  PATIENT RECORM	THE WILL STAY  THE DAYSTEAL E  CATTON OF THE STATTON OF TON A 9E  A. ESTIMATION OF ANOSTHE  WALL PRIME  TO ANOSTHE  WALL PRIME  TO ANOSTHE  WALL PRIME  A KOD TO ANOSTHE  E KOD TO	ENDICATE  SURVITATION  PROPRIED  TUG  TOG  TOG  TOG  TOG  TOG  TOG  TOG
	(c) Specific details	regarding the pre-or	perative				:

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ALBA MEDICAL CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE  4210 PALM AVENUE HALEAH, FL 33012  (X4) ID PREFIX TAG  CACH DEFICIENCY MUST BE PRECEDED SY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  A 300  Continued From Page 7  A 300  A 300  Continued F		ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:  AC13820003		MBER:	(X2) MULTII A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE COMPL	
MIALEAH, FL 33012   SUMMARY STATEMENT OF DEFICIENCIES   DEFICE CONTROL   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   PREFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   PREFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   DEFICIENCY	NAME OF F	PROVIDER OR SUPPLIER	n . M. H. A White Man	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFUNCED TO THE APPROPRIATE DEFICIENCY)  A 300 Continued From Page 7  procedures performed, to include: 1. History and physical examination, to include verification of pregnancy, estimation of gestational age, identification of any preexisting conditions or complications; including allergies to medications, antiseptic solutions, or latex; and a complete obstetric and gynecological history. 2. Special examination, lab procedures, and/or consultations required, to include ultrasonography to confirm gestational age and a physical examination including a birmanual examination of the adnexa. The physician shall keep original prints of each ultrasound examination of a patient in the patient's medical history file. For an abortion in which an ultrasound examination is not performed before the abortion procedure, urine or blood tests for pregnancy shall be performed before the	ALBA MI	EDICAL CENTER						
procedures performed, to include:  1. History and physical examination, to include verification of pregnancy, estimation of gestational age, identification of any preexisting conditions or complications; including allergies to medications, antiseptic solutions, or latex; and a complete obstetric and gynecological history.  2. Special examinations, lab procedures, and/or consultations required, to include ultrasonography to confirm gestational age and a physical examination including a birmanual examination estimating uterine size and palpation of the adnexa. The physician shall keep original prints of each ultrasound examination of a patient in the patient's medical history file. For an abortion in which an ultrasound examination is not performed before the abortion procedure, urine or blood tests for pregnancy shall be performed before the	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED SY	FULL	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
abortion procedure.  Chapter 59A-9.025(1), F.A.C.  This Standard is not met as evidenced by:  Based on record review and interview the facility providing 1st and 2nd trimester abortions failed to maintain a complete medical record for each patient that records history and physical examination, estimation of gestational age based on a bimanual and ultrasound examination, copies of ultrasounds, and laboratory tests to prove pragnancy before the procedures are completed for 9 of 9 sampled patients. The findings included:  Review of the clinical record of sample patient #1 (16 weeks) revealed that there was no evidence in the record of history and physical examination, estimation of gestational age based on a birmanual examination or lab work to prove pregnancy before the procedure on 1-24-08.		procedures perform  1. History and physicarification of pregrigestational age, ide conditions or compinedications, antise complete obstetric.  2. Special examinate consultations required examination estimate palpation of the adrices original prints examination of a palpation of the adrices original prints examination of a palpation of the adrices original prints examination of a palpation of the adrices original prints examination procedure.  Chapter 59A-9.025( This Standard is not Based on record responding 1st and 2r to maintain a complete that records examination, estimation or a bimanual and tropies of ultrasound prove pragnancy be completed for 9 of 9 findings included:  Review of the clinical (16 weeks) revealed in the record of historestimation of gestatibimanual examination.	ned, to include: ical examination, to inancy, estimation of intification of any pre- ications; including ali- ptic solutions, or late and gynecological his tions, lab procedures red, to include confirm gestational a- in including a bimanu- ting uterine size and lexa. The physician a- of each ultrasound tient in the patient's in bortion in which an tion is not performed ure, urine or blood te performed before the  1), F.A.C. It met as evidenced to riew and interview the id trimester abortions ate medical record for history and physical tion of gestational ac- iltrasound examinations, and laboratory tes fore the procedures a sampled patients. To  if record of sample pa- that there was no every and physical exam- procedures a sampled patients. To  if record of sample pa- that there was no every and physical exam- procedures a an or lab work to provi	existing lengies to ox; and a story, a, and/or age and a sall shall medical i before ests for each ge based on, its to are he attent #1 //dence nination, //e	A 300			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU AC139200	MBER:	(XZ) MULTI A. BUILDING B. WING	PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED - 03/17/2008	
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A 300	Review of the clinical record of sample patient #2 (17 weeks) revealed that there was no evidence in the record of history and physical examination, estimation of gestational age based on a bimanual examination or lab work to prove pregnancy before the procedure on 1-30-08.		A 300			-	
	(15 weeks) revealed in the record of his estimation of gesta bimanual examination	cal record of sample point that there was no eletory and physical exactional age based on a tion or lab work to prohe procedure on 2-8-	evidence mination, a ove				
	(22 weeks) revealed in the record of hist estimation of gesta	cal record of sample p of that there was no e tory and physical exa- tional age based on a ion before the proced	evidence mination,				
	(22 weeks) reveale in the record of hist estimation of gestal bimanual examinat	al record of sample p d that there was no e ory and physical exar tional age based on a ion or lab work to pro- ne procedure on 2-27	vidence mination, i ve	·	•		
	(20 weeks) revealed in the record of histo estimation of gestat bimanual examinati	al record of sample p d that there was no ev ory and physical exam- tional age based on a on or lab work to provide procedure on 1-24-	vidence mination, ve				
1	#7, #8, #9 revealed the record of an ultr	al record of sample po that there was no evi asound examination ancy before the process	idence in or lab				

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Agency For Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING AC13920003 03/17/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ALBA MEDICAL CENTER **4210 PALM AVENUE** HIALEAH, FL 33012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LISC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY A 300 Continued From Page 9 A 300 Interview with the medical assistant and the receptionist on 3-17-08 at 1 pm confirmed that the physicians conducted the visits before the procedures and wrote in the charts. Correction Date: 4-17-08 A 301 Medical Screening/eval.-2nd Trimester A 301 Laboratory Services. RH FALTOR, HEMOGLOBIN AND. (a) Laboratory services shall be provided on-site URINE DREGNANCY TEST WILL BE or through arrangement with a laboratory that holds the appropriate federal Clinical Laboratory CONSUCTED PRIOR TO TERRIDATION improvement Amendments (CLIA) certificate and OF PREGNANCY AND THE RESULTS state of Florida clinical laboratory license issued WILL BE INCLUDED IN THE pursuant to Chapter 483, Part I, F.S. NEW PATTENT RECORD. (b) All laboratory services provided on-site shall be performed in compliance with state of Florida clinical laboratory licensure and federal CLIA AN ADDICATION FOR THE CLIPA provisions. CERTIFICATE HAS BEEN MAILEN TO CLIA Rh factor. Rh testing for Rh negative patients shall be conducted, unless reliable written documentation of blood type is available. All laboratory test reports shall be placed in the patient 's medical record. All laboratory test and storage areas, records and reports shall be available for inspection by the agency. If a person who is not a physician performs an ultrasound examination, that person shall have documented evidence that he or she has completed a course in the operation of ultrasound equipment. The physician, registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician

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Agency For Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING B. WING AC13920003 03/17/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4210 PALM AVENUE** ALBA MEDIÇAL CENTER HIALEAH, FL 33012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE REGULATORY OR USC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) A 301 Continued From Page 10 A 301 assistant shall; at the request of the patient and before the abortion procedure is performed, review the ultrasound evaluation results with the patient, including an estimate of the probable gestational age of the fetus. A test for anemia shall be performed. Chapter 59A-9.025(2), (4), (5), (6), (7), and (8) F.A.Ç. This Standard is not met as evidenced by: Based on record review and interview the facility providing 1st and 2nd trimester abortions failed to maintain a complete medical record for each patient that records Rh factor testing and anemia testing before procedures were performed for 8 of 9 (all except #4) Review of the clinical records of sampled patients #1, #2, #3, #5, #6, #7, #8, #9 revealed that there was no evidence of laboratory tests to indicate the Rh factor, if necessary or anemia testing in the records. Interview with the medical assistant on 3-17-08 at 1 pm confirmed that the physicians' conducted the visits before the procedures and wrote in the charts. Correction Date: 4-17-08 A 400 Recovery Rm Stand.-2nd Trimester A 400 THE RECOVERY ROOM WILL BE Each abortion clinic which is providing second trimester abortions shall comply with the SUPERVISED AT ALL TIMES BY following recovery room standards when THE MEDICAL ASSISTANTE THE providing second trimester abortions: WEDICAL SIMECTON WILL PROVIDE IN SERVICE TRAINING IN THIS. (1) Following the procedure, post procedure ANER.

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	recovery rooms will meet the patient's in physician assistant a licensed practical registered nurse promanagement of the available to monito room until the patie individual must be cardiopulmonary repost-operative or repostred for as lon warrants.  (2) The clinic shall accomplication beyon staff occurs or is successful appropriate emerges support procedures patient or a viable freedily accessible a patient or a viable fetus is nearly accompany the patient is discharge emergency cases if or viable fetus is nearly accompany the patient include the contact is who performed the patient mediate postobe available to the prollowing completion the patient refuses th	Il be supervised and a needs. A physician or i, a licensed registere I nurse or an advance ractitioner who is train a recovery area shall ir the patient in the re- ent is discharged. The	d nurse, ed hed in the be covery in the half hed in the half half half half half half half half		THE PHYSICIAN A TO DISCHMAGE EN AND ALL EMPLOYER C. D.R. COURSE.  I) HOSDITILIZATION BY THE FALILITY OCCUR, BEYOND THE CAPABILITIES OF; OUR EMERGENCY K, AUALIABLE IN CA EMERGENCY  INTHE PHYSICIAN A WITH EACH PATT  THUNDE GLOBULM. THAT IT IS OFFER PATIENT IN THE OPERATIVE PERMIC BE AVALIABLE FOR FOLLOWING THE E THE TERMINATION IF THE PATIENT RHO (D) IMMUDE (AHCA REFUSAL F WILL BE SIGNED AUGUS BESIGNED AUGUS BESIGNED AUGUS BESIGNED RECORDS.	WILL BE AUDILADOR  COS HAVE COMPLETE  WILL TO E AREMAGE  JE ANY COMPLICATION  E MEDICAL  THE STAFF  JE OF A REDICA  RULL DISCUSS  RUT THE RHO(D)  AND WILL ENSURE  ED TO THE  I MANDING  ON THAT IT WILL  A 72 HOURS  OMPLETION OF  OF PREGUNANCY  REFUSES THE  GOAM) 3 130-1000  BY THE PATIEN

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	Immunoglobulin ", reference, shall be witness, and shall to medical record.  (4) Written instruction abortion coitus, sign complications, and given to each patier specific written instruction and control care for contelephone number to emergencies. The petither a registered in nurse, advanced rephysician assistant makes a good faith by telephone, with the 24 hours after surge recovery. A contact the fecility shall be a 24-hour basis.  (5) Facility procedure the fecility shall be a 24-hour basis.  (5) Facility procedure the fecility shall be a 24-hour basis.  (5) Facility procedure the for reprocedure type and Chapter 59A-9.027,  This Standard is not based on record revistaff failed to provide condition before and facility for 11 of 11 s findings included:	herein incorporated by signed by the patient and a period in the patient and a period in the patient is on swith regard to post and of possible medical general aftercare shall be not. Each patient shall have ructions regarding access to implications, including a possible call for medical physician will ensure that house, licensed practical gistered nurse practitioner, or from the abortion clinic effort to contact the patient he patient's consent, within any to assess the patient's for post-operative care from available to the patient on a resimust specify the minimum covery as warranted by the gestation period.  F.A.C.  It met as evidenced by:  Indian and interview the facility is vital signs and patient in after the procedures in the ampled patients. The	A 400	4) A NEW POST ODER TO BE DEVELOPED AS TO BE GIVEN TO E THE GRANDS TO PO THE GRANDS TO PO THE GRAND IS PROVINE FORM INCASE OF  S) OUR EMPLOYER MA POLICY AND PROCED WILL SPECIES THE LENGTH OF THE F AS CURRANTED B TOPPE AND GESTA	NO THE LEAD TO ST-OPERATE DY HOOR TO PERCENTERS AND THE MININGER AND THE MININGER AND THE DESCRIPTION OF PECCIA	WENTED TUC TUC VC/ES, VAL,
	procedure), 3-14-08 procedures), reveale	records from 3-10-08 (1 (1 procedure), 3-15-08 (9 ad that none had any a pre-procedure or recovery				

AHCA Form 3020-0001

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A 400	documentation of to patients condition, member or post pr Interview with the rat 4 pm confirmed	e procedures. There is the discharge time, the the accompanying facedure medication gredical assistant on 3 that the physician wan on the day of the complete the records.	e mily jiven. 3–17–08 s due to	A 400					
A 450	Each abortion clinic trimester abortions following post proor requirements when abortion:	c which is providing so shall comply with the sdure follow-up care providing a second t	rimester	A 450	(1) A DORT ABORTION VISIT WILL BE PROV. PATIENT. AT THIS MEDICAL EXAM AND ALL LA BORATORY WILL WITH THE DATTENT	Med For TIME M MADIC LA BE RE	ENCH W OF Viewes		
	visit that includes a review of the result (2) A urine pregnan time of the follow-up pregnancy. If a con- suspected, the patic	offer a post abortion in medical examination is of all laboratory test cy test will be obtained by visit to rule out continuing pregnancy is antishall be evaluated orms abortions shall be	and a s. nd at the inuing	. •	(3) A VAINE PRES. TEST TO RULE OUT A CONTR. IF THE SUSPICION THE OF PROGRAMMY ARIS WILL BE EVALUATE PLYSICIAN. (3) OUR POST OPERAT.	HATA CO LES THE S BY TH	UTINUIA PRIVEN <del>SE</del>		
	the patient in post-p	provide for the educat rocedure care, includ in case of emergenc F.A.C.	ling		SHALL FOR THE EDUCA PATIENT DURING THE CARE ALSO INCLUS. INSTRUCTIONS IN AN EMERGENCY	TODU OF Dost-P e Speci	THE ROCEDUR		
I .		t met as evidenced b riew and interview the	• ;		THANK YOU FOR YOUR THIS MATTER, PLEASE! CONTACT ME, I FAND O ARE IN QUESTION,	TAKE A AN	774		

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Agency For Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING AC13920003 03/17/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4210 PALM AVENUE** ALBA MEDICAL CENTER HIALEAH, FL 33012 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION ID PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) A 450 Continued From Page 14 A 450 providing 1st and 2nd trimester abortions failed to maintain a complete medical record for each patient that records a post abortion medical visit that includes a medical examination and a review of the results of all laboratory tests and a urine pregnancy test obtained at the time of the follow-up visit to rule out continuing pregnancy for 4 of 4 sampled patients. The findings included: Review of the clinical records of sampled patients #1, #2, #3, #4 revealed that there was no evidence of a follow-up visit in the record. Interview with the medical assistant on 3-17-08 at 1 pm confirmed that the patients were not encouraged to return to the facility. Correction Date: 4-17-08 AHCA Form 3020-0001

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CHARLIE CRIST GOVERNOR

March 25, 2008

HOLLY BENSON SECRETARY

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

Dear Ms. Hernandez,

On 3-17-08, Arlene Schweitzer, RNC representing this office conducted an unannounced survey to investigate complaint # 2008003261 filed against Alba Medical Center.

The allegation that the facility failed to operate within the scope of practice was unable to be confirmed. However, the Medical Center must operate within the regulations set forth by the legislature.

Enclosed is your "Statement of Deficiencies and Plan of Correction" (State Form) listing the Deficiencies discussed with you and/or your representatives upon the completion of the survey.

Please complete a "Plan of Correction" (PoC) for the deficiencies shown on the "Statement of Deficiencies and Plan of Correction," including the date corrective action was accomplished or is anticipated to be accomplished. Also, please sign and date all forms on the bottom and return them to this office within ten (10) calendar days of receipt of this letter. Failure to submit a reply within this time may jeopardize your licensure/certification status. All corrections must be made by 4-17-08.

## Plan of Correction (PoC)

A PoC for the deficiencies must be submitted on the State Form enclosed. Your PoC must contain the following:

- What corrective action(s) will be implemented to correct the deficient practice;
- Who will correct the deficient practice and when the deficient practice will be corrected;
- What systemic changes/measures will be put into place to ensure that the deficient practice does not recur; and,
- What on-going monitoring/quality assurance will be conducted to ensure the deficient practice will not recur, who will be responsible for the on going monitoring.

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

Please mail the plan of correction to:

R. Steve Emling, Field Office Manager, Area 11 Agency for Health Care Administration, HQA 8355 NW 53<sup>rd</sup> Street Miami, FL 33166 Phone: (305) 499-2165 Fax: (305) 499-2190

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

In order to obtain feedback regarding your survey, a web-based interactive survey satisfaction questionnaire has been placed on the Agency's website at <a href="https://www.fdhc.state.fl.us/Publications.">www.fdhc.state.fl.us/Publications.</a>
You may access the "Quality Assurance Survey Satisfaction Questionnaire" through the link under the Forms heading on this webpage. Your feedback is encouraged and valued, as our goal is to ensure a satisfactory and professional survey process.

Thank you for the assistance provided to the surveyor at the time of the survey. Should you have any questions, please contact me at 305-499-2165.

Sincerely,

Field Office Manager, Area 11

Division of Health Quality Assurance

Enclosures: State Form

Cc: Hospital Unit



CHARLIE CRIST GOVERNOR HOLLY BENSON 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 noncompliance found during the survey process and remediate any specific noncompliance that may have been identified for the individuals receiving services from the facility.

A POC for the deficiencies must be submitted by 10 days after the facility receives its State Form and CMS-2567. 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 patients found to have been affected by the deficient practice;
- 2. How you will identify other 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.



PRINTED: 03/21/2008 FORM APPROVED Agency For Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 03/17/2008 AC13920003 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4210 PALM AVENUE ALBA MEDICAL CENTER HIALEAH, FL 33012 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PRÉFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) A 000 A 000 **INITIAL COMMENTS** An unannounced complaint investigation survey #2008003261 was conducted on 3-17-08. The following deficiencies were identified during the investigation: 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

AHCA Form 3020-0001

repair.

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

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

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

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Agency For Health Care Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING AC13920003 03/17/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4210 PALM AVENUE** ALBA MEDICAL CENTER HIALEAH, FL 33012 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) Continued From Page 1 A 156 A 156 This Standard is not met as evidenced by: Based on record review and interview the facility failed to develop a written preventive maintenance program and compile a maintenance record indicating history of testing, initiated annually, to insure proper operation, and a state of good repair of the defibrillator used in the care of patients receiving 1st and 2nd trimester abortions in the facility. The findings included: A tour of the facility was conducted on 3-17-08 at 1 pm. The defibrillator was hidden under other equipment. There was no maintenance documentation for the defibrillator in the facility. Interview with the medical assistant on 3-17-08 at 1 pm revealed that he/she was untrained and unable to use the equipment. Correction Date: 4-17-08 Clinic Personnel-2nd Trimester A 201 A 201 Each abortion clinic providing second trimester abortions shall have a staff that is adequately trained and capable of providing appropriate service and supervision to the patients. The clinic will have a position description for each position delineating duties and responsibilities and maintain personnel records for all employees performing or monitoring patients receiving a second trimester abortion. The clinical staff requirements are as follows: Physicians. The clinic shall designate a licensed physician to serve as a medical director. Nursing Personnel. Nursing personnel in the clinic shall be governed by written policies and

Agency For Health Care Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING 03/17/2008 AC13920003 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4210 PALM AVENUE ALBA MEDICAL CENTER HIALEAH, FL 33012 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRFFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) Continued From Page 2 A 201 A 201 procedures relating to patient care, establishment of standards for nursing care and mechanisms for evaluating such care, and nursing services. Allied health professionals, working under appropriate direction and supervision, may be employed to work only within areas where their competency has been established. Chapter 59A-9.023(1),(2),and (3), F.A.C. This Standard is not met as evidenced by: Based on record review and interview the facility failed to provide adequately trained personnel capable of providing appropriate service and supervision to the patients including a position description for each position delineating duties and responsibilities and maintaining personnel records for all employees performing or monitoring patients receiving 1st and 2nd trimester abortions in the facility. The findings included: Review of the employee file for the medical assistant revealed that the medical assistant had worked in the facility for 5 years. There was no evidence in the file of training of assistance with 2nd trimester abortions, no job description, and no orientation to the facility. Interview with the medical assistant on 3-17-08 at 1 pm revealed that he/she was untrained and unable to use any of the equipment in the procedure room. There was no nurse available to assist the physician with the procedure. Correction Date: 4-17-08

Agency For Health Care Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 03/17/2008 AC13920003 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4210 PALM AVENUE** ALBA MEDICAL CENTER HIALEAH, FL 33012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) A 202 | Continued From Page 3 A 202 A 202 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. (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.

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A 202	This Standard is not Based on record refailed to provide a value the staff at the beging least annually there their understanding responsibilities, information, hand washing, use protection, to include proper use of fire expatient information findings included:  Review of the emplassistant revealed the worked in the facilities evidence in the file of the employee to understanding of the infection control preparasks and gloves, evacuating patients extinguishers, confininformation and incomposition and incomposition information and incomposition information and washing protection, to incomposite the protection, to incomposite the manufacture of fire expatient information and incomposition information information and incomposition information and incomposition information inform	and incident reporting fire protections, general sauch as hand washing fire protections, general sauch as hand washing fire protection, to include the protection of their duties and personal hygiene such and incident reporting and incident reporting fire protection, to include the protection of the personal hygiene with the medical assist of 5 years. There we of annual in-service to insure and maintain their duties and response auch as hand washing fire protection, to include the protection of	ne facility ogram for t and at naintain tions, ch as s, fire is and intiality of g. The ical stant had was no training their insibilities, anitation, g, use of slude lity failed ual for 1st ontrol al hygiene ind gloves, cients and intiality of g. 3-17-08	A 202			
	Correction Date: 4-7	17-08					

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A 202	Continued From Pa	age 5		A 202			
A 250	An abortion clinic p abortions shall have procedures to imple that quality patient the functional activi written procedures trimester abortions accessible to clinic reviewed and appromedical director. To procedures shall infollowing:  (1) Patient admission (2) Pre- and post-on (3) Physician 's ord (4) Standing orders (5) Medications, ston (6) Treatments;  (7) Surgical asepsis (8) Medial asepsis; (9) Sterilization and (10) Documentation records; (11) Patient dischard (12) Patient transfer (13) Emergency medical incident report (15) Personnel orie (16) Inservice educ (17) Anesthesia; (18) Equipment and maintenance; (19) Volunteers; and	perative care; ders; ders; with required signaterage and administrates; disinfection; m: Medical records are rge; r; easures; s; ntation; ation record; disupplies: availability	ester I assure cifically to s. These d le and be clinic's and ted to the ures; tion;	A 250			
:	(20) Visitors. Chapter 59A-9.024	F.A.C.					:

Agency For Health Care Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING AC13920003 03/17/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4210 PALM AVENUE **ALBA MEDICAL CENTER** HIALEAH, FL 33012 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID ΙD (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Continued From Page 6 A 250 A 250 This Standard is not met as evidenced by: Based on record review and interview the facility providing 1st and 2nd trimester abortions failed to provide written policies and procedures that were available and accessible to clinic personnel and were reviewed and approved annually by the clinic's medical director. The findings included: Review of the documentation in the facility failed to reveal a policy and procedure book for the staff to use. Interview with the Receptionist and the medical assistant on 3-17-08 at 1:30 pm confirmed that there was no policy book available in the facility. Correction Date: 4-17-08 A 300 Medical Screening/Eval.-2nd Trimester A 300 Each abortion clinic that provides second trimester abortions shall formulate and adhere to written patient care policies and procedures designed to ensure professional and safe care for patients undergoing second trimester abortions and shall maintain a medical record for each such patient that records history, care and services. These patient care policies and procedures, for patients undergoing second trimester abortions, shall include but not be limited to the following: (a) Admission criteria and procedures; (b) Identification in the medical record of physician(s) and nurse(s) involved in providing the services offered for patients undergoing second trimester abortions: (c) Specific details regarding the pre-operative

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AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		AC139200	03	B. WING		03/1	7/2008
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ALBA ME	EDICAL CENTER			M AVENUE , FL 33012			
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A 300	Continued From Page 7			A 300			
	procedures performed, to include:  1. History and physical examination, to include verification of pregnancy, estimation of gestational age, identification of any preexisting conditions or complications; including allergies to medications, antiseptic solutions, or latex; and a complete obstetric and gynecological history.  2. Special examinations, lab procedures, and/or consultations required, to include ultrasonography to confirm gestational age and a physical examination including a bimanual examination estimating uterine size and palpation of the adnexa. The physician shall keep original prints of each ultrasound examination of a patient in the patient's medical history file. For an abortion in which an ultrasound examination is not performed before the abortion procedure, urine or blood tests for pregnancy shall be performed before the abortion procedure.  Chapter 59A-9.025(1), F.A.C.						
	Based on record re providing 1st and 2 to maintain a comp patient that records examination, estimon a bimanual and copies of ultrasoun prove pregnancy be	ot met as evidenced eview and interview the and interview the and trimester abortion elete medical record for a history and physical ation of gestational a ultrasound examinateds, and laboratory testerore the procedures 9 sampled patients. The evidence of the procedures 10 sampled patients.	re facility s failed or each ge based ion, sts to are				
	(16 weeks) reveale in the record of hist estimation of gesta bimanual examinat	cal record of sample part that there was no extern and physical example tional age based on a sion or lab work to prohe procedure on 1-24	evidence mination, a eve				

Agency For Health Care Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING \_ 03/17/2008 AC13920003 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4210 PALM AVENUE ALBA MEDICAL CENTER** HIALEAH, FL 33012 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 300 A 300 Continued From Page 8 Review of the clinical record of sample patient #2 (17 weeks) revealed that there was no evidence in the record of history and physical examination, estimation of gestational age based on a bimanual examination or lab work to prove pregnancy before the procedure on 1-30-08. Review of the clinical record of sample patient #3 (15 weeks) revealed that there was no evidence in the record of history and physical examination, estimation of gestational age based on a bimanual examination or lab work to prove pregnancy before the procedure on 2-8-08. Review of the clinical record of sample patient #4 (22 weeks) revealed that there was no evidence in the record of history and physical examination, estimation of gestational age based on a bimanual examination before the procedure on 2-12-08. Review of the clinical record of sample patient #5 (22 weeks) revealed that there was no evidence in the record of history and physical examination, estimation of gestational age based on a bimanual examination or lab work to prove pregnancy before the procedure on 2-27-08. Review of the clinical record of sample patient #6 (20 weeks) revealed that there was no evidence in the record of history and physical examination, estimation of gestational age based on a bimanual examination or lab work to prove pregnancy before the procedure on 1-24-08. Review of the clinical record of sample patient #7, #8, #9 revealed that there was no evidence in the record of an ultrasound examination or lab work to prove pregnancy before the procedure on 3-12-08.

Agency For Health Care Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 03/17/2008 AC13920003 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4210 PALM AVENUE** ALBA MEDICAL CENTER HIALEAH, FL 33012 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 300 A 300 Continued From Page 9 Interview with the medical assistant and the receptionist on 3-17-08 at 1 pm confirmed that the physicians conducted the visits before the procedures and wrote in the charts. Correction Date: 4-17-08 A 301 A 301 Medical Screening/eval.-2nd Trimester Laboratory Services. (a) Laboratory services shall be provided on-site or through arrangement with a laboratory that holds the appropriate federal Clinical Laboratory Improvement Amendments (CLIA) certificate and state of Florida clinical laboratory license issued pursuant to Chapter 483, Part I, F.S. (b) All laboratory services provided on-site shall be performed in compliance with state of Florida clinical laboratory licensure and federal CLIA provisions. Rh factor. Rh testing for Rh negative patients shall be conducted, unless reliable written documentation of blood type is available. All laboratory test reports shall be placed in the patient 's medical record. All laboratory test and storage areas, records and reports shall be available for inspection by the agency. If a person who is not a physician performs an ultrasound examination, that person shall have documented evidence that he or she has completed a course in the operation of ultrasound equipment. The physician, registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician

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NAME OF P	ROVIDER OR SUPPLIER		_		STATE, ZIP CODE				
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A 301	Continued From Page 10			A 301					
	assistant shall, at the request of the patient and before the abortion procedure is performed, review the ultrasound evaluation results with the patient, including an estimate of the probable gestational age of the fetus.								
	A test for anemia s	пан ве репогтец.		Į:					
·	Chapter 59A-9.025 F.A.C.	(2), (4), (5), (6), (7), a	and (8)						
	This Standard is not met as evidenced by: Based on record review and interview the facility providing 1st and 2nd trimester abortions failed to maintain a complete medical record for each patient that records Rh factor testing and anemia testing before procedures were performed for 8 of 9 (all except #4)								
	patients #1, #2, #3, that there was no e indicate the Rh factesting in the record assistant on 3-17-0	cal records of sample #5, #6, #7, #8, #9 revidence of laboratory for, if necessary or alds. Interview with the 8 at 1 pm confirmed the the visits before the the charts.	evealed y tests to nemia medical that the						
	Correction Date: 4-	17-08							
A 400	Recovery Rm Stan	d2nd Trimester		A 400					
	trimester abortions	c which is providing s shall comply with the room standards when imester abortions:	9						
	(1) Following the p	rocedure, post proce	dure						

Agency For Health Care Administration (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B WING 03/17/2008 AC13920003 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4210 PALM AVENUE ALBA MEDICAL CENTER HIALEAH, FL 33012 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From Page 11 A 400 A 400 recovery rooms will be supervised and staffed to meet the patient's needs. A physician or physician assistant, a licensed registered nurse, a licensed practical nurse or an advanced registered nurse practitioner who is trained in the management of the recovery area shall be available to monitor the patient in the recovery room until the patient is discharged. The individual must be certified in basic cardiopulmonary resuscitation. A patient in the post-operative or recovery room shall be observed for as long as the patient's condition warrants. (2) The clinic shall arrange hospitalization if any complication beyond the medical capability of the staff occurs or is suspected. The clinic shall ensure that all appropriate equipment and services are readily accessible to provide appropriate emergency resuscitative and life support procedures pending the transfer of the patient or a viable fetus to the hospital. A physician shall sign the discharge order and be readily accessible and available until the last patient is discharged to facilitate the transfer of emergency cases if hospitalization of the patient or viable fetus is necessary. The clinic medical records documenting care provided shall accompany the patient. These records will include the contact information for the physician who performed the procedure at the clinic. (3) A physician shall discuss Rho (D) immune globulin with each patient for whom it is indicated and will ensure that it is offered to the patient in the immediate postoperative period or that it will be available to the patient within 72 hours following completion of the abortion procedure. If the patient refuses the Rho (D) immune globulin, refusal Form 3130-1002, January 2006, Refusal to Permit Administration of Rh(D)

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		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
AC139200			03	B. WING		03/17/2008			
NAME OF P	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE					
ALBA ME	DICAL CENTER		4210 PAL HIALEAH,	M AVENUE 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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE		
A 400	Continued From Page 12			A 400					
	Immunoglobulin ", herein incorporated by reference, shall be signed by the patient and a witness, and shall be included in the patient's medical record.								
	<ul> <li>(4) Written instructions with regard to post abortion coitus, signs of possible medical complications, and general aftercare shall be given to each patient. Each patient shall have specific written instructions regarding access to medical care for complications, including a telephone number to call for medical emergencies. The physician will ensure that either a registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant from the abortion clinic makes a good faith effort to contact the patient by telephone, with the patient's consent, within 24 hours after surgery to assess the patient's recovery. A contact for post-operative care from the facility shall be available to the patient on a 24-hour basis.</li> <li>(5) Facility procedures must specify the minimum length of time for recovery as warranted by the procedure type and gestation period.</li> </ul>								
	Chapter 59A-9.027	7, F.A.C.							
	Based on record re staff failed to provi condition before ar	not met as evidenced eview and interview the de vital signs and par nd after the procedur sampled patients. The	he facility tient es in the						
	procedure), 3-14-0 procedures), reveal	al records from 3-10 8 (1 procedure), 3-19 aled that none had ar the pre-procedure or	5-08 (9 1y						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIED IDENTIFICATION NUM	R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
			B. WING		03/17/2008		
NAME OF P	ROVIDER OR SUPPLIER			DRESS, CITY, ST	ATE, ZIP CODE		
ALDA MEDICAL CENTER 4210 PA				M AVENUE FL 33012			
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A 400	period following the procedures. There was no documentation of the discharge time, the patients condition, the accompanying family member or post procedure medication given. Interview with the medical assistant on 3-17-08 at 4 pm confirmed that the physician was due to come in at 3:30 pm on the day of the complaint investigation to complete the records.  Correction Date: 4-17-08			A 400			
A 450	Post Proc. F/up Care-2nd Trimester			A 450			
	Each abortion clinic which is providing second trimester abortions shall comply with the following post procedure follow-up care requirements when providing a second trimester abortion:  (1) The clinic shall offer a post abortion medical visit that includes a medical examination and a review of the results of all laboratory tests.						
	time of the follow-to- pregnancy. If a co- suspected, the part	ncy test will be obtair up visit to rule out cor ntinuing pregnancy is tient shall be evaluate forms abortions shall	ntinuing s ed and a				
	the patient in post	I provide for the educ -procedure care, incl ns in case of emerge	uding				
	Chapter 59A-9.02	8, F.A.C.					
		not met as evidenced review and interview t					

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 03/17/2008 AC13920003 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4210 PALM AVENUE ALBA MEDICAL CENTER** HIALEAH, FL 33012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From Page 14 A 450 A 450 providing 1st and 2nd trimester abortions failed to maintain a complete medical record for each patient that records a post abortion medical visit that includes a medical examination and a review of the results of all laboratory tests and a urine pregnancy test obtained at the time of the follow-up visit to rule out continuing pregnancy for 4 of 4 sampled patients. The findings included: Review of the clinical records of sampled patients #1, #2, #3, #4 revealed that there was no evidence of a follow-up visit in the record. Interview with the medical assistant on 3-17-08 at 1 pm confirmed that the patients were not encouraged to return to the facility. Correction Date: 4-17-08

AHCA Form 3020-0001

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