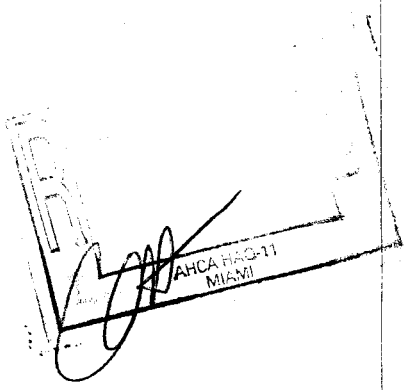
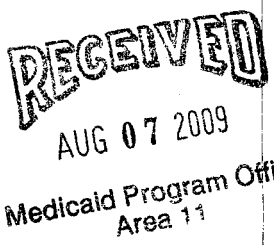
Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13950033	A. BUILDING _____ B. WING _____	07/23/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A-1 WOMAN'S HEALTH CARE, INC	1250 SW 1ST STREET MIAMI, FL 33135

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	INITIAL COMMENTS An unannounced first followup visit to CCR# 2009004223 was conducted at A 1 Woman's Health Care, Inc. on July 23,2009 in conjunction with the State Licensure renewal survey. The facility was found to be still not in compliance with 390.014 F.S., 59A-9 F.A.C. requirements for abortion clinics.The following deficiencies were found to be still uncorrected A-151, A-156, A-250, A-350, and A-600 at the time of the survey.	{A 000}		
{A 151}	Clinic Supplies/equip. Stand.-2nd Trimester Emergency equipment shall be provided for immediate use, maintained in functional condition, and capable of providing at least the following services: (a) Inhalation therapy (b) Defibrillation (c) Cardiac monitoring (d) Suctioning (e) Maintenance of patient airway Chapter 59A-9.0225(2), F.A.C. This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure emergency equipment is provided for immediate use. Findings include: During a tour of the procedure room conducted	{A 151}	All equiptment will be provided for Immediate use we will order all equiptment needed for Patient saftey and monitoring. 8/4/09 	

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: President — (X6) DATE: 8-5-09

Agency For Health Care Administration

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{A 151}	Continued From Page 1 on 7-23-2009 at 12:45 PM, the surveyor did not see a defibrillator and a cardiac monitor. The staff was asked to provide their defibrillator and cardiac monitor. Staff advised on 7-23-2009 that they hadn't obtained it yet, as they are expensive, and the physician who provides services at the facility is looking to obtain one for them that's cheaper. During the time of the survey, the facility did not have a defibrillator and a cardiac monitor. The surveyor was unable to determine actual harm, but did identify the potential for more than minimal harm, at the time of the survey. The facility failed to correct this deficiency. Class III Correction date: 8-22-2009	{A 151}		
{A 156}	Clinic Supplies/equip. Stand.-2nd Trimester 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	{A 156}	All equipment will be maintenance once a year to confirm that it is running properly and safely for Patient use. All records will be kept on Equipment maintenance.	8/4/09.

8-5-09

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{A 156}	Continued From Page 2 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 and interview, the facility failed to ensure preventive maintenance was completed on equipment utilized for patient monitoring. Findings include: During a tour conducted on 7-23-2009 at 12:45PM, the surveyor observed the following equipment needing current preventive maintenance: Suction unit, and the sterilization machine. The administrator advised they have a person who provides the preventive maintenance, and they will just give them a call. The administrator was unable to demonstrate at the time of the survey, that the equipment received preventive maintenance. The surveyor requested to review service logs or invoices demonstrating compliance with this requirement, and they could not provide documentation for the suction unit and sterilization machine. The facility failed to correct this deficiency.	{A 156}	All surgical instruments will be checked for function to insure proper operation. 8/4/09 we will have the suction unit and sterilizer machine maintenance once a year to confirm its properly working. 8/4/09. RECEIVED AUG 07 2009 Medicaid Program Office Area 11	

8-5-09

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{A 156}	Continued From Page 3 Correction date: 8-22-2009	{A 156}		
{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; (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.	{A 250}	Clinical Policies will be kept to assure the quality of Patient Care and shall relate specifically to functional activities of clinical services. And will be available to clinic personnel and revieved by clinic's directer. 8/5/09.	

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Area 11

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{A 250}	Continued From Page 4 This Standard is not met as evidenced by: Based on record review, the facility failed to have their written policies and procedures reviewed and approved by the medical director, and to ensure those policies included at a minimum: Patient admission; Standing orders with required signatures, Treatments, Surgical asepsis Medial asepsis, Sterilization and disinfection, Patient discharge, Patient transfer, Anesthesia, Equipment and supplies: availability and maintenance, Volunteers and Visitors. Findings include: During facility record review conducted on 7-23-2009, the surveyor requested to review the facility's policies and procedures. The policies and procedures provided, were not patient centered. The policies provided address employees and facility staff. The facility's policies did not meet the minimum standards at the time of the survey, and did not contain the regulatory content for those clinics licensed for 2nd trimester terminations. The facility failed to correct the deficiency. Correction date: 8-22-2009	{A 250}	All policies and procedures will be reviewed by the Doctor we will provide all documentation needed for Policies & Procedures. RECEIVED AUG 07 2009 Medicaid Program Office Area 11	8/5/09
{A 350}	Abortion Procedure-2nd Trimester Any abortion clinic which is providing second trimester abortions must be in compliance with the following standards relative to second trimester abortion procedures: (1) A physician, registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant shall be	{A 350}	All important personnel. will be present through out the abortion & Patient Care. Physician, ARNP. medical assistants.	8/5/09

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{A 350}	Continued From Page 5 available to all patients throughout the abortion procedure. (2) The abortion procedure will be performed in accordance with obstetric standards and in keeping with established standards of care regarding the estimation of gestational age of the fetus. (3) Anesthesia service shall be organized under written policies and procedures relating to anesthesia staff privileges, the administration of anesthesia, and the maintenance of strict safety controls. (4) Prior to the administration of anesthesia, patients shall have a history and physical examination by the individual administering anesthesia, including laboratory analysis when indicated. (5) Appropriate precautions, such as the establishment of intravenous access at least for patients undergoing post-first trimester abortions. (6) Appropriate monitoring of the patient's vital signs by professionals licensed and qualified to assess the patient's condition will occur throughout the abortion procedure and during the recovery period until the patient's condition as specified by the type of abortion procedure performed, is deemed to be stable in the recovery room. Chapter 59A-9.026, F.A.C. This Standard is not met as evidenced by: Based on record review and interview, the facility failed to ensure anesthesia service is organized under written policies and procedures relating to	{A 350}	All abortion procedures will be performed in accordance with obstetric standards. 8/5 Anesthesia will be organized under written policies & procedures. 8/5 All patients will have a history and physical examination by the APRNP. 8/5 All appropriate precaution will be established. 8/5 All vital signs will be monitored before, during, after procedure to assure Patient's safety.	

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{A 350}	Continued From Page 6 anesthesia staff privileges, the administration of anesthesia, and the maintenance of strict safety controls. Findings include: During clinical record review for 8 out of 8 sampled patients conducted on 7-23-2009, the surveyor reviewed documentation indicating the 8 sampled patients received general anesthesia (Pentothal in doses ranging from 250mg-300mg) during their procedure. The surveyor requested to review the facility's protocol, policies and procedures for the administration of anesthesia, and safety controls. Facility staff were unable to provide documentation demonstrating written policies and procedures relating to anesthesia, at the time of the survey. Staff advised they had temporary coverage by another staff, and this individual typed the policy, but they do not know where the individual put the policy. The facility failed to correct this deficiency. Correction date: 8-22-2009	{A 350}	written Policies and Procedures relating to Anesthesia will be kept.	8/5/09
{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.	{A 600}	A clinical record will be kept on each Patient Everything will be Documented such as vital signs, medications.	

8-5-09

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{A 600}	Continued From Page 7 (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 record review, the facility failed to ensure clinical records for 8 out of 8 sampled patients were complete and accurately documented. Findings include: During clinical record review for 8 out of 8 sampled patients, the surveyor reviewed documentation indicating the 8 sampled patients received Pentothal ranging in doses of 250mg-300mg. The 8 sampled clinical records did not include documentation demonstrating the patients vitals were being monitored while under general anesthesia, such as heart monitoring, breathing, and blood pressure. The facility failed to correct this deficiency. Correction date: 8-22-2009	{A 600}	we will make sure. the ARNP Documents the ~~needed~~ vital signs and all important information needed to insure the Patients safety. Name of medications quantity, vital signs. doses. we will do our best to make sure everything is done correctly & up to date. 8/5 RECEIVED AUG 07 2009 Medicaid Program Office Area 11	

8-5-09

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AC13950033	A. Building B. Wing	07/23/2009

Name of Facility	Street Address, City, State, Zip Code
A-1 WOMAN'S HEALTH CARE, INC	1250 SW 1ST STREET MIAMI, FL 33135

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report(prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0100 Reg. # LSC	Correction Completed 07/23/2009	ID Prefix A0150 Reg. # LSC	Correction Completed 07/23/2009	ID Prefix A0153 Reg. # LSC	Correction Completed 07/23/2009
ID Prefix A0202 Reg. # LSC	Correction Completed 07/23/2009	ID Prefix A0301 Reg. # LSC	Correction Completed 07/23/2009	ID Prefix A0302 Reg. # LSC	Correction Completed 07/23/2009
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: 8/3/09		Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		

Followup to Survey Completed on: 04/20/2009

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

HOLLY BENSON
SECRETARY

August 3, 2009

Administrator
A-1 Woman's Health Care, Inc
1250 SW 1st Street
Miami, FL 33135

Dear Administrator:

This letter reports the findings of a state licensure renewal survey that was conducted on July 23, 2009 by Kim Ody, Health Facility Evaluator II of this office. The survey was conducted in conjunction with a follow up visit to Complaint # 2009004223 investigation survey completed on April 20, 2009.

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 August 22, 2009.**

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(s). Should you have any questions please call Ric Garcia, RNC and Supervisor Hospital/HHA Unit at (305) 499-2165.

Sincerely,

R. Steve Emling
Field Office Manager, Area 11

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

Miami Field Office
8355 N.W. 53rd Street, First Floor
Miami, FL 33166
Phone (305) 499-2165; Fax (305) 499-2190