

PRINTED: 11/02/2011
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13950033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2011
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NAME OF PROVIDER OR SUPPLIER A-1 WOMAN'S HEALTH CARE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2036 SW 1ST STREET MIAMI, FL 33135
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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
A 000	<p>INITIAL COMMENTS</p> <p>An unannounced visit was conducted on October 20, 2011 for a Relicensure State Survey at A-1 Woman's Health Care located at 2036 SW 1st Street, Miami, Florida 33135. A-1 Woman's Health Care was found to be in noncompliance with Chapter 390.011 through 390.025 Florida Statutes and Florida Administrative Code 59A-9 Florida Administrative Code requirements for Abortion Clinics.</p> <p>The following deficiencies were identified at the time of the survey.</p>	A 000	<p>2nd trimester Patients: All our 2nd tri Mester Patnts are given the options to chose from the available Doctors for their treatment/procedures. pt's visit the doctor's office and become their patient. The operating physicians will held on documentation and Medical Records if we have Physicians available to perform 2nd trimester procedures in our facility, we will have patient's Record kept in our clinic.</p>	11/19/11
A 202	<p>Clinic Personnel-2nd Trimester</p> <p>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.</p> <p>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</p>	A 202	<p>A202 → Policies and Procedures are given to every employees/volunteers/students on the date of entry which includes Fire safety, Medical emergencies, infection controls. we have implemented quality program involving continas measurement of quality and improvement. Staff have been trained and Monitored according to their employment or student internship. The clinical and Medical Director conducted written orientation regarding Fire</p>	11/19/11

HCA Form 3020-0001

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

TITLE
clinical Director

(X6) DATE
11/19/11

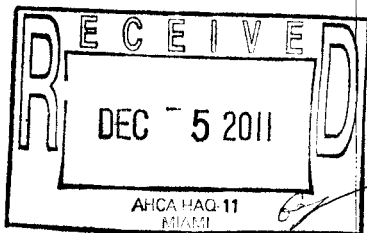
STATE FORM

6899 2CNK11

If continuation sheet 1 of 4

Agency for Health Care Administration

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A 202	Continued From page 1 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. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to provide in-service training to 3 of 3 Sample Employee (SE) (SE #1, SE #2, SE #3) on the required subjects. Findings include: Records review conducted on October 20, 2011 of the facility's in-house service records revealed that on 08-11-2011 and 02-18-2011, in-service training on safety measures was conducted. Further review of the facility's in-service training records revealed no documentation that SE #1, SE #2, SE #3 received in-service training on the subjects of counseling, patient advocacy, fire protection, confidentiality, licensing regulations and incident reporting were provided to the facility's employees. On October 20, 2011 at 11:35 a.m., the surveyor conducted an interview with the administrator. The surveyor returned the in-service records to the administrator and requested to review in-service training records for SE #1, SE #2 and SE #3 on the subjects of counseling, patient advocacy, fire protection;	A 202	<i>Coffee, Medical emergencies and infection control and conduct quarterly written orientation on above mentioned safety measures and have annual in-service for all surgical assistants and volunteers. Our Annual in-service will be including counseling, patient advocacy, and the responsibilities associated with the services they provide. The annual in-service will also include infection control, universal precautions, blood-borne diseases, general sanitation, personal hygiene, and the proper usage of PPE. Also, the in-service of fire protection evacuation of patients and the proper use of fire extinguishers. We will also discuss HIPAA for the patients confidentiality and to protect patients rights, licensing regulations and incident reporting will also be covered in our annual in-service.</i> 11/19/11 clinical Director	



[Handwritten Signature]
clinical Director
11/19/11

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A 202	Continued From page 2 confidentiality, licensing regulations and incident reporting were provided to the facility's employees. The administrator looked through the in-service training records and acknowledged that SE #1, SE #2, SE #3 did not receive in-service training on counseling, patient advocacy, fire protection, confidentiality, licensing regulations and incident reporting were not present. On October 27, 2011 at 12:29 p.m., the surveyor received a fax from the administrator. A review of the fax revealed that on 07-19-2010 in-service training was not provided to SE #1, SE #2 and SE #3 on the required subjects. Class 3 Correction Date: November 19, 2011	A 202	SE#1, SE#2, SE#3 have had training on fire protection that includes evacuating patients, proper use of extinguishers and procedures for safety and reporting fires, other safety measures, medical emergencies, infection control, counseling, patient advocacy, universal precautions against blood borne diseases, general sanitation, personal hygiene such as hand washing, use of masks and gloves, instruction of likelihood of transmitting a disease to patients or other staff members, confidentiality of patient information and records, protecting patient rights, licensing regulations and incident reporting. We are making sure that all employees on a monthly basis to their training. 11/19/11	11/19/11
A 600	Clinical Records A permanent individual clinical record shall be kept on each clinic patient. Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval. (a) Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval. (b) Clinical records involving second trimester abortion procedures shall be kept confidential and secure. (c) Operative reports signed by the physician performing the second trimester abortion shall be recorded in the clinical record immediately following the procedure or that an operative progress note is entered in the clinical record to	A 600	Our clinical patient records are kept on each clinic patient, all records shall be completed accurately, documented, and systematically organized to facilitate storage and retrieval. All clinical charts are reviewed by our clinical nurse prior to filing. All clinical records involving second trimester abortion procedures and first trimester procedures will be kept confidential and secured. All patient records are signed by the physician performing the procedure immediately following the procedure on an operative progress note and kept	11/19/11




Clinical Director 11/19/11

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A 600	<p>Continued From page 3</p> <p>provide pertinent information.</p> <p>Chapter 59A-9.031(1), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interview the facility failed to document 1 out of 8 sampled patients (SP#3) discharged condition at the time of the surgical procedure.</p> <p>Findings include:</p> <p>Record reviews conducted on October 20, 2011 revealed that the facility conducted a surgical procedure on SP#3 on 11-10-2010. Further review of SP#3's clinical record revealed no documentation of SP#3's discharged condition on 11-10-2010. On October 20, 2011 at 11:35 a.m., the surveyor conducted an interview with the administrator. The surveyor returned SP#3's clinical record to the administrator and questioned the administrator about SP#3's discharged condition after the 11-10-2010 surgical procedure. The administrator reviewed SP#3's clinical record and acknowledged that SP#3's discharged condition, following the 11-10-2010 surgical procedure, was not present and stated that "recovery here is a minimum of two hours. This must be an error. This must have passed my inspection because they are on my registered nurse license. The patients walk away fully recovered." The administrator also revealed that after the recovery period, she walks all of her patients to the car, buckled their seat-belts and closed their car door. As per the facility policy and procedure on patient discharge, the facility failed to document SP#3 discharge condition after the 11/10/2010 surgical procedure.</p>	A 600	<p>in patients chart. All patients are monitored during the recovery phase for minimum of two hours, all the discharge documentation are properly completed and patients are given discharge instructions prior to discharge. A final chart review will be conducted by the clinical nurse while given discharge instruction to the patient.</p> <p>SP#3 and all patients are discharged properly. After procedure is performed patients are monitored every 15 minutes by vitals in the recovery room as part of the recovery process, patients are monitored prior to discharge to make sure they are in stable condition. Verbal and written instructions are given to the patient and all questions answered to ensure accurate understanding of the discharge instruction. Patients are questioned to make sure they understand their instructions. Patients are accompanied to the car by one of our clinical nurse and safety belts are securely fastened by the nurse prior to leaving the patient. Patients are encouraged to have proper transportation to and from our clinic. A final chart review is conducted by a clinical nurse while giving discharge instruction to the patients. All charts are signed and reviewed prior to the filing by our clinical nurse. Files are filed for confidentiality.</p>	11/19/11

 Clinical Director

11/19/11



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

October 28, 2011

Administrator
A-1 Woman's Health Care, Inc.
2036 Sw 1st Street
Miami, FL 33135

Dear Administrator:

This letter reports the findings of a State Licensure survey that was conducted on October 20, 2011 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this faxed report**. You will not receive a copy of this report in the mail, you will only receive this faxed report. **All deficiencies shall be corrected no later than November 19, 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 surveyor. Should you have any questions please call Faith Randolph, Registered Nurse Consultant at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager, Area 11

Enclosures: State (3020) Form and POC Guidelines

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



Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121

AREA OFFICE 11

Guidelines for the Development of Plans of Correction (PoC)

The Plan of Correction (PoC) is intended to correct any systemic regulatory non-compliance found during the survey process and remediate any specific non-compliance that may have been identified for the individuals residing in the facility.

A PoC for the deficiencies must be submitted by 10 days after the facility receives its State Form. 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 residents/patients found to have been affected by the deficient practice;
2. How you will identify other residents/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.
5. The PoC must be specific and realistic, have reasonable periods based on dates discussed during the exit conference, and state exactly how the deficiency was/will be corrected. Stating "staff will be trained" is not acceptable. An acceptable PoC might state that "staff was trained regarding policy and procedure, before and after tests were given, daily staff monitoring will be performed, and staff will be monitored daily and in two months/quarterly".
6. PoCs should address the problem and be aimed at correction in a systematic sense, as opposed to correcting an example or an isolated problem.
7. Please ensure legibility in responses.

Note: Please provide your correction next to each Tag and date it on the far right column. Also please make sure that your Signature, Title and Date are on the bottom of the first page of every Form.

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