

02/25/2009 12:15 3054992190

AHCA

PAGE 05/11

PRINTED: 02/24/2009  
FORM APPROVED

Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>BLUE CORAL WOMEN'S CARE, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7360 CORAL WAY, SUITE 10 MIAMI, FL 33155</b>		
(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 visit was made to the facility on February 16, 2009, in order to conduct a state licensure survey. The following deficiencies were identified at the time of the licensure survey	A 000	In response to the initial comments stated on the Complaint Survey with the ID Prefix Tag A000.	
A 100	Physical Plant Req.-2nd Trimester  The following are minimum standards of construction and specified minimum essential physical plant requirements which must be met when providing second trimester abortions.  (1) Consultation room(s) with adequate private space specifically designated for interviewing, counseling, and medical evaluations;  (2) Dressing rooms designated for staff and patients;  (3) Handwashing station(s) equipped with a mixing valve and wrist blades and located in each patient exam/procedure room or area;  (4) Private procedure room(s) with adequate light and ventilation for abortion procedures;  (5) Post procedure recovery room(s) equipped to meet the patient's needs;  (6) Emergency exits wide enough to accommodate a standard stretcher or gurney;  (7) Cleaning and sterilizing area(s) adequate for the cleaning and sterilizing of instruments;  (8) Adequate and secure storage area(s) for the storage of medical records and necessary equipment and supplies; and	A 100	As it states under the summary statement of deficiencies it is correct that an investigation was conducted at my facility unannounced on February 16, 2009.  In response to the initial comments stated on the Complaint Survey with the ID Prefix Tag A100 titled Physical Plan Req. - 2 <sup>nd</sup> Trimester.  <u>Patient waiting area &amp; staff collection of lab specimens</u>  It is correct that at the time the tour was conducted on February 16, 2009 at approximately 11:15 a.m. it was observed by the surveyors that a room that serves as the patient waiting area and where staff collects the lab specimens were together.	

RECEIVED  
 MAR 11 2009  
 AHCA-1110  
 [Signature]

AHCA Form 3020-0001

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

STATE FORM

002100

HPS311

TITLE

Administrator

(X5) DATE

03/11/09

If continuation sheet 1 of 7

02/25/2009 12:15 3054992190

AHCA

PAGE 05/11

PRINTED: 02/24/2009  
FORM APPROVED

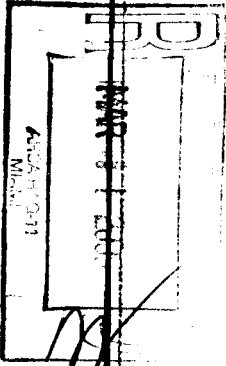
Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2009</b>
	NAME OF PROVIDER OR SUPPLIER <b>BLUE CORAL WOMEN'S CARE, INC</b>		

STREET ADDRESS, CITY, STATE, ZIP CODE <b>7360 CORAL WAY, SUITE 10 MIAMI, FL 33159</b>
--

(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
--------------------	--	---------------	---	--------------------

<b>A 000</b>	<b>INITIAL COMMENTS</b>	<b>A 000</b>		
	An unannounced visit was made to the facility on February 16, 2009, in order to conduct a state licensure survey. The following deficiencies were identified at the time of the licensure survey		In response to the initial comments stated on the Complaint Survey with the ID Prefix Tag A000.  As it states under the summary statement of deficiencies it is correct that an investigation was conducted at my facility unannounced on February 16, 2009.	
<b>A 100</b>	<b>Physical Plant Req.-2nd Trimester</b>	<b>A 100</b>		
	The following are minimum standards of construction and specified minimum essential physical plant requirements which must be met when providing second trimester abortions.  (1) Consultation room(s) with adequate private space specifically designated for interviewing, counseling, and medical evaluations;  (2) Dressing rooms designated for staff and patients;  (3) Handwashing station(s) equipped with a mixing valve and wrist blades and located in each patient exam/procedure room or area;  (4) Private procedure room(s) with adequate light and ventilation for abortion procedures;  (5) Post procedure recovery room(s) equipped to meet the patient's needs;  (6) Emergency exits wide enough to accommodate a standard stretcher or gurney;  (7) Cleaning and sterilizing area(s) adequate for the cleaning and sterilizing of instruments;  (8) Adequate and secure storage area(s) for the storage of medical records and necessary equipment and supplies; and		In response to the initial comments stated on the Complaint Survey with the ID Prefix Tag A100 titled Physical Plan Req. - 2 <sup>nd</sup> Trimester.  <u>Patient waiting area &amp; staff collection of lab specimens</u>  It is correct that at the time the tour was conducted on February 16, 2009 at approximately 11:15 a.m. it was observed by the surveyors that a room that serves as the patient waiting area and where staff collects the lab specimens were together.	



AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*Administrator*

DATE

*03/11/09*

STATE FORM

801100

HPS311

If continuation sheet 1 of 7

02/25/2009 12:15 3854992190

AHCA

PAGE 86/11

PRINTED: 02/24/2009  
FORM APPROVED

Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/16/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>BLUE CORAL WOMEN'S CARE, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7380 CORAL WAY, SUITE 16 MIAMI, FL 33185</b>		
(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 100	Continued From Page 1  (9) If not otherwise required by the Florida Building Code, at least one general use toilet room equipped with a hand washing station.  Chapter 59A-9.022, F.A.C.  This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure adequate private space is specifically designated for interviewing and medical evaluations.  Findings include:  During a tour of the facility conducted on 2-16-2009 at 11:15am the surveyors observed a room that serves as the patient waiting area and where staff collect lab specimens. The administrator confirmed the findings and advised the facility has the space, and will correct the deficiency.  Correction date: March 18, 2009	A 100	The administrator at Blue Coral Woman's Care Inc., as of March 4 <sup>th</sup> , 2009, has corrected the deficiency by separating the patient waiting area and the collection of the lab specimen. We now have a room where it is specifically designated as the "Patient Waiting Area" and another room specifically designated as the "Lab". This room will be designated for the staff to collect any and all lab specimens needed from each individual patient. Attached as Exhibit "A" is the pictures of the change of the different rooms.  Furthermore, as a measure of on-going monitoring, the administrator will have the two separate rooms designated for the "Patient Waiting Area" and the "Lab" as it is required by Chapter 59A-9.002, F.A.C.	March 4 <sup>th</sup> , 2009	
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	A 156	In response to ID Prefix Tag A156 - Clinic Supplies/equip. Stand.-2 <sup>nd</sup> Trimester.  <u>Equipment Maintenance</u>  It is correct that at the time the tour was conducted on February 16, 2009, it was observed that the facility failed to ensure preventive maintenance on the equipment utilized for patient monitoring.		

AHCA Form 3020-0001

STATE FORM

021209

HP8311

If continuation sheet 2 of 7

02/25/2009 12:15 3054992190

AHCA

PAGE 07/11

PRINTED: 02/24/2009  
FORM APPROVED

Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>BLUE CORAL WOMEN'S CARE, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7360 CORAL WAY, SUITE 16 MIAMI, FL 33155</b>		
(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 156	<p>Continued From Page 2</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>Chapter 59A-9.0225(7), F.A.C.</p> <p>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.</p> <p>Findings include: During a tour conducted on 2-16-2009 at 11:16am, the surveyors observed the following equipment needing current preventive maintenance: Ultrasound, defibrillator, suction unit, vacuum, sterilization machine, and cardiac monitor, with a calibration due date of December 2008.</p> <p>The administrator advised the company who</p>	A 156	<p>The administrator of Blue Coral Woman's Care Inc., as of March 09<sup>th</sup>, 2009, has updated all the preventive maintenance to the following equipment: Ultrasound, defibrillator, suction unit, vacuum, sterilization machine, and cardiac monitor with an unexpired calibration date. Attached hereto as Exhibit "B" is a copy from the company as proof that all equipment was calibrated and maintained.</p> <p>Furthermore, as a measure of on-going monitoring, the administrator will calendar and schedule a reminder for the preventive maintenance to occur for all the equipment prior to expiration date. Therefore, by scheduling a reminder this will ensure that the deficiency will not recur.</p>	02/23/2009

AHCA Form 3020-0001

STATE FORM

02110

HPS311

If continuation sheet 3 of 7

02/25/2009 12:15 3054992190

AHCA

PAGE 08/11

PRINTED: 02/24/2009  
FORM APPROVED

Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/16/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>BLUE CORAL WOMEN'S CARE, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7360 CORAL WAY, SUITE 16 MIAMI, FL 33155</b>		
(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 156	Continued From Page 3  provides the preventive maintenance has already been contacted. The administrator confirmed the findings.  Correction date: March 18, 2009	A 156	In response to ID Prefix Tag A202.  <u>Clinic Personnel - 2<sup>nd</sup> Trimester</u>  It is correct that at the time the tour was conducted on February 16, 2009, it was revealed that the last annual in-services was provided to all employees 12/13/07. It is also correct that the administrator was fully aware the annual In-service Training had not been conducted.		
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;	A 202	The administrator at Blue Coral Woman's Care Inc., as of March 6 <sup>th</sup> , 2009, has corrected this deficiency by contacting and scheduling the In-service Training. Which training was completed and provided on March 6 <sup>th</sup> , 2009 to all employees at Blue Coral Woman's Care. Attached hereto as Exhibit "C" is a copy of the Certificate of Completion of the In-service Training.  Furthermore, as a measure of on-going monitoring, the administrator will make sure the training is provided to all employees annually. She will calendar the date of expiration and schedule a reminder on her calendar to register for this training prior to the expiration date. Therefore, by scheduling a reminder this will ensure that the deficiency will not recur.		

AHCA Form 3020-0001

STATE FORM

121100

HPS311

If continuation sheet, 4 of 7

02/25/2009 12:15 3054992190

AHCA

PAGE 09/11

PRINTED: 02/24/2009  
FORM APPROVED

Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/16/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>BLUE CORAL WOMEN'S CARE, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7360 CORAL WAY, SUITE 16 MIAMI, FL 33165</b>		
(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 202	<p>Continued From Page 4</p> <p>(c) Confidentiality of patient information and records, and protecting patient rights; (d) Licensing regulations; and (e) Incident reporting.</p> <p>Chapter 69A-9.023,(4) and (5), F.A.C.</p> <p>This Standard is not met as evidenced by: Based on record review and interview, the facility failed to provide annual in-service training for all employees.</p> <p>Findings include:</p> <p>Personnel record review conducted on 2-16-2009, revealed the last annual in-service provided to facility employees was conducted on 12-13-2007. The administrator stated he/she is aware the annual in-services have not been conducted. The administrator advised ins-services have been arranged with a neighboring school. The administrator confirmed the findings.</p> <p>Correction date: March 18, 2009</p>	A 202	<p>In addition, the administrator at Blue Coral Woman's Care performs periodical in-house trainings to all employees which consist of fire safety and other safety measures, medial emergencies, infection control and the policies and procedures. Attached hereto as Exhibit "D" is a copy of the Roster where all employees that were present at the in-house training. In addition, this in-house training occurs every time we have a new employee on board to assure their safety and ensure the policies and procedures are explained and understood by the new employee.</p>	<p><i>March 02-18-2009</i></p>	
A 250	<p>Clinic Policies/Procedures-2nd Trimester</p> <p>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:</p>	A 250	<p>In response to ID Prefix Tag A250.</p> <p><u>Clinic Policies/Procedures -2<sup>nd</sup> Trimester</u></p> <p>It is correct that at the time the tour was conducted on February 16, 2009, it was revealed that the clinic is licensed to perform first and second trimester abortions only. The surveyor reviewed the facility's policies and procedures and the last date of revision/review was 12-29-07.</p>		

AHCA Form 3020-0001

STATE FORM

689195

HPS311

If continuation sheet 5 of 7

02/25/2009 12:15 3054992190

AHCA

PAGE 10/11

PRINTED: 02/24/2009  
FORM APPROVED

Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13860052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/16/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>BLUE CORAL WOMEN'S CARE, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7360 CORAL WAY, SUITE 16 MIAMI, FL 33156</b>		
(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 250	<p>Continued From Page 5</p> <p>(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) Steritization 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.</p> <p>Chapter 59A-9.024, F.A.C.</p> <p>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 annually by the clinic's medical director.</p> <p>Findings include: A review of the facility's license conducted on 2-16-2009, revealed the clinic is licensed to perform first and second trimester abortions only. The surveyor reviewed the facility's policies and procedures. The last date of revision/review was 12-20-2007. The facility was unable to provide documentation demonstrating their policies and</p>	A 250	<p>The administrator at Blue Coral Woman's Care Inc., as of February 17<sup>th</sup>, 2009, has corrected this deficiency by having the medical director review and approve the policies and procedures.</p> <p>Furthermore, as a measure of on-going monitoring, the administrator will check periodically the Policy and Procedure Manual and have the director do the same. Therefore, by checking periodically this will ensure that the deficiency will not recur. Attached hereto as Exhibit "E" is a copy of the reviewed and approved Policy and Procedure Manual by the director of Blue Coral Woman's Care, Inc. Which is required by Chapter 59A-9.024, F.A.C.</p>	<p><i>February 17th, 2009</i></p>	

AHCA Form 3020-0001

STATE FORM

00790

HPS311

If continuation sheet 6 of 7

02/25/2009 12:15 3054992190

AHCA

PAGE 11/11

PRINTED: 02/24/2009  
FORM APPROVED

Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/18/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>BLUE CORAL WOMEN'S CARE, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7360 CORAL WAY, SUITE 10 MIAMI, FL 33155</b>			
(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 250	Continued From Page 6  procedures had been reviewed and approved by the facility's medical director on an annual basis.  Correction date: March 18, 2009	A 250			

AHCA Form 3020-0001

STATE FORM

02/1/09

HPS311

If continuation sheet 7 of 7





CHARLIE CRIST  
GOVERNOR

*Better Health Care for all Floridians*

HOLLY BENSON  
SECRETARY

February 25, 2009

Maria A. Fernandez, Administrator  
Blue Coral Women's Care, Inc  
7360 Coral Way, Suite 16  
Miami, FL 33155

Dear Ms. Fernandez:

This letter reports the findings of a state licensure survey that was conducted on February 16, 2009 by Dione Roal, RNS and Kim Ody, Generalist Surveyor of this office.

Attached is the provider's copy of the State Form, which indicates the following deficiencies that were identified on the day of the visit:

- St - A - 0100 - - Physical Plant Req.-2nd Trimester
- St - A - 0156 - - Clinic Supplies/equip. Stand.-2nd Trimester
- St - A - 0202 - - Clinic Personnel-2nd Trimester
- St - A - 0250 - - Clinic Policies/procedures-2nd Trimester.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten working 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 March 18, 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 all assistance provided. Should you have any questions please call Ric Garcia, RNC

---

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



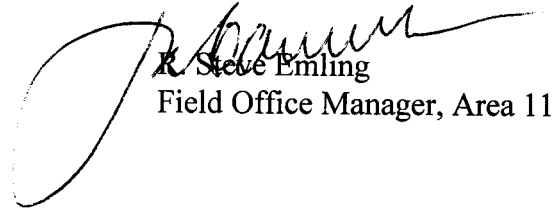
---

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

Blue Coral Women's Care, Inc  
February 25, 2009  
Page 2

and Supervisor of the HHA/Hospital Unit at (305) 499-2165.

Sincerely,



Steve Emling  
Field Office Manager, Area 11

YJ  
Enclosures