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
	AC13960052	A. BUILDING _____ B. WING _____	01/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE CORAL WOMEN'S CARE, INC.	7360 CORAL WAY SUITE 16 MIAMI, FL 33155

(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 Blue Coral Women's Care, Inc. on January 4, 2011, in order to conduct a State Licensure Survey. The Abortion Clinic was not in compliance with 390.014 F.S., 59A-9 F.A.C. at the time of the survey. The following deficiencies were identified.	A 000	IN responce to the initial comments stated on the complaint survey with the ID Prefix tag A 000 As it states under the summary statement of deficiences it is correct that a state Relicensure survey was conducted at my facility unannounced in Jan, 4, 2011 IN RESPONCE TO THE INITIAL COMMENTS A 302, I state that it is correct that a representative of your office find a collection tub for Blood expired. In that moment we explained to her that we receive the supplies directly from the Lab. and we did not realice that was expired because we assumme they have been checked that. We also show to her that we have collection tubes with up date expiration date (See Attachment) Also (see next page)	
A 302	Medical Screening/eval.-2nd Trimester Laboratory Equipment and Supplies. (a) All equipment and supplies for the collection, storage, and testing of specimens shall meet the provisions of Rule 59A-7 F.A.C., and shall be maintained according to manufacturer ' s instructions and in a manner that ensures accurate test results. (b) Temperature controlled spaces for the storage of specimens or testing supplies shall be monitored and recorded to ensure that the proper storage temperature is maintained. (c) All dated supplies and materials shall not be used beyond their expiration date. (d) Adequate facilities and supplies for the collection, storage and transportation of laboratory specimens shall be available on site. Chapter 59A-9.025(3), F.A.C. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure laboratory supplies were maintained according to manufacturer's instructions and in a manner that ensures accurate test results.	A 302		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE Administrator — (X6) DATE Maria A Fernandez

STATE FORM 6899 OHTB1 If continuation sheet 1 of 3

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A 302	Continued From page 1 Findings include: During a tour of the facility conducted on 1-4-2011 at approximately 11:50 am, the surveyor observed outdated/expired specimen collection supplies. The tubes were dated 10/2010. During an interview conducted with staff, they demonstrated the tubes were purchased from the lab 12-30-2010. The administrator confirmed the tubes were dated 10/2010, and that the facility did not have a supply of current specimen tubes at the time of the survey. Correction date: 2-3-2011	A 302	As Administrator of this facility we (I plan to correct this deficience) as following: 1º Make a metting with all employes reiteraided the importance of check expiration date in all supplies that we receive from Laboratories, and any other supplier, check and mantain proper temperature for the storage of specimens 2º They been informed that I personally will monitoring that this be in efect today Jan-4 2011, making a login sheet were they will put the login of this with date and I will sign this after be sure they do it. (See Attatment)	
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 provide pertinent information.	A 302		

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A 600	Continued From page 2 Chapter 59A-9.031(1), F.A.C. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 (#2) out of 5 sampled clinical records were complete and accurately documented. Findings include: Clinical record review conducted on 1-4-2011 for 1 (#2) out of 5 sampled patients revealed, the patient received 30 milligrams of Propofol. The clinical record did not contain documentation demonstrating the patient's vital signs were being monitored while under general anesthesia. The administrator stated on 1-4-2011 at approximately 11:16 am, that the procedure is only about 3 minutes. The administrator reviewed the facility's anesthesia policy and stated their policy includes the requirement that vitals signs are to be monitored while the patient is under general anesthesia. Correction date: 2-3-2011	A 600	ID TAG A 600 IN RESPONCE OF THE INITAL COMPLAINT WE STATED THAT THIS Deficence will be corrected in the next manner. First I as administrator of this facility I will make unannounced visit to the surgery room to be sure Anesthesiologict is taken the vital sings. 2º At the end of the day I will verify file by file to make sure he record and document al vital signs during surgery procedure and after (see Attachment).	

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
INTERIM SECRETARY

January 14, 2011

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on January 4, 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 (10) 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 February 3, 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,

FRandolph RNC

R. Steve Emling (for)
Field Office Manager, Area 11

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