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 _____	05/22/2013

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 onsite visit was made to Blue Coral Women's Care, Inc. located at 7360 Coral Way, Suite 16, Miami, Florida 33155 on May 22, 2013, in order to conduct a State Licensure Survey. Blue Coral Women's Care, Inc. was not in compliance at the time of the survey. The following is a description of deficient practice:	A 000		
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 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	A 156	(a) We have a contract with C&T Medical Equipment INC. The recalibration to all of the equipment was completed 6/19/13. All equipment has been calibrated and is up to date based on the manufacturers recommendation. 6/21/13 A maintenance chart has been created to ensure maintenance schedules are not missed or overlooked. (b,c.) Written preventative maintenance programs have been created for anesthesia, surgical equipment and instruments.	

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: _____ TITLE: Administrator (6) DATE: 7/10/13

STATE FORM 6899 AC13211 If continuation sheet 1 of 5

7/10/13

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	AC13960052	A. BUILDING: _____ B. WING _____	05/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE CORAL WOMEN'S CARE, INC.	7360 CORAL WAY SUITE 15 MIAMI, FL 33155

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A 156	Continued From page 1 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, record review, and interview, the facility failed to ensure patient monitoring equipment, and surgical equipment being utilized is checked and tested in accordance with the manufacturer's specifications to ensure proper operation and a state of good repair. Findings include: During a tour of the facility conducted on 5-22-2013 at approximately 12:17 pm with facility staff, the surveyor observed a sterilizer, suction machine, ultrasound machine, cardiac monitor, and defibrillator. The maintenance sticker on the machines indicated the next scheduled due date for service was 1-2-2013. Facility staff reviewed the dates on the equipment with the surveyor on 5-22-2013 at approximately 12:17 pm, and confirmed the due date for service was 1-2-2013.	A 156	Those are part of the procedure manual for our office. All updated stickers have been added.	6/21/13
A 400	Recovery Rm Stand.-2nd Trimester Each abortion clinic which is providing second trimester abortions shall comply with the following recovery room standards when providing second trimester abortions: (1) Following the procedure, post procedure 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	A 400	(1) A registered nurse is part of our recovery room staff for all 2nd trimester cases we have 2 of them depending on the day. In addition other staff that is qualified, medical assistants, CNA, and are certified to provide basic cardiopulmonary assistance.	

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	AC13980052	A. BUILDING: _____ B. WING _____	05/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE CORAL WOMEN'S CARE, INC.	7380 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 400	Continued From page 2 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) Immunoglobulin ", herein incorporated by reference, shall be signed by the patient and a witness, and shall be included in the patient's medical record. (4) Written instructions with regard to post	A 400	These individuals are present during the patients entire stay at our facility. (2.) In case of complications beyond the staff's capabilities we have a written process to contact emergency responders and arrange hospitalization. We also have a crash cart if needed. (3) Our physician discusses RHO(D) immune globulin with each patient that meets that criteria prior to completing any procedure. We require patients to sign a document accepting that they were explained the details. Our physicians require the vaccine and will refuse to complete the procedure without the vaccine.	6/21/13

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	AC13999082	A. BUILDING: _____ B. WING: _____	06/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE CORAL WOMEN'S CARE, INC.	7300 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 400	Continued From page 3 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. (5) Facility procedures must specify the minimum length of time for recovery as warranted by the procedure type and gestation period. Chapter 59A-9.027, F.A.C. This STANDARD is not met as evidenced by: Based on record review and interview, the abortion clinic failed to ensure when providing second trimester abortions, following the procedure, the post procedure recovery room is monitored by 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, and shall be available to monitor the patient in the recovery room until the patient is discharged in 3 (#1, #2 and #3) out of 3 sample patients. The individual must be certified in basic cardiopulmonary resuscitation. Findings include:	A 400	Calls are made to patients 24 hs after the procedure to ensure patients are recovering well. We provide written post operative instructions with our 24 hour contact number. Documents attached. corrected 6/21/13 see Attachment A. RN nurse is part of our recovery room staff For an 2B trimester cases. The RN monitor the patient at recovery room And she will be sure all the flol are signed accordingly	6/21/13 6/21/13 6/21/13

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	AC13990062	A. BUILDING: _____ B. WING _____	06/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 400	Continued From page 4 Clinical record reviews conducted on 6-22-2013, revealed 3 (#1, #2 and #3) out of 3 2nd trimester abortion procedures, did not document the recovery period as having been monitored by a physician, physician's assistant, registered nurse, licensed practical nurse, or an advanced registered nurse practitioner. The recovery period was monitored by the facility's Medical Assistant/Administrator. Sample patient #1's gestation period was 14 weeks, sampled patient #2's and #3's gestation periods were 13 weeks. During an interview conducted on 6-22-2013 at approximately 12:45pm with the Medical Assistant/Administrator, she acknowledged her signatures on the post procedure recovery monitoring section for sampled patients #1, #2 and #3. The Medical Assistant/Administrator stated she oversees the recovery room since she's responsible for the clinic, and it's care and services rendered. The Medical Assistant/Administrator stated on 6-22-2013 at approximately 12:45 pm, the facility's registered nurse monitors the recovery room. The Medical Assistant/Administrator acknowledged the registered nurse's signature was not on the post procedure forms. The Medical Assistant/Administrator was unable to demonstrate the registered nurse monitors the recovery room for patients who have had 2nd trimester procedures at the time of the survey.	A 400	We agree and that was a mistake that was corrected We have two registered nurses See Attachment	6/21/13

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 17, 2013

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 May 22, 2013 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 June 21, 2013.**

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
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Miami Field Office
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Miami, FL 33166
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