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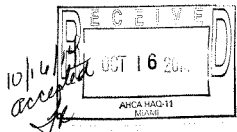
Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960052 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 09/29/2014 |
|--|--|--|---|

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

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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 |
|--------------------|--|---------------|---|--------------------|

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|---------|---|---------|--|--|
| (A 000) | INITIAL COMMENTS An unannounced follow-up visit was conducted on September 29, 2014 to the re-licensure survey that was conducted on May 1, 2014. Blue Coral Women's Care Inc had a deficiency found at the time of this revisit. The following is a description of the non-compliance: This is an uncorrected deficiency | (A 000) | | |
| (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. | (A 100) | | |



AHCA Form 3020-0001
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Marie A. Fernandez

TITLE
Administrator

DATE
 10/16/14
 If continuation sheet 1 of 3

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|--|--|--|---|

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

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(A 100) Continued From page 1

(8) Adequate and secure storage area(s) for the storage of medical records and necessary equipment and supplies; and

(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 the previously cited hand-washing station in the procedure room was removed and replaced per the facility's plan of correction.

The findings include:

An observation of the hand-washing station in the procedure room was conducted on 9/29/14 at 9:45 am. The faucet was noted to have two small, round handles rather than wrist-blade handles. A box was observed underneath the sink which was unopened and was labeled to contain a new hands-free, electronic faucet.

An interview was conducted with the Administrator at the time of the observation. The Administrator stated that the facility had purchased a hands-free faucet as per their plan of correction however they have had difficulty finding a plumber who could install this type of faucet. The Administrator stated they will continue

(A 100)

This STANDARD WAS CORRECTED 10/16/14 INSTALLING ELECTRONIC faucet hands free. Picture Attached

10/16/14

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| NAME OF PROVIDER OR SUPPLIER BLUE CORAL WOMEN'S CARE, INC. | | STREET ADDRESS, CITY, STATE, ZIP CODE 7360 CORAL WAY SUITE 16 MIAMI, FL 33155 | | |
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| [A 100] | Continued From page 2 calling to find a qualified plumber and will have the faucet installed soon. | [A 100] | A call was done and a faucet placed. pictures by fax | 10/16/14 |



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 30, 2014

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

Dear Administrator:

This letter reports the findings of a follow up visit conducted on September 29, 2014 to the state re-licensure survey conducted on May 1, 2014 by a representative of this office.

Enclosed is the provider copy of the Statement of Deficiencies and Plan of Correction and State (3020) Form, which reference the uncorrected deficiencies and/or new deficiencies identified during the revisit.

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 October 29, 2014.**

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,

A handwritten signature in black ink that reads "Arlene Mayo-Davis" with "(for)" written below it.

Arlene Mayo-Davis
Field Office Manager, Area 11

Enclosure: State (3020) Form and POC Guidelines

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

ELIZABETH DUDEK
SECRETARY

POC NOT ACCEPTABLE/RECEIVED LETTER

VIA FAX: 305-264-0099

October 16, 2014

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

RE: PLAN OF CORRECTION

Dear Administrator:

You were notified by our letter dated September 30, 2014 of the deficiencies found at the September 29, 2014 survey of your facility. We requested you submit an acceptable plan of correction within ten days of receipt of our notification letter. To date we have received no response.

We are providing another opportunity for you to submit an acceptable plan of correction for the cited deficiencies. You must respond **WITHIN 1 CALENDAR DAY OF RECEIPT** of this notice and provide a plan of correction that is acceptable in content and time frames.

You are reminded that if you do not submit an acceptable plan of correction or if you submit a plan of correction that is determined to be unacceptable, the Agency for Health Care Administration will forward this information to the Licensing Unit.

Should you have any questions, please contact Faith Randolph, Registered Nurse Consultant at (305) 593-3100.

Sincerely,

Faith Randolph
Faith Randolph
Area Office 11

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33186
Phone:(305) 593-3100; Fax:(305) 593-3121
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

IMPORTANT NOTICE – ACTION NECESSARY

POC NOT ACCEPTABLE/RECEIVED LETTER

VIA FAX: 305-682-7071 and 305-682-7105

October 16, 2014

Aventura Hospital And Medical Center
20900 Biscayne Blvd
Aventura, FL 33180

RE: PLAN OF CORRECTION

Dear Administrator:

You were notified by our letter dated September 24, 2014 of deficiencies found at the September 23, 2014 survey of your facility. We requested you submit an acceptable plan of correction and evidence of correction for the deficiencies cited within ten days of receipt of our notification letter. You were advised that the plan of correction must be acceptable in content and time frames.

We received your revised state plan of correction on October 13, 2014 . We have reviewed your submission and find that it is unacceptable for the following reasons:

The completion dates are not within the timeframes

We are providing another opportunity for you to submit an acceptable plan of correction for the cited deficiencies. You must respond **WITHIN 2 CALENDAR DAYS OF RECEIPT** of this notice and provide a plan of correction that is acceptable in content and time frames.

If we do not receive an acceptable plan of correction **WITHIN 2 CALENDAR DAYS** from receipt of this notice, we will forward your case to the CMS Regional Office with recommendations for imposition of remedies, which may include termination from the Medicare program.

Should you have any questions, please contact Faith Randolph, Registered Nurse Consultant at (305) 593-3100.

Sincerely,

Faith Randolph, RNC, Area Office 11
Agency For Health Care Administration

