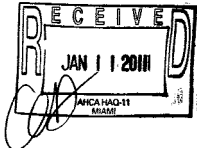


Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13920002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/28/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIALEAH WOMEN'S CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>952 EAST 25TH ST HIALEAH, FL 33013</b>
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(X4) ID PREFIX TAG	SUMMARY (EACH DEFICIENCY REGULATORY OR LSC IDENTIFYING INFORMATION)	STATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL (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 visit was made to Hialeah Women's Center on December 29, 2010, in order to conduct a State Licensure Survey. The Abortion Clinic was not in compliance with 390.014 F.S., 58-09 F.A.C. at the time of the survey. The following deficiencies were identified.	A 000		
A 150	Clinic Supplies/Equip. Stand.-2nd Trimester	Each abortion clinic providing second trimester abortions shall provide the following essential clinic supplies and equipment:  (a) A surgical or gynecological examination table(s);  (b) A bed or recovery table(s) suitable for recovery;  (c) Oxygen with flow meters and masks or equivalent;  (d) Mechanical suction;  (e) Resuscitation equipment to include, at a minimum, resuscitation bags and oral airways;  (f) Emergency medications, intravenous fluids, and related supplies and equipment;  (g) Sterile suturing equipment and supplies;  (h) Adjustable examination light;  (i) Containers for soiled linen and waste materials with covers; and  (j) Appropriate equipment for the administering of general anesthesia, if applicable.	A 150		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

C1P311

CEO D1/27/2011  
If continuation sheet 1 of 4

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13920002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  12/28/2010
NAME OF PROVIDER OR SUPPLIER  HIALEAH WOMEN'S CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 962 EAST 26TH ST HIALEAH, FL 33013		
(X4) ID PREFIX TAG	SUMMARY 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 150	Continued From page 1  Chapter 59A-9.025(1), F.A.C.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their emergency medications.  Findings include:  During a tour of the procedure room conducted on 12-29-2010 at 11:40am, the surveyor observed expired emergency medications: Sodium Bicarbonate expired on 11/2010, Lidocaine 2% expired on 11/2010, Epinephrine expired on 10/2010, Dextrose 9/2010, and Atropine Sulfate 7/2010. Facility staff stated on 12-29-2010, she will order new medications. Facility staff confirmed the above medications were expired at the time of the survey.  Correction date: 1-28-2011	A 150	A-150 AND A 153 This Standard will be corrected by signing up with Bayan Int. program StatKit. This program will track all expiration dates and will advise this office prior to the expiration of any medication within the Emergency medical kit. (Crash cart) This change will be effective 01/06/2011 The office manager will check the medications on a monthly basis to prevent this from occurring again.	
A 153	Clinic Supplies/Equip. Stand.-2nd Trimester  Resuscitative Medications Required.  The clinic shall have a crash cart at the location the anesthetizing agent is being carried out. The crash cart must include, at a minimum, those emergency medications to support the procedures performed as determined by the medical director.  Chapter 59A-9.025(4), F.A.C.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure their emergency medications	A 153		

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13920002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  12/29/2010
NAME OF PROVIDER OR SUPPLIER  HIALEAH WOMEN'S CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 852 EAST 25TH ST HIALEAH, FL 33013		
(X4) ID PREFIX TAG	SUMMARY 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 153	Continued From Page 2 contained within their crash cart were updated.  Findings include:  During a tour of the procedure room conducted on 12-29-2010 at 11:40am, the surveyor requested to see the emergency medications contained within the facility's crash cart. The surveyor observed expired emergency medications: Sodium Bicarbonate expired on 11/2010, Lidocaine 2% expired on 11/2010, Epinephrine expired on 10/2010, Dextrose 9/2010, and Atropine Sulfate 9/2010. Facility staff stated on 12-29-2010, she will order new medications. Facility staff confirmed the above medications were expired at the time of the survey.  Correction date: 1-28-2011	A 153		
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	A 302	The Laboratory was contacted and All Expired Equipment and Supplies HAVE BEEN UPDATED. TO prevent this from occurring Again, All LAB Supplies will be Examined on Delivery By the medical Assistant. Plans Are being made to Change Laboratories. 01/06/2011	

PRINTED: 01/03/2011  
FORM APPROVED

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AC13920002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  12/29/2010
NAME OF PROVIDER OR SUPPLIER  HIALEAH WOMEN'S CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 952 EAST 25TH ST HIALEAH, FL 33013		
(X4) ID PREFIX TAG	SUMMARY (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 302	<p>Continued From page 3</p> <p>collection, storage and transportation of laboratory specimens shall be available on site.</p> <p>Chapter 59A-9.005(3), F.A.C.</p> <p>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.</p> <p>Findings include:</p> <p>During a tour of the facility conducted on 12-29-2010 at approximately 11:40 am, the surveyor observed outdated/expired specimen collection supplies. The tubes had the following dates on them: 8/2009, 10/2010, and 9/2010. During an interview conducted with staff, she advised the supplies were recently purchased from the lab that conducts their analysis reports. Facility staff advised she will order new supplies from their other lab. Facility staff confirmed the specimen collection supplies were expired at the time of the survey.</p> <p>Correction date: 1-28-2011</p>	A 302	<p>Laboratory Supplies will be checked on a monthly basis by the office manager.</p>	



CHARLIE CRIST  
GOVERNOR

ELIZABETH DUDEK  
INTERIM SECRETARY

January 3, 2011

Administrator  
Hialeah Women's Center  
952 East 25th Street  
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on December 29, 2010 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 (10) 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 January 28, 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,

R. Steve Emling  
Field Office Manager, Area 11

