P.2

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Agency	for Health Care A	ministration						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPLE	(X3) DATE SURVEY COMPLETED	
		AC13920002				12/2	9/2010	
NAME OF PROVIDER OR SUPPLIA			STREET ADDRESS, CITY, STATE, ZIP CODE 952 EAST 25TH ST HIALEAH, FL 33013					
(X4) ID PREFIX TAG	SUMMARY (EACH DEFICIE REGULATORY C	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL (LSC IDENTIFYING INFORMATION)		ID PRÉFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	SHOULD BE COMPLETE	
A 000	INITIAL COMMI	тз		A 000				
	An unannounce Women's Cente to conduct a Sta Abortion Clinic v 390.014 F.S., 50 survey. The foll identified.	visit was made to Hialeah on December 29, 2010, in order Licensure Survey. The e not in compliance with 9 F.A.C. at the time of the ving deficiencies were			JAN I I 2011			
A 150	Clinic Supplies/	lies/fatuip. Stand2nd Trimester		A 150	(10			
	Each abortion care providing second trimester abortions shall a vide the following essential clinic supplies at a equipment:							
	table(s);	or recovery;						
	(b) A bed or rec							
	(c) Oxygen with two meters and masks or equivalent; (d) Mechanical & ction; (e) Resuscitatio equipment to include, at a minimum, resus ation bags and oral airways;							
			at a rways;					
	(f) Emergency r and related sup	dications, intravenous as and equipment;	fluids,					
(g) Sterlle sutural equipme		equipment and supp	ies;					
	(h) Adjustable en mination light;			•				
	(i) Containers fo with covers; and	oiled linen and waste	materials					
		ulpment for the admini a, if applicable.	stering of					
HCA Form 3020-0001		4.			TITLE		(XB) DATE (
ABORATORY DIRECTOR'S OR PR		A NDER/SUPPLIER REPRESEN	TATIVE'S SIG	NATURE		A c	1.1.1.	
TATE FORM					71P311	If continue	tion sheet 1 of 4	

TO: 3055933121

P.3

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Agency for Health Care Attainistration

ACT 19920002 STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER ON SUPPLIES			atrace Aubress, Citt, STATE, ZIP CODE				
HIALEAH WOMEN'S CENTRA		HIALEAH		7 25TH ST FL 33013			
(X4) ID	SUMMARY	ATEMENT OF DEFICIENCIE	Š	ID	PROVIDER'S PLAN OF CORRECTION	(205)	
PREFIX	(EACH DEFICIE)	CY MUST BE PRECEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	COMPLETE	
TAG	REGULATORY C	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE	
A 150	Continued From	gage 1		A 150	0.153		
	Chapter 59A-9.0	is not met as evidenced by:			A-150 AND A 153 This Standard will be corrected by Signing up		
	This STANDAR				with Bayan Int. program		
	Based on observation and interview, the facility failed to maintain their emergency medications.		ı		- 1		
	failed to maintail				Statkit. This program will track all expression	- 1	
	Findings include				dates and will advise	İ	
	During a tour of				dans	- 1	
i	on 12-29-2010	11:40am, the surveyor emergency medication	7		this ornice Prior to the	- 1	
	observed expire	ememency medication	ne.		Expiration of Any Medication within the Emergency	- 1	
	Sodium Ricarbo	Sta. evnired on 11/201	n .		- coincton of ANY Modern	i	
ĺ	Lideonine 20/	te expired on 11/201 red on 11/2010, Epin			Barrior C.		
	Lidocaline 2% ex	red on 11/2010, Epin	epnne	!	which the Emergency	- 1	
	expired on 10/20	0, Dextrose 9/2010, a 2010. Facility staff st	nd		medical KT. (Crash cort)	1	
	Atropine Sulfate	2010. Facility staff st	ated on		medical Kit. /Class.	1	
j	12-29-2010, she	vill order new medicati med the above medic	ions.		ill be	1	
1	Facility staff cor	med the above medic	ations		-this charge with	1	
ļ	were expired at	e time of the survey.			This change will be effective 01/06/2011	1	
- 1	. 3	i.			effective of		
ì	Correction date	B-28-2011			- negre manager		
	Composition date	20.20.1			The office manger The office medication	s	
		E			will Check the 2.00	1	
A 153	Clinic Supplies/	ulp. Stand2nd Trime	ster	A 153	A monthly Desis	i	
1	2	£			00 h 1		
	Resuscitative M	ications Required.	iquired.		The office mangar will check the medication on A monthly Basis to Pevent this from occurry again.	l	
	The clinic shall	ve a crash cart at the	location		I am occurry main.		
	the anesthetizin	s being carried out. Ti	ne crash		Lyon.		
	cart must include	Est a minimum three	io ordon		·	- 1	
	emossoom mod	etions to support the					
	emergency med	ations to support the					
	medical director	being carried out. The crash at a minimum, those tions to support the ned as determined by the					
	Chapter 59A-9.	25(4), F.A.C.				- 1	
	THE OTANIBATE						
- 1	INS STANDAR	is not met tils evidend tion and interview, the	ed by:			l l	
	Based on obser	ption and interview, the	racility	l '			
i	failed to ensure	eir emergency medications					

AHCA Form 3020-0001 STATE FORM

C1P311

If continuation sheet 2 of 4

TO: 3055933121

PRINTED: 01/03/2011 FORM APPROVED

Agency for Health Care Amininistration

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MISS TIPLE CONSTRUCTION CYS), DAYE SUBVEY COMPLETED A RUILDING R WANG AC13920002 12/29/2010 NAME OF PROVIDER OR SUPPLIE STREET ADDRESS CITY STATE ZIP CODE 952 EAST 25TH ST HIALEAH WOMEN'S CENTER HIALEAH FL 33013 SUMMARY PATEMENT OF DEFICIENCIES
(EACH DEPICIENCY MUST BE PRECEDED BY FULL
REGULATORY ONLISC IDENTIFYING INFORMATION) (X4) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE PREFIX DEFICIENCY A 153 Continued From Sage 2 A 153 contained within eir crash cart were updated. Findings include During a tour of the procedure room conducted on 12-29-2010 at 1:40am, the surveyor restricted to see the emergency medications contained withing a facility or cresh cart. The surveyor observed expired emergency medications: Soci um Bicarbonate expired on 11/2010, Lidocale 2% expired on 11/2010, Destrose 9/2010, and Articles Suffate 9/2010. Teacility staff stated on 1/29-2010, she will order new medications. Fegility staff confirmed the above medications were expired at the time of the

Correction date: 28-2011

survev.

A 302 Medical Screen /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 Ru. 59A-7 F.A.C., and shall be maintained according to manufacturer's instructions and the a manner that ensures accurate test results.

(b) Temperature controlled spaces for the storage of specifiens or testing supplies shall be monitored and if sorded 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 fattles and supplies for the AHCA Form 3020-0001

The LABOratory WAS contacted and AU

Expired Edulphment And Supplies HANE BEEN UPDATED. TO Prevent this from occuring Again,

ALL LAB Supplies will Be ExamiDED on Delivery By the medical Assistant. Plans Are being made to Change Laborator es 01/06/201

C1P311

A 302

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PRINTED: 01/03/2011 FORM APPROVED Agency for Health Care Ageninistration STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
(DENTIFICATION NUMBER (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED A RUIN DRUG B. WING AC13920002 12/29/2010 NAME OF PROVIDER OR SUPPLIE STREET ADDRESS COV STATE ZIP CODE 952 EAST 25TH ST HIAL FAH WOMEN'S CENTER HIALEAH, FL 33013 SUMMARY ATEMENT OF DEFICIENCIES
(EACH DEFICIE BY MUST BE PRECEDED BY FULL
REGULATORY C. LSC IDENTIFYING INFORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETE TAG DEFICIENCY A 302 Continued From Page 3 1. abomtory Supplies A 302 will be checked on a monthly Basis by the office manager. collection, storage and transportation of laboratory specimens shall be available on site. Chapter 59A-9.086(3), F.A.C. This STANDARE is not met as evidenced by: Based on obsertion and interview, the facility failed to ensure boratory supplies were maintained according to manufacturer's instructions and a manner that ensures accurate test reguls. Findings include During a tour of a facility conducted on 12-29-2010 at a roximately 11-40 am, the surveyor observe outdated/expired spacemen collection supplies. The tubes had the following dates on them: \$2009. 10/2010, and \$9/2010. During an intervity conducted with staff, she advised the surple severe recently purchased from the lab that bonducts that is realysis reports. Facility staff adv date is the will order new supplies from their other. Facility staff confirmed the specimen collect an supplies were expired at the time of the survey. time of the surve Correction date: 28-2011

AHCA Form 3020-0001 STATE FORM

C1P311

If continuation sheet 4 of 4



CHARLIE CRIST GOVERNOR

Better Health Care for all Floridians

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://hdt.ac.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

4/4

R. Steve Emling Field Office Manager, Area 11

