PRINTED: 05/22/201
FORM APPROVE

Agency for Health Care Administration Amended 5/22/13 KD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13960099	A. BUILDING: _____ B. WING _____	04/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRAMAR WOMAN CENTER	6191 MIRAMAR PKWY SUITE 300 MIRAMAR, FL 33023

(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 Licensure Survey was conducted on 4-25-13. Miriimar Women's Center had deficiencies found at the time of the survey.	A 000	Rec'd 5/24/13 KD	
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; (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	A 100	approved 5/24/13 KD	

AHCA Form 3020-0001

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

STATE FORM 6899 PQEL11 If continuation sheet 1 of 7

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MIRAMAR WOMAN CENTER	6161 MIRAMAR PKWY SUITE 300 MIRAMAR, FL 33023

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A 100	Continued From page 1 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, minimum standards of construction and specified minimum essential physical plant requirements were not met as evidenced by the hand washing station in patient exam room was not equipped with "wrist blades". The findings include: Interview with the Administrator/Owner of the facility on 4-25-13 at approximately 12:30 PM revealed that the facility provides second trimester abortions. Observation of the Patient Exam/Procedure Room at approximately 12:30 PM on 4-25-13 revealed that the sink in the hand washing station was equipped with 2 faucet handles, and in order to turn on the faucet, the 2 faucet handles must be grasped and turned by hand. (Therefore staff member ' s hands may be contaminated prior to abortion procedures). The Administrator/Owner stated that she had no knowledge regarding the AHCA (Agency for Health Care Administration) mandate for hand washing stations to be equipped with "wrist blades", during the above mentioned interview.	A 100	POC for Citation ID Prefix A-100 Hand washing station in Patient exam room has been replaced with automatic faucet sensor sink which automatically dispenses water by hand motion. 5/24/13.	
A 156	Clinic Supplies/equip. Stand.-2nd Trimester	A 156		

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A 156	Continued From page 2 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 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, and interview, the facility failed to have patient monitoring equipment 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.	A 156	POC for citation ID Prefix A-156 An equipment preventive maintenance Program has been developed and implemented. These equipment shall be checked and /or tested in accordance with manufacturer's specifications at periodic intervals not less than annually to ensure proper operation and state of good repair. 5/16/13 Records will be maintained on piece of equipment to indicate its history of testing and maintenance. In addition, enclosed find Certificate of compliance" by Esmo testing dated April 26, 2013 indicating all equipment have "Passed"	

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A 156	Continued From page 3 The findings include: At approximately 12:30 PM on 4-25-13, observation revealed that an orange safety sticker dated 8-3-11 was affixed to the abortion syneval suction machine, and indicated that the machine had been "checked" by an outside vendor on that day. An undated orange safety sticker was observed to be affixed to a suction machine, and the words "due 8-3-12" were written on the sticker, indicating that the machine should be checked again on 8-3-12. Further observation at approximately 12:30 PM on 4-25-13 revealed that a defibrillator had a safety sticker dated 8-3-11 attached to the machine, and the words "due 8-3-12 " were also written on the sticker. Further observation at approximately 12:30 PM on 4-25-13 revealed that a digital ultrasound machine also had an orange sticker dated 8-3-11 affixed to the machine. The sticker also documented "due to be checked" on 8-3-12. Review of a "Certificate of Compliance-Electrical Equipment Safety Health Care Facilities NFPA Standard 99" (from an outside vendor who provides electronic service for medical offices) dated 8-3-11 revealed that: "the following list of equipment is certified to be in compliance with the standards established by NFPA 99, Chapter 7. A record of the results was attached to each item tested. Subpart 7-5.1.3.7 requires recertification every 12 months". The list of equipment tested for electrical safety was as follows: "Henry Schein Autoclave, HP 43110A Defibrillator, Berkeley Medvices, Ultrasound, and Purpose Light. Further review of the Certificate of Compliance dated 8-3-11	A 156		

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A 156	Continued From page 4 revealed that all equipment "Passed". During an interview with the Administrator/Owner on 4-25-13 at approximately 2 PM, she explained that she attempted to contact the outside vendor to schedule the safety checks in 2012; however she did not receive a return call from the vendor.	A 156		
A 201	Clinic Personnel-2nd Trimester Each abortion clinic providing second trimester abortions shall have a staff that is adequately trained and capable of providing appropriate service and supervision to the patients. The clinic will have a position description for each position delineating duties and responsibilities and maintain personnel records for all employees performing or monitoring patients receiving a second trimester abortion. The clinical staff requirements are as follows: Physicians. The clinic shall designate a licensed physician to serve as a medical director. Nursing Personnel. Nursing personnel in the clinic shall be governed by written policies and procedures relating to patient care, establishment of standards for nursing care and mechanisms for evaluating such care, and nursing services. Allied health professionals, working under appropriate direction and supervision, may be employed to work only within areas where their competency has been established. Chapter 59A-9.023(1),(2),and (3), F.A.C. This STANDARD is not met as evidenced by: Based on record review and interview, the clinic	A 201	POC citation ID Prefix A-201 Enclosed you will find Job Descriptions for each Position as per your request. 5/24/13	

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A 201	Continued From page 5 failed to maintain a position description for each position delineating duties and responsibilities for 2 of 5 employees. (Employee #1 and Employee #2). The findings include: Review of Employee #1 and Employee #2's personnel files revealed that there were no job descriptions delineating duties and responsibilities included in the files. During interview with the Administrator/Owner on 4-25-13 at approximately 3 PM, she explained that all employees "job descriptions" were listed on a 1 page document. Review of the document titled "Individual Job Duties" revealed that the Job Description for a Medical Assistant included the following: "Will assist LPN (licensed practical nurse) where needed in the recovery room". Interview with Employee #1, who works as a Medical Assistant, revealed that she assists in providing care for Patients in the Recovery room following abortion procedures. She stated that she accompanies patients from the surgical area to the recovery room, takes Patient vital signs, observes patients for bleeding, and notifies the Physician if a patient experiences any problems. Further review of the 1 page document titled "Individual Job Duties" revealed that there was no Job Description for a Nurse ' s Aide/Home Health Aide .Observation between 12:16 and 3 PM on 4-25-13 and interview with Employee #2 revealed that her duties included washing and folding laundry, preparing the surgical area for the Physician, assisting the Physician with abortion procedures, and performing housekeeping duties. She explained that she was trained as a Nurse ' s Aide/Home Health Aide. Review of her personnel	A 201		

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A 201	Continued From page 6 file confirmed that she was certified as a Nurse ' s Aide/Home Health Aid.	A 201		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

May 16, 2013

Administrator
Miramar Woman Center
6161 Miramar Pkwy Suite 300
Miramar, FL 33023

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on April 25, 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 May 25, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924