

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960112</b>	(X3) DATE SURVEY COMPLETED  <b>03/02/2016</b>
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NAME OF PROVIDER OR SUPPLIER <b>A WOMAN'S CENTER OF HOLLYWOOD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3829 W HOLLYWOOD BLVD HOLLYWOOD, FL 33021</b>
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SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**D000 INITIAL COMMENTS**

An unannounced relicensure survey was conducted on 3/2/16, at A Woman's Center of Hollywood. The Provider had a deficiency found at the time of the visit.

**D153 Clinic Suppl/eat-2d Trimes-Resuscitative Meds**

Based on observation, record review, and interview, it was determined that emergency medications on the crash cart utilized to support the procedures performed during the 2nd trimester of pregnancy, as determined by the medical director, had expired.

The findings include:

Review of the clinic AHCA (Agency for Health Care Administration) license revealed that the abortion clinic was licensed to conduct both 1st and 2nd trimester pregnancies. Initial interview with the Administrator on 3/2/16 at approximately 9:30 AM, revealed that abortion procedures are normally performed on "Pregnant patients who are up to 18 weeks", even though the clinic is licensed to perform abortion procedures "up to 24 weeks". (2nd trimester of pregnancy). She explained that "it is up to the Physicians if they conduct abortion procedures after 18 weeks.

Review of 8 Patient records revealed that Patient # 3's gestational age was 14 weeks, and Patient # 8's gestational age was 15 weeks. During a tour of the clinic on 3/2/16, from 11:15--11:30 AM, observation revealed that the majority of medications on the "crash cart" were expired. During further interview with the Administrator on 3/2/16 at approximately 11:30 AM, she explained that all medication on the crash cart are supplied by an outside company every 2 years. She provided a copy of the list ,dated 5/7/14, of medications provided to the abortion clinic Medical Director by the outside company.

Observations of crash cart medications on 3/26/16 from 11:15-11:30AM:

- Epinephrine 0.3 mg (auto-injector) expires 5/31/15
- Epipen Junior 1:2000 0.15 mg, expires 5/31/15
- Epinephrine 1 ml, 1:1000 amp, expires 11/01/15
- Albuterol Proair inhaler 8.5 gr. expires 9/30/15
- Diphenhydramine capsules 25 mg, expires 7/15/15
- Diphenhydramine 50 mg/1 ml, expires 8/31/15
- Atropine Sulfate 10 ml/0.1 mg/ml expires 9/1/15
- Verapamil, 2 ml/2.5 mg per ml expires 3/1/15
- Epinephrine 1:10,000 10 ml syringe expires 11/1/15
- Lidocaine 2% syringe expires 9/1/15

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Adenocard 4 ml 3 mg/ml expires 11/30/15  
 Romazicon 10 ml 0.1 mg/ml expires 4/30/15  
 Narcan 1 ml/0 4 mg vial, expires 11/1/15  
 Zofran 2 ml 2 mg/ml vial expires 1/31/16  
 Dextrose 50% /50 ml syringe expires 8/1/15  
 Sodium Chloride 0.9% 500 ml expires 2/1/16  
 Dextrose 25%/10 m. expires 10/1/15

During interview with the Administrator on 3/2/16 at approximately 11:25 AM, she stated "since the medications come automatically, I must have forgotten to check to see if they were expired". During a telephone interview with the Medical Director on 3/2/16 at 2:00 PM, he was informed that the majority of medications in the crash cart were expired, and he requested that the Administrator re-order the same medications that were previously provided by the outside company.

Class III



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

March 14, 2016

Administrator  
A Woman's Center Of Hollywood  
3829 W Hollywood Blvd  
Hollywood, FL 33021

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on March 2, 2016 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than March 25, 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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,

A handwritten signature in black ink, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis  
Field Office Manager

AMD/dmb

XG90

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