Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13960129	A. BUILDING: ______ B. WING ______	03/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A WOMAN'S OPTION	1933 W 60TH ST HIALEAH, FL 33012

(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 A relicensure survey was conducted on 2015 at A Woman's Option . A Woman's Option had deficiencies found at the time of the visit.	A 000		
A 156	Clinic Supplies/equip. Stand.-2nd Trimester 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 [illegible] 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.	A 156	An Appointment has with a Medical Equipment Services for 4/5/15 with Technician. He will come in and certify and calibrate all medicall equipment as Mandated by ACHA. We have added a reminder on our yearly calendar that will remind us of the certification dates for our medical equipment to be serviced.	4/2/15 Scheduled

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: President — (X6) DATE: 4/2/15

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A 156	Continued From page 1 Chapter 59A-9.0225(7), F.A.C. This STANDARD is not met as evidenced by: Based on observation record review and interview, the facility failed to provide evidence that the defibrillator machine was inspected within the last year. The findings include: A tour of the facility was conducted with the facility's Administrator and the facility's Receptionist on beginning at 10:15 am. Observation of the defibrillator machine revealed a green sticker indicating the last inspection was done Review of an invoice from [the equipment inspection company] dated 5/1/2014 revealed the following machines were inspected during the visit: Sterilizer, Sonogram, Sonogram Printer and Aspirator. The defibrillator machine was not listed on the invoice. An interview conducted with the Administrator and the Accountant on at 11:20 am confirmed there was no evidence to show that the defibrillator machine was inspected within the past year.	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	A 201	Our phlebotomist has scheduled a recertification class to be done April 11, 2015 at [illegible] Institute located in	4/2/15

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A 201	Continued From page 2 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 facility failed to ensure staff maintained current licensure for 1 of 4 staff files (Staff A) reviewed. The findings: An interview was conducted with the facility's Administrator on ... at 10:05 am. She stated ... based ... tests and ... Factor ... tests are conducted onsite. Other tests are sent out to a laboratory. The Administrator identified Staff A as a phlebotomist. A review of the employee files was conducted on ... Staff A's file did not contain information regarding her training in ...	A 201	Hialeah, Fl. All employee certifications will be monitored on a continuous basis to ensure proper training certificates, expiration dates are properly [illegible]	

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A 201	Continued From page 3 An interview was conducted with the Administrator on at 11:25 am. The Administrator showed a badge with Staff A's picture, name, licence number, title of Technician, and an expiration date of 1/31/2015. The Administrator confirmed the expiration date and stated Staff A will obtain an updated license.	A 201		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
A Woman's Option
1933 W 60th St
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a re-licensure survey that was conducted on 18, 2015 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 , 2015.**

The plan of correction must include the following:

1. Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
2. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice.
3. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur.
4. Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change.
5. Ensure that no protected or other confidential information (i.e., resident or staff names) are included in the plan.
6. State the completed date; the date that the facility identifies compliance can be achieved, which must be after the exit date.
7. You must sign the bottom of page 1 of the statement of deficiencies; include your title and date.

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,

Arlene Mayo-Davis
Field Office Manager, Area 11

Enclosure: State (3020) Form