

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13940024	(X3) DATE SURVEY COMPLETED 08/08/2017
NAME OF PROVIDER OR SUPPLIER ADVANCE WOMAN'S CARE CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2742 SOUTHWEST 8TH STREET #20 MIAMI, FL 33147	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

D000 - INITIAL COMMENTS

A State re-licensure survey was conducted on _____, 2017. Advance Woman's Care Center license #766 deficiencies were found at the time of the visit.

D201 - Clinic Personnel-2nd Trimester - 59A-9.023(1-3), FAC

Based on record review and interview, the clinic failed to have a staff that is adequately trained (certified in basic _____) and capable of providing appropriate service to the patients.

Findings include:

Record review on _____ at 10:35 am, revealed a personnel list of all employees, employed at the clinic there were not any physician's assistant, registered nurse, licensed practical nurse or an advanced registered nurse practitioner listed.

Interview on _____ at 11:11 am, the Administrator stated the clinic does not employ any nurses for the recovery _____, as she (the Administrator) is also the medical assistant that monitors the recovery the patient's abortions.

Record review on _____ at 11:11 am, revealed no documentation of a _____ certification inside the medical assistant personnel file.

Interview on _____ at 11:17 am, the Administrator/medical assistant stated she has never had a _____ certification. The Administrator/medical assistant also stated she was only trained in recovery _____ by the licensed physician the clinic uses to perform the abortions.

Interview on _____ at 12:12 pm, the Administrator acknowledged the staff member located in the recovery _____ a certified medical assistant with no _____ certification.