8 of 28 NE TOWN ---ليست و ET WILTP & DONSTRUCTION TE CATE SUPPLET 4 BURDING 8 YANG AC13960105 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S DIXIE HIGHWAY TODAY'S WOMEN MEDICAL CENTER MIAMI, FL 33133 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 060.10 (XS) COMPLETE DATE RE(F) A 000 INITIAL COMMENTS A non A Relicensure survey was conducted on 24, 2016, Today's Women Medical Center. 2016 license #898, had deficiencles found at the time of the visit. AZ814 435 12(2)(b-d), FS Background Screening AZ814 Clearinghouse Background screening will be done by 435,12(2) Care Provider Background Screening . 2016. Clearinghouse.-(b) Until such time as the fingerprints are enrolled No patients were affected by this deficiency. in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than Future compliance will be checked by administrator 90 days from a position that requires screening every 5 years and during every renewal of the AHCA licence. by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic fingerprint submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number, date of birth, mailing address; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpaver identification number. This Statute or Rule is not met as evidenced by: Based on interview and record review, the AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE STATE FORM alura rednaxon

/ 15:47 #742 P.005/019

PRINTED: 11/03/2016

Agency for Health Care Administration STATEMENT OF DEPOSERCIES AND PLAN OF CORRECTION (X1) PROVIDERSUPPLIERICLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A BUILDING	E CONSTRUCTION		CX3) DATE SURVEY COMPLETED	
		AC13980105	B. WING	B WWG		24/2016
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ALL			STATE ZIP CODE		
TODAY	S WOMEN MEDICAL		DIXIE HIGHWA FL 33133	NY .		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	4 SHOULD BE	COMPLETE DATE
AZ814	Continued From pa	age 1	AZ814	***************************************	***************************************	
		nsure the administrator/chief listed on the Background nouse roster.				
	Findings include:					
		t6 at 10:27 AM, the owledged being the chief				
		ealed the administrator/ chief s not listed on the Background nouse roster.	1			
AZ815		435.06 FS Background	AZ815			
:		ed Offenses ad screening; prohibited	Backgro	und screening will be do	one by	, 20
:	offenses (1) Level 2 background screening pursuant to chapter 435 must be conducted through the		No patients were affected by this deficiency.			
	considered employs conducting screenis	the following persons, who are ses for the purposes of ing under chapter 435;	Future compliance will be checked by administrator every 5 years and during every renewal of the AHCA lic			
		or or a similarly titled person	1 1			i
:	the provider.	for the day-to-day operation of	1 1			
		icer or similarly titled individua for the financial operation of	1			
	(d) Any person who agency has reason	is a controlling interest if the to believe that such person of any offense prohibited by				
	been convicted of a shall submit to the a explanation of the c	controlling interest who has ny such offense, the ticensee agency a description and onviction at the time of				
ICA Form 3			<u> </u>			
	,		21	5FJ11	I continual	ion sheet 2 of 9
			M	Stadar	/5/2ec	16
	_	l all	er, or,			

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					FORM	APPROVED
		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMP	(X3) DATE SURVEY COMPLETED	
		AC13960105	B. WING		10/24/2016	
	The second secon	STREET A	DDRESS, CITY, S'	FATE, ZIP CODE		
	PROVIDER OR SUPPLIER	3250 S I	IXIE HIGHWAY			
TODAY'S	WOMEN MEDICAL		L 33133			
(X4) ID PREFIX TAG	ACACH DEFICIENC.	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	IE APPROPRIATE	COMPLETE DATE
AZ815	Continued From pa	age 2	AZ815			
	(e) Any person, as statutes, seeking provider who is ex responsibilities ma personal care or s have access to cliniving areas, and authorizing statute or provider whose her to provide pendirectly to clients. screening may be employer or the lic (3) All fingerprints format. Screening the agency with rein s. 435,04 and the control of th	required by authorizing imployment with a licensee or pected to, or whose yr equire him or her to, provide revices directly to clients or ant funds, personal property, or or person, as required by secontracting with a licensee responsibilities require him or sonal care or personal service Evidence of contractor retained by the contractor retained by the contractor sensee. The provided in electronic results shall be reviewed by spect to the offenses specifies section, and the qualifying is of the person named in the naintained in a database. The publifying status of the person named in the naintained in a database. The publifying status of the person less thail be posted on a sect val by the licensee or designat issee's behalf, the offenses listed in s. 435.04 ed to undergo background int to this part or authorizing in have an awaiting final ust not have been found guilty adjudication, or entered a plea or guilty to, and must not have delinquent and the record not or expunged for any of the sor any similar offense of	s S C C C C C C C C C C C C C C C C C C			

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			PORMAPPROVED
Agency for Health Care Adn STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:	(X3) DATE SURVEY COMPLETED
	AC13960105	B. WING	10/24/2016

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DDAY'S	WOMEN MEDICAL CENTER MIAMI, FL	00100		
(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)	COMPLETE DATE
AZ815	Continued From page 3	AZ815		
	fraud.	1		
	(d) Section 409.9201, relating to Medicaid fraud.			
	(e) Section 741.28, relating to domestic violence.	Į.		!
	(f) Section 777.04, relating to attempts,			
	solicitation, and conspiracy to commit an offense	į		
	listed in this subsection.			
	(g) Section 817.034, relating to fraudulent acts			
	through mail, wire, radio, electromagnetic,			1
	photoelectronic, or photooptical systems.			
	(h) Section 817.234, relating to false and			
	fraudulent insurance claims. (i) Section 817.481, relating to obtaining goods by			
	using a false or expired credit card or other credit			
	device, if the offense was a felony.			
	(j) Section 817.50, relating to fraudulently			
	obtaining goods or services from a health care			i
	provider.			
	(k) Section 817.505, relating to patient brokering.			
	(I) Section 817.568, relating to criminal use of			
	personal identification information.			
	(m) Section 817.60, relating to obtaining a credit			
	card through fraudulent means.			
	(n) Section 817.61, relating to fraudulent use of	ì		
	credit cards, if the offense was a felony.	1		
	(o) Section 831.01, relating to forgery.	M		
	(p) Section 831.02, relating to uttering forged			
	instruments. (q) Section 831.07, relating to forging bank bills,			
	checks, drafts, or promissory notes.	1		
	(r) Section 831.09, relating to uttering forged	į.		
	bank bills, checks, drafts, or promissory notes.			
	(s) Section 831.30, relating to fraud in obtaining			
	medicinal drugs.	ì		1
	(t) Section 831.31, relating to the sale,			
	manufacture, delivery, or possession with the	Í		1
	intent to sell, manufacture, or deliver any			
	counterfeit controlled substance, if the offense			
	was a felony.	i		1
	(u) Section 895.03, relating to racketeering and	i		1

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STATEMENT OF DEFICIENCIES		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COME	(X3) DATE SURVEY COMPLETED	
		AC13960105	B. WING		10/24/2016	
NAME OF E	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE		
	WOMEN MEDICAL		DIXIE HIGHWAY	r		
TODAYS		initiality,	FL 33133	PROVIDER'S PLAN OF COP	DECTION	(X5)
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE
AZ815	Continued From pa	age 4				
	collection of unlaw					
	(v) Section 896 10	1, relating to the Florida Mone	v			
	Laundering Act.		1			
	If upon rescreenin	g, a person who is currently				,
	employed or contra	acted with a licensee as of				
	, 2014, and	was screened and qualified	.			İ
	under ss. 435.03 a	ind 435.04, has a disqualifying ot a disqualifying offense at th				1
	time of the last ser	eening, but is a current				
	disqualifying offens	se and was committed before				
	the last screening.	he or she may apply for an	!			
	exemption from the	e appropriate licensing agend	y !			1
	and, if agreed to b	y the employer, may continue	1			
	to perform his or h	er duties until the licensing decision on the application for	. !			1
	agency renders a	erson is eligible to apply for a	,			
	exemption and the	exemption request is receive	d			
	by the agency no I	ater than 30 days after receip	t			
	of the rescreening	results by the person.				
	(5) A person who	serves as a controlling interes	t			İ
	of, is employed by	, or contracts with a licensee	on!			
	, 2010, who	has been screened and g to standards specified in s.	1			
	435 03 or s 435 0	4 must be rescreened by				1
	31 2015 in comp	liance with the following	1			
	schedule. If, upon	rescreening, such person ha	s			1
	a disqualifying offe	ense that was not a				
	disqualifying offen	se at the time of the last				!
	screening, but is a	a current disqualifying offense				
	and was committee	ed before the last screening, he for an exemption from the	ie i			1
	or sne may apply	ing agency and, if agreed to b	ov			1
l	the employer, ma	y continue to perform his or h	er			
	duties until the lice	ensing agency renders a	1			
	decision on the ar	oplication for exemption if the	. 1			
	person is eligible	to apply for an exemption and				
	the exemption rec	quest is received by the agenc	cy :			
	within 30 days aft	er receipt of the rescreening	اما			1
1	results by the person. The rescreening schedule					ĺ

AHCA Fo.... 3020-0001 STATE FORM

PRINTED: 11/03/2016 FORM APPROVED Agency for Health Care Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: R WING 10/24/2016 AC13960105 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3250 S DIXIE HIGHWAY TODAY'S WOMEN MEDICAL CENTER MIAMI FI 33133 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (FACH DEFICIENCY MUST BE PRECEDED BY FULL DREETY PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A7815 AZ815 Continued From page 5 shall he (a) Individuals for whom the last screening was conducted on or before 1. 2004. . 2013 must be rescreened by (b) Individuals for whom the last screening 2005, and conducted was between 1, 2008, must be rescreened by 31, 2014 (c) Individuals for whom the last screening . 2009. conducted was between , 2011, must be rescreened by through 2015 (6) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (7)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate

AHCA Form 3020-0001

regulatory board within the Department of Health, or the department tisel if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional iscense or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her

licensed or certified practice.

						: 11/03/2016 APPROVED
Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED		
	AC13960105		B. WING		10/24/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
	WOMEN MEDICAL	CENTER 3250 S D	IXIE HIGHWA\ L 33133	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
AZ815	may adopt rules pt 120.54 to impleme and authorizing sta screening and to including 943.05(2). (9) There is no ree monetary liability of action for damage that, upon notice of under chapter 435 person against wh whether or not tha exemption with the agency.	d the Department of Health insuant to ss. 120.536(1) and in this section, chapter 435, atutes requiring background implement and adopt criteria g fingerprints pursuant to s. imployment assistance or other in the part of, and no cause of a arising against, an employer of a disqualifying offense listed or this section, terminates the om the report was issued, t person has filed for an be Department of Health or the	AZ815			
	(1) if an employer cause to believe it or termination of a result of backgr the employee in w record that indicat standards in this of the affected emploid disqualification. T disqualification is (2)(a) An employe otherwise allow air any peremployee in a roll of screening until the screening until the	from employment: or agency has reasonable and grounds exist for the denial imployment of any employee at build screening, it shall notify iriting, stating the specific ese noncompliance with the chapter. It is the responsibility o oyee to contest his or her to request exemption from he only basis for contesting the proof of mistaken identify, or may not hire, select, or en employee to have contact with reson that would place the that requires background screening process is emonstrates the absence of any monstrates the absence of any	f			

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AHCA Form 3020-0001 STATE FORM

grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select,

					: 11/03/2016 APPROVED
Agency for Health Care Adm	injetration				
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		A. BUILDING:		LETED
AND FLAN OF CONNECTION		A. BOILDING		1	Į.
				1	
	AC13960105	B. WING		10/2	24/2016
NAME OF PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, ST	FATE, ZIP CODE		
NAME OF PROVIDER OR SOFFCIER		IXIE HIGHWAY			
TODAY'S WOMEN MEDICAL			•		1
TODAT S WOMEN MEDICAL	CENTER MIAMI, FI	L 33133			
SUMMARY STA	ATEMENT OF DEFICIENCIES	· ID	PROVIDER'S PLAN OF CORRECT	ION	(X5) COMPLETE
DDEELY (FACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	ODDIATE	DATE
TAG REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	OF TOP IL	
			DEFIDIENCE		
	7	AZ815			
AZ815 Continued From pa	age /	72010			1
or otherwise allow	the employee to have contact				1
with any	person that would place the	i			1
with any	that requires background	1			1
employee in a role	that requires background	1			
screening unless to	he employee is granted an	1			1
exemption for the	disqualification by the agency	1			
as provided under	s. 435.07.				
(b) If an employer	becomes aware that an	1			1
employee has bee		1			
employee has bee	yer must remove the employee				
					1
from contact with a		1			
places the employ	ee in a role that requires				1
background scree	ning until the is resolved				
in a way that the e	mployer determines that the	1			
employee is still el	igible for employment under				:
this chapter.	•				
(a) The employer	must terminate the employment				:
(c) The employer i	nnel found to be in	1			
of any of its person	the the majorine upon stendards of				i
noncompliance wi	th the minimum standards of	1			
this chapter or pla	ce the employee in a position				
for which backgro	und screening is not required	1			1
unless the employ	ee is granted an exemption				!
from disqualification	on pursuant to s. 435.07.				1
(d) An employer m	nay hire an employee to a	1			1
nonition that requi	res background screening				
before the employ	ree completes the screening				
perore trie employ	es completes the societing	į.			1
process for training	g and orientation purposes.	1			1
	oloyee may not have direct	1			1
contact with	persons until the	1			
screening process	s is completed and the	Ì			i
employee demons	strates that he or she exhibits				
no behaviors that	warrant the denial or				1

termination of employment.

employed, must be dismissed.

(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including fingerprints if required, must be disqualified for employment in such position or, if

(4) There is no reemployment assistance or other

					PRINTED: FORM A	11/03/2016 APPROVED
Agency for	or Health Care Adm	inistration			(X3) DATE	SURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	COMPL		
		AC13960105	B. WING		10/2	4/2016
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, S			1
TODAY'S	WOMEN MEDICAL	CENTER 3250 S D	XIE HIGHWA' 33133	r		
				PROVIDER'S PLAN OF CORRECT	ON	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
AZ815	Continued From pa	age 8	AZ815			
	monetary liability of	n the part of, and no cause of				
	action for damages	s against, an employer that,	1			
	upon notice of a co	enviction or for a	1			
	disqualifying offens	se listed under this chapter,	1			
	terminates the per	son against whom the report				
	was issued or who		1			
	whether or not that	t person has filed for an	1			
i	exemption pursuar	nt to this chapter.				
ļ	exemption parada	it to the strap ion				
1	435.02 Definitions	-For the purposes of this	1			
1	chapter, the term:	, or the purposes of the	i			
	(2) "Employee" me	eans any person required by				i
l	(2) Employee me	pursuant to this chapter,	1			1
1	including but not l	imited to, persons who are				!
I	treaters licens	ees, or volunteers.				İ
İ	Contractors, licens	ees, or volunteers.				1
	This Statute or Ru	le is not met as evidenced by:				
1	Pered on intention	v and record review, the				
	provider failed to 6	ensure the administrator/chief	i			
	francial officer co	mpleted a Level 2 background				
ì	rescreening.	impleted a Level 2 background	i			
	rescreening.		į			
	Findings include:		-			1
1	1					1
	On , 20	016 at 10:27 AM, the	1			i
	administrator ackr	nowledged being the chief	į			
1	financial officer.		i	i		
		lowed the administrator/ chief	i			
1	financial officer re	quired a new level 2	i			i e
1	screening		1			
			1			1
1			1			1

AHCA Form 3020-0001

STATE FORM

6899





JUSTIN M. SENIOR INTERIM SECRETARY

...., 2016

Administrator Today's Women Medical Center 3250 S Dixie Highway Miami, FL 33133

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by representative(s) 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 , 2016.

The plan of correction must include the following:

- Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- Describe how the facility will identify other residents having the potential to be affected by the same deficient practice.
- Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur.
- 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.
- Ensure that no protected or other confidential information (i.e., resident or staff names) are included in the plan.
- State the completed date; the date that the facility identifies compliance can be achieved, which must be after the exit date.
- 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



Today's Women Medical Center

Page 2

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 contact Faith Randolph, Registered Nurse Consultant at (305) 593-3100.

Sincerely

Arlene Mayo-Davis (DX)
Field Office Manager, Area 11

Enclosure: State (3020) Form, and POC guidelines

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