

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960052</b>	(X3) DATE SURVEY COMPLETED  <b>02/27/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>BLUE CORAL WOMEN'S CARE, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7360 CORAL WAY SUITE 16 MIAMI, FL 33155</b>	

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

**0000 - INITIAL COMMENTS**

An unannounced complaint survey CCR# 2018018062 was conducted on [redacted] at Blue Coral Women's Care, Inc.,

Blue Coral Women's Care, Inc., had deficiencies at the time of the visit.

**0153 - Clinic Suppl/eqt-2d Trimes-Resuscitative Meds - 59A-9.0225(4), FAC**

Based on observation and interview, the provider failed to ensure that the medications in the crash cart were valid.

Findings include:

Observation conducted on [redacted] at 11:19 AM, of the facility's crash cart revealed it contained expired medications: two vials of [redacted] (expired [redacted]), 1 vial of [redacted] (expired [redacted]) and 1 vial of [redacted] (expired [redacted]).

On [redacted] at 11:19 AM, the administrator acknowledged that the medications in the crash cart were expired.