Agency for Health Care Adn	ninistration			FORW APPROVEL	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	AC13960083	B. WING		08/05/2015	
NAME OF PROVIDER OR SUPPLIER	STREET AU	DRESS, CITY, S	FATE, ZIP CODE		
AASTRA WOMENS CENTER	10 SW 44				
AASTRA WOMENS CENTER	PLANTAT	TION, FL 3331			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
A 000 INITIAL COMMEN	TS	A 000			
on 8/5/2015 at the information gather	monitoring visit was conducted clinic. Based on additional ed on 8/19/2015 and 8/26/2015 ssued on 8/5/2015 is revised as				
A 050 Licensure Procede	ures	A 050			
clinic under the pro shall make applica for Health Care Ad	ng the operation of an abortion ovisions of Chapter 390, F.S., atton for a license to the Agency fministration and must receive he acceptance of patients for it.				
Chapter 59A-9.02	0(1)				
	shall be posted in a e within the licensed premises ewed by patients.				
Chapter 59A-9.02	0(4), F.A.C				
For sampled #140 no date was period (LMP), how weeks of gestatio documented in the The findings inclu	is not met as evidenced by: patients #27, #56, #72, and recorded for the last menstrua vever, the ultrasound reflected n in excess of 12 weeks as e patients' records. ded: led patient #27 - no LMP,	ı			
HCA Form 3020-0001	IDER/SUPPLIER REPRESENTATIVE'S SI	IGNATURE	TITLE	(K6) DATE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Agency 1	for Health Care Adm	inistration			FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
			A BOLDATO		
		AC13960083	8. WING		08/05/2015
NAME OF F	PROVIDER OR SUPPLIER			FATE, ZIP CODE	
AASTRA	WOMENS CENTER	10 SW 44*	TH AVE ION, FL 3331	7	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	At
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
A 050	Continued From pa	ge 1	A 050		
	A review of sample ultrasound reflected A review of sample ultrasound reflected. A review of sample ultrasound reflected A review of sample ultrasound reflected to the ultrasound reflected to the ultrasound reflected and the ultrasound reflected to the ultrasound reflected to the ultrasound reflected to the ultrasound A review of sample the ultrasound A review of sample the in excess of 14 were reflected 13.3 week a between the in excess of 14 were reflected 13.3 week a review of sample of weeks between the review of sample of weeks but the reflected of the review of sample of weeks between the review of sample of weeks between the reflected in the review of sample of weeks between the reflected in the review of sample of weeks between the reflected in the review of sample of the review	d patient #29, the number of procedure and the LMP was asks and the ultrasound			
CZ828	408.813(3) FS Adm	inistrative Fines; Violations	CZ828		
	fine for a violation to class i, class II, class Unless otherwise s the fine may not ex Unclassified violatic (a) Violating any te (b) Violating any pr statutes, or applica (c) Exceeding licen (d) Providing servic license.	m or condition of a license. ovision of this part, authorizing ble rules.			

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	Agency for Health Care Administration						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED			
	AC13960083			08/05/2015			
NAME OF PROVIDER OR SUPPLIE	R STREET A	DORESS, CITY, ST	TATE, ZIP CODE				
AASTRA WOMENS CENTER		4TH AVE TION, FL 3331	7				
PRICEN (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)				
CZ828 Continued From p	page 2	CZ828					
408.814.							
1. For sampled #140 no date was period (LMP), how weeks of gestatio documented in the The findings inclu. A review of samp ultrasound reflect 2. For sampled number of weeks last normal mens and the ultrasour excess of 12 as creords. The findings including incl	led patient #27 - no LMP, ed 13.1 weeks of gestation. led patient #66 - no LMP, ed 13.2 weeks of gestation. led patient #72 - no LMP, ed 13.3 weeks of gestation. led patient #72 - no LMP, ed 13.1 weeks of gestation. patient #40 - no LMP, ed 14 weeks of gestation. patient #29 and #106, the between the procedure and thrual period were in excess of locumented in the patients of incommented in the patients of led patient #29, the number of ne procedure and the LMP was eeks and the ultrasound eks of gestation.	9 4 4 In					

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AHCA Form 3020-0001 STATE FORM



RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

September 1, 2015

Administrator Aastra Womens Center 10 SW 44th Avenue Plantation, FL 33317

Dear Administrator:

This letter reports the findings of a state licensure Monitoring Visit that was conducted on August 19, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (3020-0001) Form, which indicates the deficiencies that were identified on the day of the visit. Please attach a summary of your corrective action plan for each deficiency, including completion dates, on your letterhead to the Field Office by Close of Business, Friday September 4, 2015. Also include any additional documentation to support correction of identified deficiencies.

At a minimum, the corrective action plan must:

- Demonstrate procedures are in place to ensure that first trimester abortions are not performed:
 - In excess of 14 weeks (up to but not including the 105th day) from the last normal menstrual period (LNMP), and in excess of the 12th week (up to but not including the 91th day) of destation; or
 - When LNMP is not determined or not documented, abortions are not performed beyond the 12th week (up to but not including the 91st day) of gestation.
- Educate staff to ensure that when reporting pursuant to rule 59A-9.034, F.A.C., on the
 online reporting system, that the field titled "WEEKS OF GESTATION" is correctly
 completed using "weeks of gestation" as that phrase is used in rule 59A-9.019, F.A.C.,
 and not erroneously using last normal menstrual period.

Thank you for the assistance provided to the surveyor(s). Should you have any questions,



please call Ariene Mayo-Davis at (561) 381-5840.

Sincerely

arlene Mayo-Devis.
Arlene Mayo-Davis.
Field Office Manager

amd

Enclosure: State Form 3020-0001

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