

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13920002	(X3) DATE SURVEY COMPLETED 02/19/2018
NAME OF PROVIDER OR SUPPLIER A HIALEAH WOMAN'S CARE CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 952 EAST 25TH ST HIALEAH, FL 33013	

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

0000 - INITIAL COMMENTS

A State re-licensure survey was conducted on, 2018 at A Hialeah Woman's Care Center Inc. license # 824 had deficiencies found at the time of the visit.

D100 - Physical Plant Req.-2nd Trimester - 59A-9.022, FAC

Based on observation and interview, the facility failed to equip the handwashing stations with mixing valves in each patient procedure

The findings include:

Observation on at 11:40 am, revealed a handwashing sink located inside patients procedure The handwashing sink did not have mixing valves with hot and water coming from the valves. The handwashing sink ran for a minute and hot water did not come from the valve.

During an interview on at 11:40 am, the Administrator stated that the facility does have a hot water heater but had to cut the line off due to a leaking pipe

Interview on at 11:55 am, the Administrator acknowledged the facility's handwashing station is not equipped with mixing valves in each patient procedure