

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13910053</b>	(X3) DATE SURVEY COMPLETED  <b>02/20/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>A WOMAN'S CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>68-A NE 167TH STREET MIAMI, FL 33167</b>	

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

**0000 - INITIAL COMMENTS**

A re-licensure survey was conducted on [redacted], 2018 at A Woman's Care (license # 833).  
A Woman's Care had deficiencies at the time of the visit.

**0400 - Recovery [redacted] -2nd Trimester - 59A-9.027, FAC**

Based on record review and interview, the facility failed to provide documentation that a physician, physician's assistant, registered nurse, licensed practical nurse or an advanced registered nurse practitioner who is trained in the management of the recovery area was available to monitor the patients in the recovery [redacted] 10 of 10 sample clients (#1-#10) and did not provide documentation showing medical assistants (MA-A and MA-B) were currently certified in basic [redacted] ( ).

Findings include:

Record review on [redacted] at 10:15 am, revealed clinical records of sampled client's #1-#10 indicated that the medical assistants (MA) A and (MA) B, are the staff that is monitoring the patients in the recovery [redacted] the sampled clients.

Interview on [redacted] at 10:58 am, medical assistant (MA -A) stated she and another medical assistant (MA- B) are the employees taking the vital signs and monitoring the clients after their procedure in the recovery [redacted]. Medical assistant MA- A further stated the doctors are always available from the procedure to the recovery [redacted]. The facility could not provide documentation that the physician(s) participated in the recovery [redacted].

Record review on [redacted] at 10:30 am, revealed documentation of an expired [redacted] certification (basic [redacted]) inside medical assistant (MA-A) personnel file, the [redacted] certification expired on [redacted]. Further record review revealed MA-B personnel file did not contain evidence of a [redacted] certification.

Interview on [redacted] at 11:13 am, the Financial Officer acknowledged the clinic failed to provide documentation for the recovery [redacted] for second trimester abortions, as the recovery [redacted] members (MA-A and MA-B) at the clinic are not a physician, physician's assistant, registered nurse, licensed practical nurse or an advanced registered nurse practitioner, that is certified in basic [redacted] ( ).

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 03/28/2018  
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13910053</b>	(X3) DATE SURVEY COMPLETED  <b>02/20/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>A WOMAN'S CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>68-A NE 167TH STREET MIAMI, FL 33167</b>	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		