

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960112	(X3) DATE SURVEY COMPLETED 03/02/2016
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NAME OF PROVIDER OR SUPPLIER A WOMAN'S CENTER OF HOLLYWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 3829 W HOLLYWOOD BLVD HOLLYWOOD, FL 33021
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 INITIAL COMMENTS

An unannounced relicensure survey was conducted on 3/2/16, at A Woman's Center of Hollywood. The Provider had a deficiency found at the time of the visit.

0153 Clinic Suppl/eat-2d Trimes-Resuscitative Meds

Based on observation, record review, and interview, it was determined that emergency medications on the crash cart utilized to support the procedures performed during the 2nd trimester of pregnancy, as determined by the medical director, had expired.

The findings include:

Review of the clinic AHCA (Agency for Health Care Administration) license revealed that the abortion clinic was licensed to conduct both 1st and 2nd trimester abortions. Initial interview with the Administrator on 3/2/16 at approximately 9:30 AM, revealed that abortion procedures are normally performed on "up to 18 weeks" patients who are up to 18 weeks", even though the clinic is licensed to perform abortion procedures "up to 24 weeks". (2nd trimester of pregnancy). She explained that "it is up to the Physicians if they conduct abortion procedures after 18 weeks.

Review of 8 Patient records revealed that Patient # 3's gestational age was 14 weeks, and Patient # 8's gestational age was 15 weeks. During a tour of the clinic on 3/2/16, from 11:15--11:30 AM, observation revealed that the majority of medications on the "crash cart" were expired. During further interview with the Administrator on 3/2/16 at approximately 11:30 AM, she explained that all medication on the crash cart are supplied by an outside company every 2 years. She provided a copy of the list, dated 3/2/16, of medications provided to the abortion clinic Medical Director by the outside company.

Observations of crash cart medications on 3/2/16 from 11:15-11:30AM:

- 0.3 mg (auto-injector) expires 11/15
- Junior 1:2000 0.15 mg, expires 11/15
- 1 ml, 1:1000 amp, expires 11/15
- Proair inhaler 8.5 gr. expires 11/15
- capsules 25 mg, expires 11/15
- 50 mg/1 ml, expires 11/15
- 10 ml/0.1 mg/ml expires 11/15
- 2 ml/2.5 mg per ml expires 11/15
- 1:10,000 10 ml syringe expires 11/15
- 2% syringe expires 11/15

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4 ml 3 mg/ml expires //
 10 ml 0.1 mg/ml expires
 Narcan 1 ml/0 4 mg vial, expires // /
 2 ml 2 mg/ml vial expires // /
 50% /50 ml syringe expires // /
 0.9% 500 ml expires // /
 25%/10 m. expires // /

During interview with the Administrator on 3/2/16 at approximately 11:25 AM, she stated "since the medications come automatically, I must have forgotten to check to see if they were expired". During a telephone interview with the Medical Director on at 2:00 PM, he was informed that the majority of medications in the crash cart were expired, and he requested that the Administrator re-order the same medications that were previously provided by the outside company.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
A Woman's Center Of Hollywood
3829 W Hollywood Blvd
Hollywood, FL 33021

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dmb

XG90

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