Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13930016	A. BUILDING _____ B. WING _____	02/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVE OF KENDALL, INC	8603 S DIXIE HIGHWAY STE 102 MIAMI, FL 33143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	INITIAL COMMENTS A Licensure Survey was conducted at Eve Of Kendall, Inc. located at 8603 S Dixie Highway STE 102 Miami, FL 33143 on Eve of Kendall, Inc had deficiencies found at the time of the visit.	A 000		
A 153	Clinic Supplies/equip. Stand.-2nd Trimester Resuscitative Medications Required. The clinic shall have a crash cart at the location the is being carried out. The crash cart must include, at a minimum, those emergency medications to support the procedures performed as determined by the medical director. Chapter 59A-9.0225(4), F.A.C. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain a crash cart that was free from expired medication. Findings include: Observation, conducted on at 12:20pm, of the facility's crash cart revealed that it contained an 8.4% medication that had an expiration date of 01/2013. On at 12:20pm, employee #3 acknowledged the findings. On 02/21/2013 at 1:48pm, the facility faxed a	A 153	Please see next page.	

RECEIVED
MAR 19 2013
AHCA HAQ-11
MIAMI

accepted 3/19/13

AH Form 3020-0001

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

TITLE

(X6) DATE 3/12/13

STATE FORM 6899

If continuation sheet 1 of 3

Lisa Hernandez LPN for Medical director Karen Bookbinder

PRINTED: 03/01/2013
FORM APPROVED

Agency for Health Care Administration

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	AC13930016	A. BUILDING _____ B. WING _____	02/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVE OF KENDALL, INC	6603 S DIXIE HIGHWAY STE 102 MIAMI, FL 33143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 153	~~Continued from page 1~~ letter to the Agency. A review of the letter revealed that it was signed by the medical doctor acknowledging the expired medication contained in the crash cart. Further review of the letter revealed that the facility had stopped using the 8.4% and failed to dispose of the medication upon its discontinuance.	A 153	The clinic does have a crash cart at the location anesthetizing is being carried out. Our crash cart does include the emergency medications support the procedures performed as by the director, as well. The expired medication, found in the crash cart was no longer being used and therefore did not affect any patients. The expired medication has been removed from our crash cart, and the staff has been re-trained on monthly checks with the medical director for the proper disposal of expired medications.	2/21/13
A 202	Clinic Personnel-2nd Trimester Orientation. Each facility shall have and execute a written orientation program to familiarize each new staff member, including volunteers, with the facility and its policies and procedures, to include, at a minimum, fire safety and other safety measures, medical emergencies, ... infection control. In-service Training. In-service training programs shall be planned and provided for all employees including full time, part time and contract employees, at the beginning of employment and at least annually thereafter and will also apply to all volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually, and for surgical assistants and volunteers, must include training in counseling, patient advocacy and specific responsibilities associated with the services they provide: (a) Infection control, to include at a minimum, universal precautions blood-diseases, general sanitation, personal hygiene such as hand washing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting disease to patients or other staff members. (b) Fire protection, to include evacuating patients,	A 202	A202 In service training was updated with the medical director. Employee is missing documents that have been updated and faxed to agency on 2/21/13. + quality assurance list has been implemented with all employees names, so we are assured no employees are missing from in-service training.	2/21/13

Agency for Health Care Administration

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	AC13930016	A. BUILDING _____ B. WING _____	02/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVE OF KENDALL, INC	8603 S DIXIE HIGHWAY STE 102 MIAMI, FL 33143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 202	Continued From page 2 proper use of fire extinguishers, and procedures for reporting fires; (c) Confidentiality of patient information and records, and protecting patient rights; (d) Licensing regulations; and (e) Incident reporting. Chapter 59A-9.023,(4) and (5), F.A.C. This STANDARD is not met as evidenced by: Based on record reviews and interview the facility failed to provide annual in-service training to 1 out of 5 (#2) sampled employees. Findings include: Record review of employee #2's file revealed that she is a licensed practical nurse (LPN). Further review revealed that her last in-service training was _____. On 02/19/2013 at 1:30 pm, employee#3 acknowledged the findings. On _____ at 1:48 pm, the facility faxed documentation to the Agency that showed employee #2 had received in-service training on _____ after the survey.	A 202	Please see page #2.	

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE AD

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Eve Of Kendall, Inc
8603 S Dixie Highway Suite 102
Miami, FL 33143

Dear Administrator:

This letter reports the findings of a State Licensure survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, POC Guidelines and State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this faxed report**. You will not receive a copy of this report in the mail, you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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 surveyor. Should you have any questions please call Faith Randolph, Registered Nurse Consultant at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager, Area 11

Enclosures: State (3020) Form and POC Guidelines

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121