PRINTED: 12/27/2012
FORM APPROVED

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
	AC13960129	A. BUILDING _____ B. WING _____	12/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A WOMAN'S OPTION	157 W 37TH STREET HIALEAH, FL 33012

(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 An on site visit was made to A Woman's Option located at 1933 West 60th Street, Hialeah, Florida 33012 on 2012, in order to conduct a State Licensure Survey. A Woman's Option was not in compliance at the time of the survey The following is a description of deficient practice:	A 000		
A 150	Clinic Supplies/Equip. Stand.-2nd Trimester Each abortion clinic providing second trimester abortions shall provide the following essential clinic supplies and equipment: (a) A surgical or examination table(s); (b) A bed or recliner(s) suitable for recovery; (c) with flow meters and masks or equivalent; (d) Mechanical suction; (e) equipment to include, at a minimum, bags and oral airways; (f) Emergency medications, fluids, and related supplies and equipment; (g) Sterile suturing equipment and supplies; (h) Adjustable examination light; (i) Containers for soiled linen and waste materials with covers; and (j) Appropriate equipment for the administering of	A 150	KBM 1/7/13	

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATE FORM 6899 If continuation sheet 1 of 2

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A 150	Continued From page 1 general , if applicable. Chapter 59A-9.0225(1), F.A.C. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their emergency medications. Findings include: During a tour of the procedure on at 12:41 pm with the owner, the surveyor observed expired emergency medications contained in the facility's crash cart: expired 6/1/2012, expired 9/1/2012, Lidocaine 2% expired 10/1/2012, Epin expired Nitroglycerin expired expired 2/1012 and Nal expired 6/1/2012. Facility staff stated on 12-18-2012 at 12:41 pm, she will order new medications. Facility staff observed the medications in the crash cart, and verbally confirmed the above medications were expired at the time of the survey.	A 150	1/7/13 Urgent w/ Director who has reviewed all medications in the crash cart. All expired meds have been discarded accordingly. New order has been placed for medications needed, Ann. Verification has been noted on crash cart + will be reviewed by staff every 6 months. Automatic reminder has also been added to our Computer reminder systems, so it have been affected by these meds. Administrator, Administrator 1/7/13	

AHCA Form 3020-0001
STATE FORM 6899 X2N411 If continuation sheet 2 of 2

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
A Woman's Option
157 W 37th Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a State Licensure survey that was conducted on 2012 by a representative of this office.

Attached is the provider's copy of the 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,

Kim Williams, RN (for)
Arlene Mayo-Davis
Field Office Manager, Area 11

Enclosures: State (3020) Form and POC Guidelines