

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960129	(X3) DATE SURVEY COMPLETED 09/22/2016
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NAME OF PROVIDER OR SUPPLIER GYNECOLOGY AND MORE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1933 W 60TH ST HIALEAH, FL 33012
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 INITIAL COMMENTS

A relicensure survey was conducted on 22, 2016 at Gynecology and More Inc, license # 919. Gynecology and More Inc. had deficiencies at the time of the visit.

0100 Physical Plant Req.-2nd Trimester

Based on observation and interview the provider failed to ensure that the Handwashing station(s) were not working properly. Findings include:

Observation conducted on [redacted] at 11:36 AM revealed that the handwashing station hot water in the [redacted] not working. Observation conducted on [redacted] at 1:30 PM, revealed that the handwashing station located in the procedure [redacted] that the hot water did not work. On [redacted] at 1:30 PM, the administrator and the financial officer acknowledged the handwashing station in the [redacted] in the procedure [redacted] not working.

0201 Clinic Personnel-2nd Trimester

Based on interview and record review, the provider failed to ensure adequately trained and capable of providing appropriate service and supervision to the patients for 4 out of 10 (#1, #5, and #8) sample patients.

Findings include:

On [redacted] at 10:37 AM, the administrator stated that they have a nurse who assist the physician with the second trimester procedures. the administrator also stated that the recovery [redacted] by the procedure [redacted] she (the nurse) is in between both [redacted].

On [redacted] at 1:15 PM, the administrator stated that the [named] receptionist does the vitals and the recovery.

A review of sample patient record #1, #5, #8 revealed documentation showing the post procedural vital signs, [redacted], and condition were documented by a medical assistant. A review of the medical assistant's personnel record revealed no documentation of qualifications and no documentation of certification. Further review of the medical assistant personnel record revealed a job description titled [redacted].

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"receptionist."

0202 Clinic Personnel-2nd Tri-Orientation/Training

Based on record review and interview, the provider failed to provide all employees with the annual in-service training to maintain their understanding of their duties and responsibilities for 5 out of 5 staff (the administrator, the medical director, the advance registered nurse practitioner, the financial officer, and the medical assistant)

Findings include:

Record review revealed there was no documentation showing that the annual in-service training were provided to the administrator, the medical director, the advance registered nurse practitioner, the financial officer, and the medical assistant to ensure and maintain their understanding of their duties and responsibilities.

On at 1:18 PM, the administrator and the financial officer acknowledged not providing in-service training to the administrator, the medical director, the advance registered nurse practitioner, the financial officer, and the medical assistant to ensure and maintain their understanding of their duties and responsibilities.

0250 Clinic Policies/Procedures-2nd Trimester

Based on record review and interview, the provider failed to ensure that the written policies were reviewed and approved annually by the clinic's medical director.

Findings include:

Record review revealed the clinic provided second trimester abortions. A review of the written policies and procedures revealed no documentation of policies and procedures for Physician's orders, Standing orders with required signatures, Medications, storage and administration, Treatments, Surgical Medical Sterilization and Documentation: Medical records and facility records, Patient discharge, Patient transfer, Emergency measure, Incident reports, Personnel orientation, In-service education record, Volunteers; and Visitors.

Further review revealed no documentation showing written policies and procedures had been reviewed and approved annually by the clinic's medical director.

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On 09/22/2016 at 1:38 PM, the administrator and the financial officer acknowledged the policies and the procedures had not been reviewed and approved annually and stated that their polices are scattered.

0350 Abortion Procedure-2nd Trimester

Based on interview and record review, the provider failed to show that the appropriate monitoring of 1 out of 10 sample patient's (#7) vital signs by professionals licensed and qualified to assess the patient's condition during the recovery period.

Findings include:

On at 10:37 AM, the administrator stated that they have a nurse who assist the physician with the second trimester procedures.

A review of sample patients #7 record revealed no documentation showing that the second trimester procedures were assisted with a nurse on staff.

A review of sample record #7 revealed the vital signs were not documented during the recovery period.

0362 Termination/Consents Required

Based on record review and interview, the provider failed to ensure that the probable age of the was documented in the clinical record for 6 out of 10 (#2, #3, #4, #6, #9, #10) sample patients.

Findings include:

A review of sample patient 's records #2, #3, #4, #6, #9, #10 revealed no documentation showing the probable age of the

On at 1:58 PM, the administrator and the financial officer acknowledged the probable age were not documented in the records for sample patient 's records #2, #3, #4, #6, #9, #10.

0400 Recovery -2nd Trimester

Based on interview and record review, the provider failed to show that the post procedure recovery were supervised and staffed to meet the patient's needs for 4 out of 10 (#1, #5, #7 and #8) sample patients.

Findings include:

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On 9/22/2016 at 10:37 AM, the administrator stated that they have a nurse who assist the physician with the second trimester procedures. the administrator also stated that the recovery by the procedure she (the nurse) is in between both

On at 1:15 PM, the administrator stated that the [named] receptionist does the vitals and the recovery.

A review of sample patient record #1, #5, #8 revealed documentation showing the post procedural vital signs, and condition were documented by a medical assistant. A review of the medical assistant's personnel record revealed no documentation of qualifications and no documentation of certification. Further review of the medical assistant personnel record revealed a job description titled "receptionist."

A review of sample record #7 revealed the post procedural vital signs or assessment of and condition were not documented during the recovery period.

0600 Clinical Records

Based on record review and interview, the provider failed to ensure that the clinical records were complete and accurately documented for 10 out of 10 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10) sample patients.

Findings include:

Record review revealed no documentation showing sample patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10 were informed of the toll-free numbers for complaints, and Medicaid fraud.

A review of sample patients records #2, #3, #4, #6, #9, #10 revealed no documentation showing the probable age of the were documented.

A review of sample patient record #5 revealed documentation showing the vital signs were documented by a medical assistant. A review of the medical assistant personnel record revealed no documentation of qualifications and no documentation of certification. Further review of the medical assistant personnel record revealed a job description titled "receptionist."

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A review of sample record #7 revealed the vital signs and , and condition were not documented during the recovery period.

On 09/22/2016 at 1:38 PM, the administrator and the financial officer acknowledged the clinical records for sample patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10 were not complete and accurately documented.

Z814 Backaround Screenina Clearinahouse

Based on record review and interview, the provider failed to ensure that the administrator and the financial officer were listed on the clearinghouse roster.

Findings include:

Record review revealed the administrator and the financial officer were not listed on the clearinghouse roster.

On at 1:38 PM, the administrator and the financial officer acknowledged they were not listed on the clearinghouse roster.

Z815 Backaround Screenina: Prohibited Offenses

Based on interview and record review, the provider failed to ensure that the financial officer obtained a level 2 background screening.

Findings include:

On at 12:34 PM, the financial officer stated "no" when asked if he had obtained a level 2 background screening.

Record review revealed the financial officer had not obtained a level 2 background screening.

Z818 Minimum Licensure Requirement - Client Notice

Based on record review and interview, the provider failed to ensure that 10 out of 10 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10) sample patients were informed of the toll-free numbers for complaints, , and Medicaid fraud.

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/04/2016
FORM APPROVED

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Findings include:

Record review revealed no documentation showing sample patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10 were informed of the toll-free numbers for complaints, , and Medicaid fraud.

On at 11:00 AM, the administrator acknowledged that the sample patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10 were not informed of the toll-free numbers for complaints, , and Medicaid fraud.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2016

Administrator
And More Inc
1933 W 60th ST
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on 22, 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 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

Enclosure: State (5000-3547) Form

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