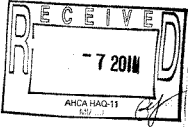


Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S DIXIE HIGHWAY MIAMI, FL 33133		
(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 unannounced visit was conducted on 2011 for a Relicenseure State Survey at Today 's Woman Medical Center located at 3250 S. Dixie Hwy, Miami, Florida 33133. Today 's Woman Medical Centers was found to be in noncompliance with 390.014 F.S., 59A-9 F.A.C. at the time of the survey. The following deficiencies were identified.	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, resuscitation 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		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

STATE FORM

BVBD11

If continuation sheet 1 of 10

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3260 S DIXIE HIGHWAY MIAMI, FL 33133		
(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 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 sterile suturing tools and supplies. Findings include: On September 20, 2011 at 10:45 a.m., the surveyor conducted a tour of the facility with the facility's administrator/physician. During the tour of the surgical examination, the surveyor observed an array of suturing tools (Curettes) individually sealed in clear storage bags stored in medium sized opened containers. The curettes were set on a counter in plain view next to the surgical examination table. The suturing tools or curettes are made with a metal rod handle on one end and a loop on the other end. Further observation of the curettes revealed at least three had a buildup of dark-colored residue located inside of each loop. On _____, 2011 at approximately 10:57 a.m. the surveyor conducted an interview with the administrator/physician. The surveyor handed the administrator/physician the three curettes that had a buildup of dark-colored residue located inside of each loop. When asked to identify the buildup of the dark-colored residue on each of the three curettes, the administrator/physician acknowledged the existence of the residue and stated that it was not rust, but residue from	A 150		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S DIXIE HIGHWAY MIAMI, FL 33133		
(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 150	Continued From page 2 stainless steel which is normal. To demonstrate that the buildup of the dark-colored residue was not rust, the administrator/physician removed one of the three curettes from out of the sealed clear bag. Using his fingernail, the administrator/physician proceeded to scrape the dark-colored residue away from the curette, in which a clump of the residue . . . onto the counter. When asked if the three curettes were sterile, the administrator/physician stated that they (curettes) were all sterile tools but he does not use them. The administrator/physician continued to state that he uses the disposable surgical tools, which the surveyor observed were hanging on a wall near the examination table.	A 150	150. The reason for curettes to have residuals inside the loop was the fact that the loop is very small and was hard to get inside of the loop. Special brush has been provided for proper cleaning. All curettes have been cleaned and sterilized. An administrator will periodically check all instruments including curettes. Corrections completed by 9/23, 2011.	
A 156	Clinic Supplies/Equip. Stand, 2nd Trimester Equipment Maintenance. (a) When patient monitoring equipment is utilized, a written preventive maintenance program shall be developed and implemented. This equipment shall be checked and/or tested in accordance with manufacturer's specifications at periodic intervals, not less than annually, to insure proper operation, and a state of good repair. After repairs and/or alterations are made to any equipment, the equipment shall be thoroughly tested for proper calibration before returning it to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance. (b) All . . . and surgical equipment shall have a written preventive maintenance program developed and implemented. Equipment shall be checked and tested in accordance with the manufacturer's specifications at designated intervals, not less than annually, to ensure proper	A 156		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S DIXIE HIGHWAY MIAMI, FL 33133		
(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 186	<p>Continued From page 3</p> <p>operation and a state of good repair.</p> <p>(c) All surgical instruments shall have a written preventive maintenance program developed and implemented. Surgical instruments shall be cleaned and checked for function after use to ensure proper operation and a state of good repair.</p> <p>Chapter 59A-9.0225(7), F.A.C.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that preventive maintenance were conducted on all surgical equipments, and to ensure that surgical instruments were clean and in a state of good repair.</p> <p>Findings include:</p> <p>On 05/20/2011 at 10:45 a.m., the surveyor conducted a tour of the facility with the administrator/physician. During the tour of the surgical examination room, the surveyor observed a defibrillator machine, a vital signs monitor, a suctioning machine, and an ultrasound machine. Further observation revealed that the vital signs monitor, the suctioning machine, and the ultrasound machine had a bonded green sticker with "05/20/2011" written as the due date for maintenance. On 05/20/2011 at 10:51 a.m. the surveyor conducted an interview with the facility's administrator/physician. When asked for the date that the vital signs monitor, the suctioning machine, and the ultrasound machine were last calibrated, the administrator acknowledged that the green sticker has 05/20/2011 as the due date for maintenance and stated that</p>	A 156		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13860105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3260 S DIXIE HIGHWAY MIAMI, FL 33133		
(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 158	Continued From page 4 he must have forgotten about it but the maintenance is done every year. The surveyor observed the facility's equipment. The _____ equipment was covered with a clear bag that appeared to be timeworn. Further observation of the resuscitation equipment revealed that it contained dust particles inside of the mask. The surveyor handed the _____ equipment to the administrator/physician to verify the presence of dust particles inside of the mask, the administrator/physician acknowledged that the bag, in which the _____ equipment is kept, is a little old and stated that the equipment was clean. The surveyor observed an array of suturing tools (Currettes) individually sealed in clear storage bags stored in medium sized opened containers. The currettes were set on a counter in plain view next to the surgical examination table. The suturing tools or currettes are made with a metal rod handle on one end and a loop on the other end. Further observation of the currettes revealed at least three had a buildup of dark-colored residue located inside of each loop. On _____ 2011 at approximately 10:57 a.m. the surveyor conducted an interview with the administrator/physician. The surveyor handed the administrator/physician the three currettes that had a buildup of dark-colored residue located inside of each loop. When asked to identify the buildup of the dark-colored residue on each of the three currettes, the administrator/physician acknowledged the existence of the residue and stated that it was not rust, but residue from stainless steel which is normal. To demonstrate that the buildup of the dark-colored residue was not rust, the administrator/physician removed one	A 158		
		156.	All _____ equipment were re-packed in the sealed bag. Deficiency already corrected (by <u>Sept. 25, 2011</u>).	
		A-156.	An administrator will check it cleanliness weekly.	
		156.	Maintenance was already performed by <u>Sept. 23, 2011</u> .	
		A-156.	Equipment Maintenance Log is created and will be checked by the administrator monthly.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13980105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S DIXIE HIGHWAY MIAMI, FL 33133		
(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 156	Continued From page 5 of the three currettes from out of the sealed clear bag. Using his fingernail, the administrator/physician proceeded to scrape the dark-colored residue away from the currette, in which a clump of the residue fell onto the counter. When asked if the three currettes were sterile, the administrator/physician stated that they (currettes) were all sterile tools but he does not use them. The administrator/physician continued to state that he uses the disposable surgical tools, which the surveyor observed were hanging on a wall near the examination table. Correction date: 2011	A 156	156 The reason for currettes to have a residuals inside the loop was the fact that the loop is very small and was hard to get inside of the loop. Special brush has been provided for proper cleaning. All currettes have been cleaned and sterilized. Corrections were completed by October 16, 2011. <i>September 28/2011</i> An administrator will periodically check all instruments including currettes.	
A 300	Medical Screening/Eval.-2nd Trimester Each abortion clinic that provides second trimester abortions shall formulate and adhere to written patient care policies and procedures designed to ensure professional and safe care for patients undergoing second trimester abortions and shall maintain a medical record for each such patient that records history, care and services. These patient care policies and procedures, for patients undergoing second trimester abortions, shall include but not be limited to the following: (a) Admission criteria and procedures; (b) Identification in the medical record of physician(s) and nurse(s) involved in providing the services offered for patients undergoing second trimester abortions; (c) Specific details regarding the procedures performed, to include: 1. History and physical examination, to include	A 300		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13880105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2011
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NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3250 DIXIE HIGHWAY MIAMI, FL 33133
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(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) DATE
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A 300	Continued From page 6 verification of _____ estimation of _____ age, identification of any preexisting conditions or complications; including _____ to medications, _____ solutions, or latex; and a complete obstetric and _____ history. 2. Special examinations, lab procedures, and/or consultations required, to include ultrasonography to confirm _____ age and a physical examination including a bimanual examination estimating uterine size and palpation of the adnexa. The physician shall keep original prints of each _____ examination of a patient in the patient's medical history file. For an abortion in which an _____ examination is not performed before the abortion procedure, _____ or _____ tests for _____ shall be performed before the abortion procedure. Chapter 69A-9.026(1), F.A.C. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to adhere to written patient care policies and procedures designed to ensure professional and safe care for patients undergoing abortions for 1 out of 5 sampled patients (SP#2). Findings include: Record review conducted on _____ 2011 of SP#2 's clinical file revealed a written consent form signed by SP#2, a medical history form and a physician 's report signed by the physician and dated July 18, 2011. A review of SP#2 's medical history document and physician 's report revealed the following of SP#2: on _____ 2011 SP#2 was given a _____ test from the facility in which the result were positive, she then	A 300		
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC1396105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3280 S DIXIE HIGHWAY MIAMI, FL 33133		
(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 300	Continued From page 7 received a physical exam and a pelvic exam with an axial size of 7 week. On 2011 the facility administered a surgical abortion procedure, she did not have any complications during the surgical procedure. She was discharged in good condition and a follow-up appointment was offered to SP#2 8, 2011. Further review of the 2011 physician's report revealed partially legible handwritten notes located on the bottom and on top of the physician's report. SP#2's clinical file also contained another physician's report signed by the physician and dated 2011. A review of the 2011 physician's report revealed the following information of SP#2: the facility administered another physical exam and a pelvic exam in which a line had been drawn through the space in the axial size section of the pelvic exam portion of the report. On 2011 the facility then administered a surgical abortion procedure to SP#2, there were no complications during surgical procedure, she was discharged in good condition. A follow-up appointment was offered to SP#2 for October 4, 2011. Further review of SP#2 2011 physician's report also revealed a partially legible hand-written note located on the top of the physician's report in which a date had not been assigned to the note. On 2011 at approximately 10:05 a.m., the surveyor conducted an interview with the administrator/physician. The surveyor handed the administrator/physician SP#2's 13, 2011 physician report and asked as to why a line have been drawn through the space in the axial size section of the pelvic exam portion of the report. The administrator/physician stated that a test was given to SP#2, in which the results were negative. Therefore a number for the axial	A 300	This patient did not have a second abortion, the revision was done due to complaints of and presents of clots inside the. Sometimes it is due to, so called, atopic A-300 the picture is printed only for the second trimester or if any discrepancy discovered between dates and an actual size of the but an evaluation is always done". The Original Consent for procedure includes, "if necessary, the follow as well as "whatever physician deems advisable if any unforeseen conditions arise in the course of the abortion that call, in his judgement, for procedures in addition to or different from those contemplated" Patient's complains warranted a revision or to empty the from clots, if any. <i>New consent will be attached and signed by the patient starting now as of Sept 23, 2011</i>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S DIXIE HIGHWAY MIAMI, FL 33133		
(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 300	Continued From page 8 size were not written because SP#2 was not The administrator/physician continued to state that SP#2 called the facility on 2011 believing she was still _____ and that she was _____ a lot. The administrator/physician also stated that SP#2 came in for a _____ test which was negative and he administered a suction procedure to SP#2. When asked if an _____ was used, the administrator/physician stated that only a _____ test was given to SP#2, the _____ is only used for big cases. When asked why SP#2 was administered a second surgical procedure when the _____ test results for SP#2 was negative, the administrator/physician stated that some people experience heavy _____ and believe they are still _____. The administrator/physician continued to state that SP#2 was not _____ but the facility administered a surgical abortion procedure to SP#2 anyway. On _____, 2011 at 11:45 a.m., the surveyor conducted an interview with the administrator/physician. The administrator/physician provided the surveyor with SP#2's signed consent form. Further observation of the signed consent form revealed SP#2's signature and a date of _____. The administrator/physician stated that just one consent form was signed. The administrator/physician also acknowledged that note written was his handwriting and he read the bottom note as it is written as, " on _____, 2011 patient called claiming still _____ it was offered to her to come for check-up or whatever necessary, she refused ". The administrator/physician acknowledged that the note written on the top of the _____, 2011 physician's report was also his handwriting as well and he read the top note as it is written, "	A 300	A-300. Physician will check compliance prior to see each patient.		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S DIXIE HIGHWAY MIAMI, FL 33133		
(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 450	Continued From page 11 SP#2, on 2011 SP#2 did not have any complications during the surgical procedure, on 2011 SP#2 was discharged in good condition and on 2011 a follow-up appointment was offered to SP#2 for 2011. Further review of the 2011 physician's report revealed partially legible handwritten notes located on the bottom and on top of the physician's report. SP#2's clinical file also contained another physician's report signed by the physician and dated 2011. A review of the 2011 physician's report revealed the following information of SP#2: on 2011 the facility administered a physical exam and a pelvic exam to SP#2 in which a line have been drawn through on the space in the axial size section of the pelvic exam portion of the report, on 2011 the facility administered a surgical abortion procedure to SP#2, there were no complications during the 2011 surgical procedure, on 2011 SP#2 was discharged in good condition and on 2011 a follow-up appointment was offered to SP#2 for 2011. Further review of SP#2's 2011 physician's report revealed a partially legible hand-written note located on the top of the physician's report in which a date has not been assigned to the note. On 2011 at approximately 10:05 a.m., the surveyor conducted an interview with the administrator/physician. The surveyor handed the administrator/physician SP#2's 13, 2011 physician report and asked as to why a line have been drawn through on the space in the axial size section of the pelvic exam portion of the report. The administrator/physician stated that a _____ test was given to SP#2, in which the results were negative. Therefore a number for the axial	A 450	<i>violations were corrected by Sept 23/2011</i>		
			A-450. Physician will check compliance prior to see each patient		
		A 450	<i>New consent will be signed and attached to the records each time patient undergoes for procedures physician will provide more explanations regarding procedure corrected by Sept 23, 2011</i>		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13980105	(02) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(03) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S DIXIE HIGHWAY MIAMI, FL 33133		
(04) 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)	(05) COMPLETE DATE
A 450	Continued From page 10 (2) A _____ test will be obtained at the time of the follow-up visit to rule out continuing _____ if a continuing _____ is suspected, the patient shall be evaluated and a physician who performs abortions shall be consulted. (3) The clinic shall provide for the education of the patient in post-procedure care, including specific instructions in case of emergency. Chapter 59A-9.028, F.A.C. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to follow through with the post procedure requirements for 1 out of 5 sampled patients (SP#2). Findings include: Record review conducted on _____ 2011 of SP#2 's clinical file revealed a written consent form signed by SP#2 and dated _____ 2011, a medical history form signed by SP#2 and dated _____ 2011 and a physician _____ signed by the physician and dated _____ 2011. A review of SP#2 's _____ 2011 medical history document and _____ 2011 physician 's report revealed the following of SP#2: on July 18, 2011 SP#2 was given a _____ test from the facility in which the result were positive, on 18, 2011 the facility administered a physical exam and a pelvic exam to SP#2 in which SP#2 's axial size is 7 weeks, on _____ 2011 the facility administered a surgical abortion procedure to	A 460		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960108	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2011
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NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S DIXIE HIGHWAY MIAMI, FL 33133
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(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 300	Continued From page 9 patient came for threatened abortion " When asked for the meaning of 'threatened abortion', the administrator/physician stated that it, " means losing the ". The administrator/physician also acknowledged yet another note as : " CC: she complained she was for 2 months, went to the ER, WNL. " When asked for the meaning of ' WNL ' , the administrator/physician stated that it means, " Within normal limits, everything is in normal limits. " When asked if he requested and/or received a report from the hospital where SP#2 was admitted, the administrator/physician stated, " no, I called and they told me. " When asked for the date that SP#2 was admitted to the hospital, the administrator/physician stated he did not know but it was after the first surgical procedure which occurred on 2011. The surveyor did not observe any documentation in SP#2 ' s clinical file that is evident in the consultation with the physician and SP#2 concerning SP#2 ' s suspicion of continuing prior to the second surgical procedure. SP#2 ' s clinical file did not contain a signed written consent form for the 2011 surgical procedure nor did it contain a medical history form for the 2011 surgical procedure with SP#2 ' s test results.	A 300		
A 400	Post Proc. F/up Care-2nd Trimester Each abortion clinic which is providing second trimester abortions shall comply with the following post procedure follow-up care requirements when providing a second trimester abortion: (1) The clinic shall offer a post abortion medical visit that includes a medical examination and a review of the results of all laboratory tests.	A 450		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPERVISOR/IA IDENTIFICATION NUMBER AC1386105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S DIXIE HIGHWAY MIAMI, FL 33133		
(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)	(X6) COMPLETE DATE
A 400	Continued From page 12 size were not written because SP#2 was not The administrator/physician continued to state that SP#2 called on 2011 believing she was still _____ and that she was _____ a lot. When asked what happened after SP#2 had called, the administrator/physician stated that SP#2 came in for a _____ last which was negative and he administered a suction procedure to SP#2. When asked if an ultrasound was used, the administrator/physician stated that only a _____ test was given to SP#2, the _____ is only used for big cases. When asked why SP#2 was administered a second surgical procedure when the _____ test results for SP#2 was negative, the administrator/physician stated that some people experience heavy _____ and believe they are still _____. The administrator/physician continued to state that SP#2 was not but the facility administered a surgical abortion procedure to SP#2 anyway. On _____, 2011 at 11:45 a.m., the surveyor conducted an interview with the administrator/physician. When asked to see SP#2's signed consent form for the 13, 2011 surgical procedure, the administrator/physician provided the surveyor with SP#2's signed consent form. Further observation of the signed consent form revealed SP#2's signature and a date of _____. The surveyor advised the administrator/physician that the consent form was signed and dated by SP#2 for the _____, 2011 surgical procedure. When the surveyor once more requested to see SP#2's consent form for the second surgical procedure that occurred on _____, 2011, the administrator/physician stated that just one consent form was signed. The surveyor handed the administrator/physician SP#2's _____, 2011	A 450	This patient did not have a second abortion, _____, the revision was done due to complaints of _____ and presents of clots inside the _____. Sometimes it is due to, so called, atonic _____ The _____ Consent for procedure includes, "if necessary, the follow _____ as well as "whatever physician deems advisable if any unforeseen conditions arise in the course of the abortion that call, in his judgement, for procedures in addition to or different from those contemplated Patient's complains warranted a revision or _____ to empty the _____ from _____ clots, if any. <i>New consent will be signed by the patient & attached to the records each time pt. undergoes the procedure. It is completed by the Sept. 25/2011</i>	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13966105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S DIXIE HIGHWAY MIAMI, FL 33133		
(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)	COMPLETION DATE
A 450	Continued From page 13 physician 's report. When asked of the partially legible handwritten note that is written on SP#2 's 2011 physician 's report, the administrator/physician acknowledged that it was his handwriting and he read the bottom note as it is written as, " on 2011 patient called claiming still it was offered to her to come for check-up or whatever necessary, she refused ". The administrator/physician acknowledged that the note written on the top of the 2011 physician 's report was his handwriting and he read the top note as it is written, " patient came for threatened abortion." When asked for the meaning of ' threatened abortion ', the administrator/physician stated that it, " means losing the for 2011 ". The surveyor handed the administrator/physician SP#2 's 2011 physician 's report. When asked about the partially legible handwritten note, the administrator/physician acknowledged that it was his handwriting and read the note as is, " CC, she complained she was for 2 months, went to the ER, WNL. " When asked for the meaning of ' WNL ', the administrator/physician stated that it means, " Within normal limits, everything is in normal limits. " When asked if he requested and/or received a report from the hospital where SP#2 was admitted, the administrator/physician stated, " no, I called and they told me. " When asked for the date that SP#2 was admitted to the hospital, the administrator/physician stated he did not know but it was after the first surgical procedure which occurred on 2011. The surveyor did not observe any documentation in SP#2 's clinical file that is evident in the consultation with the physician and SP#2 concerning SP#2 's suspicion of continuing prior to the second surgical procedure. SP#2 's clinical file	A 450	All corrections done by Sept 23/2011	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3260 S DIXIE HIGHWAY MIAMI, FL 33133		
(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 460	Continued From page 14 did not contain a signed written consent form for the 2011 surgical procedure nor did it contain a medical history form for the 2011 surgical procedure with SP#2's test results.	A 450	The Original Consent for procedure includes, "if necessary, the follow _____ as well as "whatever physician deems advisable if any unforeseen conditions arise in the course of the abortion that call, in his judgement, for procedures in addition to or different from those contemplated" Patient's complains warranted a revision or _____ to empty the _____ from _____ clots, if any.	
A 600	Clinical Records A permanent individual clinical record shall be kept on each clinic patient. Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval. (a) Clinical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval. (b) Clinical records involving second trimester abortion procedures shall be kept confidential and secure. (c) _____ reports signed by the physician performing the second trimester abortion shall be recorded in the clinical record immediately following the procedure or that an progress note is entered in the clinical record to provide pertinent information. Chapter 59A-9.031(1), F.A.C. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to accurately document clinical records for 1 out of 5 sampled patients (SP#2). Findings include:		<i>New consent will be signed and attached to all pt's records who underwent a procedure. Administrator will monitor compliance implemented per Sept 23/2011</i>	
			A-600..Physician will check compliance prior to see each patient	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13860105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3260 S DIXIE HIGHWAY MIAMI, FL 33133	
(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 600	Continued From page 15 Record review conducted on 2011 of SP#2 's clinical file revealed a written consent form signed by SP#2 and dated 2011, a medical history form signed by SP#2 and dated 2011 and a physician 's report signed by the physician and dated 2011. A review of SP#2 's 2011 medical history document and July 18, 2011 physician 's report revealed the following of SP#2: on 2011 SP#2 was given a _____ test from the facility in which the result were positive, on 18, 2011 the facility administered a physical exam and a pelvic exam to SP#2 in which SP#2 's axial size is 7 weeks, on 2011 the facility administered a surgical abortion procedure to SP#2, on 2011 SP#2 did not have any complications during the surgical procedure, on 2011 SP#2 was discharged in good condition and on 18, 2011 a follow-up appointment was offered to SP#2 for 2011. Further review of the 2011 physician 's report revealed partially legible handwritten notes located on the bottom and on top of the physician 's report. SP#2 'a clinical file also contained another physician 's report signed by the physician dated 2011. A review of the 2011 physician 's report revealed the following information of SP#2: on 2011 the facility administered a physical exam and a pelvic exam to SP#2 in which a line have been drawn through on the space in the axial size section of the pelvic exam portion of the report, on 2011 the facility administered a surgical abortion procedure to SP#2, there were no complications during the 2011 surgical procedure, on 2011 SP#2 was discharged in good condition and on 2011 a follow-up appointment was offered to SP#2 for 2011. Further review of SP#2 's	A 600	<i>nto letters were corrected by Sept 23/2011</i>	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13000105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S DIXIE HIGHWAY MIAMI, FL 33133		
(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 600	Continued From page 15 2011 physician's report revealed a partially legible hand-written note located on the top of the physician's report in which a date has not been assigned to the note. On 2011 at approximately 10:05 a.m., the surveyor conducted an interview with the administrator/physician. The surveyor handed the administrator/physician SP#2's 13, 2011 physician report and asked for an explanation as to why a line have been drawn through on the space in the axial size section of the pelvic exam portion of the report. The administrator/physician stated that a _____ test was given to SP#2, in which the results were negative. Therefore a number for the axial size were not written because SP#2 was not. The administrator/physician continued to state that SP#2 called on 2011 believing she was still _____ and that she was a lot. When asked what happened after SP#2 had called, the administrator/physician stated that SP#2 came in for a _____ test which was negative and he administered a suction procedure to SP#2. When asked if an _____ was used, the administrator/physician stated that only a urine test was given to SP#2, the _____ is only used for big cases. When asked why SP#2 was administered a second surgical procedure when the _____ test results for SP#2 was negative, the administrator/physician stated that some people experience heavy _____ and believe they are still _____. The administrator/physician continued to state that SP#2 was not but the facility administered a surgical abortion procedure to SP#2 anyway. On September 29, 2011 at 11:45 a.m., the surveyor conducted an interview with the	A 600	This patient did not have a second abortion, _____, the revision was done due to complaints of _____ and presents of _____ clots inside the _____. Sometimes it is due to, so called atonic _____ _____ the picture is printed only for the second trimester or if any discrepancy discovered between dates and an actual size of the _____, but an evaluation is always done".	
		A 600	<i>A new consent will be signed by the patient & attached to the record early 4 time pt. undergo a procedure implemented by Sept. 23/2011</i>	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S DIXIE HIGHWAY MIAMI, FL 33133		
(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 600	Continued From page 17 administrator/physician. When asked to see SP#2 's signed consent form for the 13, 2011 surgical procedure, the administrator/physician provided the surveyor with SP#2 's signed consent form. Further observation of the signed consent form revealed SP#2 's signature and a date of July 18 2011. The surveyor advised the administrator/physician that the consent form was signed and dated by SP#2 for the 18, 2011 surgical procedure. When the surveyor once more requested to see GP#2 's consent form for the second surgical procedure that occurred on 2011, the administrator/physician stated that just one consent form was signed. The surveyor handed the administrator/physician SP#2 's 2011 physician 's report. When asked to decipher the partially legible handwritten note that is written on SP#2 's 2011 physician 's report, the administrator/physician acknowledged that it was his handwriting and he read the bottom note as it is written as, "on 2011 patient called claiming still it was offered to her to come for check-up or whatever necessary, she refused". The administrator/physician acknowledged that the note written on the top of the July 18, 2011 physician 's report was his handwriting and he read the top note as it is written, "patient came for threatened abortion". When asked for the meaning of 'threatened abortion', the administrator/physician stated that it, "means losing the for July 18, 2011". The surveyor handed the administrator/physician SP#2 's 2011 physician 's report. When asked to decipher the partially legible handwritten note, the administrator/physician acknowledged that it was his handwriting and read the note as is, "CC: she complained she was for 2 months, went to the ER, WNL." When asked for the	A 600	A-600 All corrections will be implemented immediately by Sept. 23/2011 WR	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960108	(02) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(03) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S DIXIE HIGHWAY MIAMI, FL 33133		
(04) 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)	(05) COMPLETE DATE
A 600	Continued From page 18 meaning of 'WNL', the administrator/physician stated that it means, "With normal limits, she was admitting with normal limits there were no findings, everything in normal limits." When asked if he requested and/or received a report from the hospital where SP#2 was admitted, the administrator/physician stated, "no, I called and they told me." When asked for the date that SP#2 was admitted to the hospital, the administrator/physician stated he did not know but it was after the first surgical procedure which occurred on 2011. The surveyor did not observe any documentation in SP#2's clinical file that is evident in the consultation with the physician and SP#2 concerning SP#2's suspicion of continuing prior to the second surgical procedure. SP#2's clinical file did not contain a signed written consent form for the 2011 surgical procedure nor did it contain a medical history form for the 2011 surgical procedure with SP#2's test results. Correction date: 2011	A 600		

AHCA Form 3020-0001

STATE FORM

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BVBD11

If continuation sheet 18 of 19



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2011

Administrator
Today's Women Medical Center
3250 S Dixie Highway
Miami, FL 33133

Dear Administrator:

This letter reports the findings of a State Licensure survey that was conducted on 2011 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 2011.**

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.shtm1> 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
Acting 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

AREA OFFICE 11

Guidelines for the Development of Plans of Correction (PoC)

The Plan of Correction (PoC) is intended to correct any systemic regulatory non-compliance found during the survey process and remediate any specific non-compliance that may have been identified for the individuals residing in the facility.

A PoC for the deficiencies must be submitted by 10 days after the facility receives its State Form. Failure to submit an acceptable Plan of Correction within the required time frame may result in the imposition of remedies 20 days after due date for submission.

Your Plan of Correction must contain the following:

1. What corrective action(s) will be accomplished for those residents/patients found to have been affected by the deficient practice;
2. How you will identify other residents/patients having the potential to be affected by the same deficient practice and what corrective action will be taken;
3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
5. The PoC must be specific and realistic, have reasonable periods based on dates discussed during the exit conference, and state exactly how the deficiency was/will be corrected. Stating "staff will be trained" is not acceptable. An acceptable PoC might state that "staff was trained regarding policy and procedure, before and after tests were given, daily staff monitoring will be performed, and staff will be monitored daily and in two months/quarterly".
6. PoCs should address the problem and be aimed at correction in a systematic sense, as opposed to correcting an example or an problem.
7. Please ensure legibility in responses.

Note: Please provide your correction next to each Tag and date it on the far right column. Also please make sure that your Signature, Title and Date are on the bottom of the first page of every Form.

Please send all your correspondence to the Miami address located at the bottom right hand corner of this letter.

