

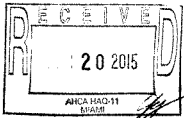
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER AC13960052	A. BUILDING: B WING	UNIFORMITY C
NAME OF PROVIDER OR SUPPLIER BLUE CORAL WOMEN'S RE, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 7360 CORAL WAY SUITE 16 MIAMI, FL 33185		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST 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 licensure complaint survey, CCR #2015000359 was conducted on 12/15/2015. Blue Coral Women's Care, Inc had deficiencies found at the time of the visit	A 000	It is correct that in the observation of the gowns used by the patients one was with a spott of iodine	
A.250	Clinic Policies/Procedures-2nd Trimester An abortion clinic providing second trimester abortions shall have written policies and procedures to implement policies and to assure that quality patient care shall relate specifically to the functional activities of clinic services. These written procedures shall apply to second trimester abortions and shall be available and accessible to clinic personnel and shall be reviewed and approved annually by the clinic's medical director. These clinic policies and procedures shall include but not be limited to the following: (1) Patient admission; (2) Pre- and post-operative care; (3) Physician's orders; (4) Standing orders with required signatures; (5) Medications, storage and administration; (6) Treatments; (7) Surgical (8) Medical (9) Sterilization and (10) Documentation: Medical records and facility records; (11) Patient discharge; (12) Patient transfer; (13) Emergency measures; (14) Incident reports; (15) Personnel orientation; (16) Inservice education record; (17) (18) Equipment and supplies: availability and maintenance; (19) Volunteers, and	A 250	This deficiency was corrected removing it from the others. Plan to follow. Cleaning: Put in the washing machine one cup of hydrogen peroxide + 1/2 sol + white vinegar in water. Dry: in high temperature. on a longer cycles. A close verification and supervision of the lenses (gown) and if any spott is found it will be removed to prevent any Patient Use.	4/15/15

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE **Administrator** (X6) DATE **4/15/15**

STATE FORM

895W11

Reproduction sheet 1 of 2



14:59 3055933121

AHCA

FACE
PRINTED: 04/01/2015
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/23/2015
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NAME OF PROVIDER OR SUPPLIER
BLUE CORAL WOMEN'S RE, INC.

STREET ADDRESS, CITY, STATE, ZIP CODE
**7360 CORAL WAY SUITE 16
MIAMI, FL 33155**

(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 licensure complaint survey, CCR #2015000355 was conducted on 2015. Blue Coral Women's Care, Inc had deficiencies found at the time of the visit	A 000	In response to the initials comments stated on the complaint survey with the ID p. fix A 000. As it states under the summary statement of deficiency it is correct that the state conducted a survey and with the A 250 prefix we state that we follow the requirements mention in this policies/procedures	4/15/15
A 250	Clinic Policies/Procedures-2nd Trimester An abortion clinic providing second trimester abortions shall have written policies and procedures to implement policies and to assure that quality patient care shall relate specifically to the functional activities of clinic services. These written procedures shall apply to second trimester abortions and shall be available and accessible to clinic personnel and shall be reviewed and approved annually by the clinic's medical director. These clinic policies and procedures shall include but not be limited to the following: (1) Patient admission; (2) Pre- and post-operative care; (3) Physician's orders; (4) Standing orders with required signatures; (5) Medications, storage and administration; (6) Treatments; (7) Surgical asepsis; (8) Medial (9) Sterilization and (10) Documentation: Medical records and facility records; (11) Patient discharge; (12) Patient transfer; (13) Emergency measures; (14) Incident reports; (15) Personnel orientation; (16) Inservice education record; (17) Anesthesia; (18) Equipment and supplies: availability and maintenance; (19) Volunteers; and	A 250		

AHCA Form 3020-0007

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

[Signature]

TITLE Administrator

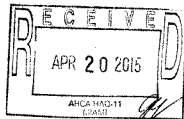
(X6) DATE 4/05/15

STATE FORM

699

899W11

If continuation sheet 1 of 2





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Blue Coral Women's Care, Inc.
7360 Coral Way Suite 16
Miami, FL 33155

RE: CCR #2015000359

Dear Administrator:

This letter reports the findings of a complaint survey and the relicensure survey that was conducted on , 2015 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 , 2015.**

The plan of correction must include the following:

1. Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
2. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice.
3. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur.
4. Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change.
5. Ensure that no protected or other confidential information (i.e., resident or staff names) are included in the plan.
6. State the completed date; the date that the facility identifies compliance can be achieved, which must be after the exit date.
7. You must sign the bottom of page 1 of the statement of deficiencies; include your title and date.

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

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



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

<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,

A handwritten signature in black ink, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis
Field Office Manager, Area 11

Enclosure: State (3020) Form