

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960052</b>	(X3) DATE SURVEY COMPLETED  <b>02/15/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>BLUE CORAL WOMEN'S CARE, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7360 CORAL WAY SUITE 16 MIAMI, FL 33155</b>	

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - INITIAL COMMENTS**

A re-licensure survey was conducted on \_\_\_\_\_, 2018 at Blue Coral Women's Care Inc. license # 852.

Blue Coral Women's Care Inc. had deficiencies at the time of the visit.

**0100 - Physical Plant Req.-2nd Trimester - 59A-9.022, FAC**

Based on observation and interview, the facility failed to equip each handwashing stations with a mixing valve in each patient procedure \_\_\_\_\_.

The findings include:

Observation on \_\_\_\_\_ at 12:15 pm revealed two handwashing sinks located inside patients procedure \_\_\_\_\_. The handwashing sinks did not have mixing valves with hot and \_\_\_\_\_ water coming from the valves. The handwashing sinks ran for a minute and hot water did not come from the valve.

Interview on \_\_\_\_\_ at 12:15 pm, the Administrator stated that the facility does have a hot water heater but does not know why the hot water is not coming through the valves.

Interview on \_\_\_\_\_ at 12:27 pm, the Administrator acknowledged the facility's handwashing stations are not equipped with mixing valves in each patient procedure \_\_\_\_\_.