

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13950034	(X3) DATE SURVEY COMPLETED 10/17/2016
NAME OF PROVIDER OR SUPPLIER A WOMAN'S CHOICE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 18400 NW 75 PL SUITE #118 HIALEAH, FL 33015	

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

0000 INITIAL COMMENTS

A State re-licensure survey was conducted on 10/17, 2016. A Woman's Choice, Inc. license #819 had deficiencies found at the time of the visit.

0150 Clinic Supplies/Equip. Stand.-2nd Trimester

Based on observation and interview the provider failed to have essential clinic supplies and equipment (functioning adjustable examination light and non-expired medication located in the emergency medication cart) as required for a licensed second trimester clinic.

The findings:

During the observations of the facility on 10/17/2016 at 9:55 am, there was an observation made of an adjustable examination light. The light was in disrepair.

Interview on 10/17/2016 at 09:55 am, the Clinic's Front Desk Person stated that the adjustable examination light had gone out on Friday, 10/14/2016 and that they have contacted a repairman. The Front Desk Person stated there isn't another functioning adjustable examination light located in the clinic.

Interview on 10/17/2016 at 11:45 am, the Administrator acknowledged there wasn't a functioning adjustable examination light located at the clinic.

Observation on 10/17/2016 revealed inside the emergency medication cart there were several emergency medications with expired dates. The medications were: 125 MG per vial which expired 10/15/2016, two expired 10/15/2015 and 10/15/2015 and 50 MG which expired 10/15/2016.

Interview on 10/17/2016 at 10:00 am, the Front Desk Person stated that they were not aware the medication had expired and they haven't had to use the emergency medication so there must have been an oversight.

Interview on 10/17/2016 at 11:45 am, the Administrator acknowledged there were expired medications located inside the emergency medication cart.

0250 Clinic Policies/Procedures-2nd Trimester

Based on record review and interview the provider failed to show documentation that the policies and procedures for the clinic had been reviewed and approved annually by the clinic's medical director.

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Findings include:

Record review conducted on 10/17/16 at 11:28 am, revealed no documentation that the policies and procedures had been reviewed and approved annually by the clinic's medical director.
Interview conducted on 10/17/16 at 11:28 am, the Administrator acknowledged the facility had no documentation that the policies and procedures for the clinic had been reviewed and approved by the clinic's medical director.

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to register the facilities Administrator and Financial Officer as active employees on clearinghouse roster.

Findings include:

Record review conducted on 10/17/16 at 11:07 am, revealed the facility did not register the Administrator and Financial Officer as active employees on the clearinghouse roster.
Interview conducted on 10/17/16 at 11:45 am, the Administrator acknowledged the Administrator and Financial Officer was not listed as active employees on the clearinghouse roster.

Z818 Minimum Licensure Requirement - Client Notice

Based on record review and interview the provider failed to provide clients with the required toll-free numbers including the AHCA (Agency for Healthcare Administration) complaint number, the telephone number, neglect number and the Medicaid fraud number, on or before the first day services were provided to a client.

Findings include:

Record review on 10/17/16 at 10:30 am, revealed no documentation that the clinic provided clients with the required toll-free numbers on or before the first day services were provided to the clients.
On 10/17/16 in an interview at 11:30 am, the Administrator acknowledged that the clinic does not provide clients with the required toll-free numbers including the AHCA (Agency for Healthcare

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/25/2016
FORM APPROVED

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Administration) complaint number, the /neglect number and the Medicaid fraud number, on or before the first day services were provided to a client. The Administrator stated that they were not aware that they were supposed to provide clients with the toll-free numbers.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
A Woman's Choice, Inc.
18400 NW 75 PL, Suite #118
Hialeah, FL 33015

Dear Administrator:

This letter reports the findings of a State Re-licensure survey that was conducted on 17, 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,

A handwritten signature in black ink, appearing to read "Arlene Mayo-Davis", is written over a faint, circular stamp that is partially obscured by the signature.

Arlene Mayo-Davis
Field Office Manager, Area 11

Enclosure: State (5000-3547) Form

XG90

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