Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13920003	A. BUILDING: _____ B. WING _____	05/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALBA MEDICAL CENTER	4210 PALM AVENUE HIALEAH, FL 33012

(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 on site visit was made to Alba Medical Center located at 4210 Palm Avenue, Hialeah, Florid 33012 on May 23, 2013, in order to conduct a State Licensure Survey. Alba Medical Center was not in compliance at the time of the survey. The following is a description of deficient practice:	A 000	RECEIVED JUN 26 2013 AHCA HAQ-11 MIAMI	
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 operation and a state of good repair. (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	A 156	A-156 ALL PATH. MONITORING EQUIPMENT WILL BE INSPECTED BY A MEDICAL MAINTENANCE COMPANY EVERY YEAR AS REQUIRED BY MANUFACTURER. BUT CLINIC DIRECTOR WILL HAVE AN ON SITE OF ALL EQUIPMENT INSPECTION EVERY 60 DAYS TO MAKE SURE ALL EQUIPMENT IS PROPERLY FUNCTIONING AND THIS INSPECTION WILL BE KEPT FOR AN EQUIPMENT LOG AVAILIABLE UPON REQUEST. THIS IS THE NEW PREVENTIVE MEASURE FOR ALL CLINIC EQUIPMENT. DORA HERNANDEZ CLINIC DIRECTOR	06/05/2013

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

STATE FORM 6899 UD8011 If continuation sheet 1 of 6

PRINTED: 06/05/2013
FORM APPROVED

Agency for Health Care Administration

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A 156	Continued From page 1 repair. Chapter 59A-9.0225(7), F.A.C. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure patient monitoring equipment, and surgical equipment being utilized is checked and tested in accordance with the manufacturer's specifications to ensure proper operation and a state of good repair. Findings include: During a tour of the facility conducted on [redacted] at approximately 12:02 pm with facility staff, the surveyor observed a sterilizer, suction machine, [redacted] machine, cardiac monitor, and defibrillator. The maintenance sticker on the machines indicated the last test conducted was [redacted] 2011, with a due date of May 2012. Facility staff stated on [redacted] at approximately 12:25 pm, they have documentation demonstrating the equipment was serviced recently. The surveyor requested to review facility records demonstrating the equipment had been serviced. Facility [redacted] were unable to provide documentation demonstrating the equipment had been checked and serviced according to manufacturer's specifications at the time of the survey.	A 156	A-156 ALL EQUIPMENT IS NOW INSPECTED AND WE WILL MAINTAIN LOG EVERY 60 DAYS BY CLI DIRECTOR THAT ALL CLINIC EQUIPMENT IS FUNCTIONAL. ENCLOSED FIND A COPY OF MEDICAL MAINTENCE INC FINDINGS AND NEW DEFIBRILATOR DADDED AND INS TED FOR ALBA MEDEL CENTER	06/05/2013
A 400	Recovery Trimester Each abortion clinic which is providing second trimester abortions shall comply with the following recovery [redacted] when providing second trimester abortions: (1) Following the procedure, post procedure	A 400	A-400 THE MEDICAL AND CLINIC DIRECTORS HAVE ALWAYS COMPLIED WITH RECOVERY ROOM STANDARDS BUT THE CLINIC DIRECTOR WILL DOUBLE CHECK ALL CHARTS THAT THE DOCTOR HAS SIGNED DAILY CLINIC DIRECTOR	06/05/2013

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A 400	Continued From page 2 recovery be supervised and staffed to meet the patient's needs. A physician or physician assistant, a licensed registered nurse, a licensed practical nurse or an advanced registered nurse practitioner who is trained in the management of the recovery area shall be available to monitor the patient in the recovery the patient is discharged. The individual must be certified in basic cardiopulmonary resuscitation. A patient in the post-operative or recovery room shall be observed for as long as the patient's condition warrants. (2) The clinic shall arrange hospitalization if any complication beyond the medical capability of the staff occurs or is suspected. The clinic shall ensure that all appropriate equipment and services are readily accessible to provide appropriate emergency resuscitative and life support procedures pending the transfer of the patient or a viable fetus to the hospital. A physician shall sign the discharge order and be readily accessible and available until the last patient is discharged to facilitate the transfer of emergency cases if hospitalization of the patient or viable fetus is necessary. The clinic medical records documenting care provided shall accompany the patient. These records will include the contact information for the physician who performed the procedure at the clinic. (3) A physician shall discuss Rho (D) with each patient for whom it is indicated and will ensure that it is offered to the patient in the immediate period or that it will be available to the patient within 72 hours follow completion of the abortion procedure. If the patient refuses the Rho (D) refusal Form 3130-1002, January 2006, " Refusal to Permit Administration of (D)	A 400	DISCHARGE FROM RECOVERY ROOM ALSO THAT CLIENT HAS RECEIVE POST OPERATION COTTUS AND WRITTEN PERSONAL INSTRUCTIONS FROM DOCTOR. DOCTOR ALWAYS REMAINS WITH PATIENT UNTIL SHE'S DISCHARGED AND IN CASE OF COMPLICATION THE DOCTOR HAS PRE ARRANGEMENT WITH CLOSEST HOSPITAL UNTIL PATIENT HAS BEEN TRANSFERED. PHYSICIAN ALWAYS DISCUSSES W/ PATIENT RHO OPTION WHEN NEEDED AND CLIENT IS ALWAYS PRESENTED WITH FDL 3130-1002 IN CASE SHE REFUSES RHO.	05/23/13

CLINIC DIRECTOR

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A 400	Continued From page 3 ", herein incorporated by reference, shall be signed by the patient and a witness, and shall be included in the patient's medical record. (4) Written instructions with regard to post abortion coitus, signs of possible medical complications, and general aftercare shall be given to each patient. Each patient shall have specific written instructions regarding access to medical care for complications, including a telephone number to call for medical emergencies. The physician will ensure that either a registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant from this abortion clinic makes a good faith effort to contact the patient by telephone, with the patient's consent, within 24 hours after surgery to assess the patient's recovery. A contact for post-operative care from the facility shall be available to the patient on a 24-hour basis. (5) Facility procedures must specify the minimum length of time for recovery as warranted by the procedure type and period. Chapter 59A-9.027, F.A.C. This STANDARD is not met as evidenced by: Based on record review and interview, the abortion clinic failed to ensure when providing second trimester abortions, following the procedure, the post procedure recovery monitored by a physician or physician assistant, a licensed registered nurse, a licensed practical nurse or an advanced registered nurse practitioner who is trained in the management of the recovery area, and shall be available to monitor the patient in the recovery room until the	A 400	WRITTEN INFORMATION REGARDING ABORTION AND MEDICAL COMPLICATION WITH INSTRUCTIONS ARE GIVEN TO EACH PATIENT AND WE WILL MAINTAIN SIGNED COPY IN PATIENT FILE TO PROVE IT WAS GIVEN TO PATIENT. RECOVERY ROOM WILL ONLY BE MODIFIED FOR SECOND TRIMESTER PATIENTS BY MEDICAL DOCTOR.	05/23/2013

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A 400	Continued From page 4 patient is discharged. The individual must be certified in basic resuscitation. Findings include: Clinical record reviews conducted on revealed 2 (#2 and #3) out of 3 2nd trimester abortion procedures, did not document the recovery period as having been monitored by a physician, physician's assistant, registered nurse, licensed practical nurse, or an advanced registered nurse practitioner. The recovery period was monitored by the facility's medical assistant. Sample patient #2's period was 13 weeks, and sampled patient #3's period was 14 weeks. During an interview conducted on 6-23-2013 at approximately 12:30pm with facility staff, the medical assistant acknowledged her signatures on the post procedure recovery monitoring section for sampled patients #2 and #3, with English/Spanish translation provided by the facility's receptionist. A review of the facility's policy and procedure manual conducted on revealed the facility's policy for second trimester abortions, recovery room standards, states the following: "Recovery rooms are will be supervised and staffed all times by a medical assistant, RN, LPN, Advanced registered nurse practitioner, or a PA to meet the patients' needs. Only the RN, LPN, Advanced registered nurse practitioner, or a PA will remain present to provide post-operative monitoring and care until the patient is discharged." Facility staff acknowledged on 5-23-2013 at approximately 12:30 pm, the facility does not	A 400		

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A 400	Continued From page 5 have a physician assistant, registered nurse, advanced registered nurse practitioner, or licensed practical nurse on staff. The facility currently has their medical director, and at least one other physician, and the medical assi Facility staff stated they rarely do 2nd trimester abortion procedures.	A 400		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Alba Medical Center
4210 Palm Avenue
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a State Licensure survey that was conducted on . 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies and 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 . 2013.**

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

Enclosures: Statement of Deficiencies, State (3020) Form and POC Guidelines

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Tallahassee, FL 32308
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