

**State Form: Revisit Report**

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> AC13910054	<b>(Y2) Multiple Construction</b> A. Building B. Wing	<b>(Y3) Date of Revisit</b> 12/22/2009
<b>Name of Facility</b> A WOMAN'S WORLD MEDICAL CENTER, INC	<b>Street Address, City, State, Zip Code</b> 503 SOUTH 12TH STREET FORT PIERCE, FL 34950	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <b>A0150</b> Reg. # _____ LSC _____	Correction Completed 12/22/2009	ID Prefix <b>A0151</b> Reg. # _____ LSC _____	Correction Completed 12/22/2009	ID Prefix <b>A0153</b> Reg. # _____ LSC _____	Correction Completed 12/22/2009
ID Prefix <b>A0156</b> Reg. # _____ LSC _____	Correction Completed 12/22/2009	ID Prefix <b>A0201</b> Reg. # _____ LSC _____	Correction Completed 12/22/2009	ID Prefix <b>A0250</b> Reg. # _____ LSC _____	Correction Completed 12/22/2009
ID Prefix <b>A0302</b> Reg. # _____ LSC _____	Correction Completed 12/22/2009	ID Prefix <b>A0350</b> Reg. # _____ LSC _____	Correction Completed 12/22/2009	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	<i>R. Perrino</i>	<i>12/23/09</i>	<i>R. Perrino for M. DeGuzio</i>	<i>12/23/09</i>
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on: 10/7/2009	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		



CHARLIE CRIST  
GOVERNOR

*Better Health Care for all Floridians*

THOMAS W. ARNOLD  
SECRETARY

December 23, 2009

Administrator  
A Woman's World Medical Center, Inc  
503 S. 12th Street  
Fort Pierce, FL 34950

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 22, 2009 by a representative of this office. Attached is the provider's copy of the State Form Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 agency's representative. Should you have any questions please call this office at (561) 496-5900.

Sincerely,

*Robert A. Ferrino*  
for Arlene Mayo-Davis  
Field Office Manager

Enclosure

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Headquarters  
2727 Mahan Drive  
Tallahassee, FL 32308  
<http://ahca.myflorida.com>



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Delray Beach Field Office  
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