

Agency For Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2008
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 SOUTH DIXIE HIGHWAY MIAMI, FL 33133		
(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 visit was made to the facility on 3-12-2008 in order to conduct a State Complaint investigation CCR#2007014280. There were no decernible deficiencies identified and the agency was found to be in compliance with 59A-9.021.	A 000		

AHCA Form 3020-0001

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

TITLE

(X6) DATE



CHARLIE CRIST
GOVERNOR

HOLLY BENSON
SECRETARY

March 12, 2008

Dr. Vladimir Rosenthal, Administrator
Today's Women Medical Center
3250 South Dixie Highway
Miami, Florida. 33133

Dear Dr. Rosenthal,

On March 12, 2008, Marlen Morales, Health Facility Evaluator II, from this office conducted an unannounced survey to investigate complaint CCR # 2007014280 filed against Today's Women Medical Center.

The allegation that the facility failed to provide service outside scope of license granted to them (licensed for First Trimester Abortion Only) was unable to be confirmed.

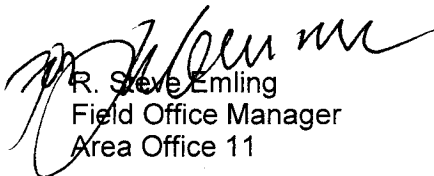
Enclosed is a copy of the State Form (2567) indicating that there were no deficiencies identified at the time of the survey.

Certain documents may be made available for public disclosure as required by law.

In order to obtain feedback regarding your survey, a web-based interactive survey satisfaction questionnaire has been placed on the Agency's website at www.fdhc.state.fl.us/Publications. You may access the "Quality Assurance Survey Satisfaction Questionnaire" through the link under the Forms heading on this webpage. Your feedback is encouraged and valued, as our goal is to ensure a satisfactory and professional survey process.

Thank you for the assistance provided to the surveyor at the time of the survey. Should you have any questions, please contact Ricardo Garcia, RNC, Abortion Clinics Supervisor at 305-499-2165.

Sincerely,


R. Steve Emling
Field Office Manager
Area Office 11

Enclosures: State Form 2567
cc: Hospital Unit

