

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2008
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER OF BROWARD		STREET ADDRESS, CITY, STATE, ZIP CODE 6971 W SUNRISE BLVD SUITE 206 PLANTATION, FL 33313		
(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 There were no discernible deficiencies during the initial survey, conducted on September 8, 2008, at Today's Women Medical Center of Broward.	A 000		

AHCA Form 3020-0001

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

TITLE

(X6) DATE



CHARLIE CRIST
GOVERNOR

HOLLY BENSON
SECRETARY

September 17, 2008

Dr. Vladimir Rosenthal, Administrator
Today's Women Medical Center
6971 W. Sunrise Blvd. #206
Plantation, FL 33313

Re: Initial Survey

Dear Dr. Rosenthal,

This letter confirms the findings of an Initial Survey conducted on September 8, 2008 by Alexandra Pelin, HFE II and by Michael DeGruccio, HFE II, of this office.

Your facility was found to be in compliance with the provisions of the applicable State of Florida Regulations. Attached is your copy of the State Form (Statement of Deficiencies and Plan of Correction for Licensure Requirements) affirming that no deficiencies were identified during the survey.

Documents relating to State Licensure requirements will be made available for public disclosure as required by Florida Statutes.

If there are any questions concerning this report, please contact this office at (561) 496-5900.

Sincerely,

Arlene Mayo-Davis
Area 9/10 Field Office Manager
Division of Health Quality Assurance

AMD/

Enclosure: State Form

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.

