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	ROVIDER OR SUPPLIER			ODRESS, CIT	, STATE, ZIP CODE	11/	17/2008
A WOMAI	N'S CHOICE, INC		8406 NY MLAMI, F	V 188TH ST FL 33015			
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Agency For Health Care Adn	ninistration		·		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDEN/SUPPLIA IDENTIFICATION NU AC139500	MBER:	A. BUILDII B. WING		(X3) DATE SURVEY COMPLETED
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(Y1) Provider / Supplier / CLIA / Identification Number AC13950034	(Y2) Multiple (A. Buildir B. Wing		(Y3) Date of Revisit 11/17/2008
Name of Facility A WOMAN'S CHOICE, INC		Street Address, City, State, Zip Code 6406 NW 186TH STREET MIAMI, FL 33015	

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
	Correction Completed		Correction Completed		Correction Completed
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State Agency	Likhan	ur			
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		
	Followup to Survey Completed on: 0/03/2008		Check for any Uncorrected Deficience	cies. Was a Summary ocices (CMS-2567) Sent t	of Uncorrected o the Facility? YES N



CHARLIE CRIST GOVERNOR HOLLY BENSON SECRETARY

November 25, 2008

Milta Turbider, Administrator A Woman's Choice, Inc. 6406 N. W. 186th Street Miami Lakes, FL 33015

Dear Ms. Turbider,

This letter confirms the findings of the follow-up visit to the State Licensure survey conducted on November 17, 2008 by Ernestine Cowart, RNS, representing this office.

Attached is your copy of the current Statement of Deficiencies State Form 3020 and 2567-B which listed one (1) corrected deficiency and three (3) deficiencies continue to be uncorrected.

Please complete a "Plan of Correction" (POC) for the deficiency shown on the "Statement of Deficiencies" and "Plan of Correction", including the date corrective action was accomplished or is anticipated to be accomplished. **Also, please sign and date all forms on the bottom and return them to this office within 10 days after receipt of this letter**. Failure to submit a reply within this time may jeopardize your licensure renewal status. The uncorrected citation must be corrected by December 17, 2008.

Sign and return the original State Form and the Plan of Correction to:

R. Steve Emling

Field Office Manager, Area 11

Agency for Health Care Administration, HQA
8355 NW 53rd Street Miami, FL 33166
Phone: (305) 499-2165 Fax: (305) 499-2190

You must keep a copy of this report and plan of correction to post in a prominent place in the facility where it is accessible to the residents and the general public.

Your facility was found not to be in compliance with licensure requirements of F.S. Chapter 390. 390.019, and 59 A-9 of Florida Administrative Code. You will receive a letter under separate cover explaining the fines and fees you have incurred as a result of not bringing your facility into compliance.

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

If you have any questions, please contact Ric Garcia, RNC and Hospital/Home Care Supervisor of this office at (305)499-2165.

Sincerely,

Field Office Manager, Area 11

Division of Health and Quality Assurance

Enc. Statement of Deficiencies State Form 2567

AREA OFFICE 11

Guidelines for the Development of Plans of Correction (PoC)

The Plan of Correction (PoC) is intended to correct any systemic regulatory non-compliance found during the survey process and remediate any specific non-compliance that may have been identified for the individuals residing in the facility.

A PoC for the deficiencies must be submitted by 10 days after the facility receives its State Form. Failure to submit an acceptable Plan of Correction within the required time frame may result in the imposition of remedies 20 days after due date for submission.

Your Plan of Correction must contain the following:

- 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- 2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- 3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- 5. The PoC must be specific and realistic, have reasonable periods based on dates discussed during the exit conference, and state exactly how the deficiency was/will be corrected. Staffing "staff will be trained" is not acceptable. An acceptable PoC might state that "staff was trained regarding policy and procedure, before and after tests were given, daily staff monitoring will be performed, and staff will be monitored daily and in two months/quarterly".
- 6. PoCs should address the problem and be aimed at correction in a systematic sense, as opposed to correcting an example or an isolated problem.
- 7. Please ensure legibility in responses.

Note: Please provide your correction next to each Tag and date it on the far right column. Also please make sure that your Signature, Title and Date are on the bottom of the first page of the State Form.

Please send all your correspondence to the Miami address located at the bottom right hand corner of this letter.