

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960063	(X3) DATE SURVEY COMPLETED 03/21/2017
NAME OF PROVIDER OR SUPPLIER MILLENNIUM WOMEN CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 9370 SW 72ND ST SUITE A-104 MIAMI, FL 33173	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - INITIAL COMMENTS

An unannounced relicensure survey was conducted on , 2017. Millennium Women Center, Inc., license #861, had licensure deficiencies found at the time of the visit.

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<p>Z818 - Minimum Licensure Requirement - Client Notice - 408.810(5) FS</p> <p>Based on record review and interview, the provider failed to ensure that 10 out of 10 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10) sample patients were informed of their rights to report: Complaints, neglectful, practices, and Medicaid Fraud in a manner that was clearly legible and that included the required wording.</p> <p>Findings include:</p> <p>Record review revealed no documentation showing sample patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10 were informed of their rights to report: Complaints, neglectful, practices, and Medicaid Fraud in a manner that was clearly legible and that included the required wording.</p> <p>On at 10:54 AM, the administrator stated that she provide the numbers to the patients by writing it on the business cards. The administrator acknowledged not informing the sampled patients in a manner that was clearly legible and that included the required wording.</p>		