

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960052	(X3) DATE SURVEY COMPLETED 03/22/2017
NAME OF PROVIDER OR SUPPLIER BLUE CORAL WOMEN'S CARE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 7360 CORAL WAY SUITE 16 MIAMI, FL 33155	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the provider failed to ensure that the administrator and the financial officer were listed on the clearinghouse roster.

Findings include:

Record review revealed the administrator and the financial officer were not listed on the clearinghouse roster.

On _____ at 12:02 PM, the administrator/ financial officer acknowledged she was not listed on the clearinghouse roster.

Z818 - Minimum Licensure Requirement - Client Notice - 408.810(5) FS

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 the toll-free numbers to report _____ and Medicaid fraud.

Findings include:

Record review revealed no documentation showing sample patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10 were informed of the toll-free numbers to report _____ and Medicaid fraud.

On _____ at 11:56AM, the administrator acknowledged that sample patients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10 were not informed of the toll-free numbers to report _____ and Medicaid fraud.