

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AC13910054	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/10/2012
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Name of Facility A WOMAN'S WORLD MEDICAL CENTER, INC.	Street Address, City, State, Zip Code 503 SOUTH 12TH STREET FORT PIERCE, FL 34950
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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
ID Prefix A0050 Reg. # _____ LSC _____	Correction Completed 04/10/2012	ID Prefix A0100 Reg. # _____ LSC _____	Correction Completed 04/10/2012	ID Prefix A0150 Reg. # _____ LSC _____	Correction Completed 04/10/2012
ID Prefix A0151 Reg. # _____ LSC _____	Correction Completed 04/10/2012	ID Prefix A0156 Reg. # _____ LSC _____	Correction Completed 04/10/2012	ID Prefix A0201 Reg. # _____ LSC _____	Correction Completed 04/10/2012
ID Prefix A0250 Reg. # _____ LSC _____	Correction Completed 04/10/2012	ID Prefix A0300 Reg. # _____ LSC _____	Correction Completed 04/10/2012	ID Prefix A0301 Reg. # _____ LSC _____	Correction Completed 04/10/2012
ID Prefix A0350 Reg. # _____ LSC _____	Correction Completed 04/10/2012	ID Prefix A0400 Reg. # _____ LSC _____	Correction Completed 04/10/2012	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By <i>Wendy Orth</i>	Date: _____	Signature of Surveyor: <i>Wendy Orth for H. Foster IFC</i>	Date: <i>4/20/12</i>
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 11/17/2011	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

April 20, 2012

Administrator
A Woman's World Medical Center, Inc.
503 S. 12th Street
Fort Pierce, FL 34950

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 10, 2012 by a representative of this office. Attached is the provider's copy of the State Form Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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.

Thank you for the assistance provided to this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure

