

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13950034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/15/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

A WOMAN'S CHOICE, INC.

**18400 NW 75 PL SUITE #118
HIALEAH, FL 33015**

(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}	<p>INITIAL COMMENTS</p> <p>A follow-up desk review was conducted on April 15, 2014 to the State Re-licensure survey, which was completed on March 26, 2014. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.</p>	{A 000}		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

4/15/2014

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AC13950034(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
4/15/2014

Name of Facility

A WOMAN'S CHOICE, INC.

Street Address, City, State, Zip Code

18400 NW 75 PL SUITE #118
HIALEAH, 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
ID Prefix A0100 Reg. # LSC	Correction Completed 04/15/2014	ID Prefix A0202 Reg. # LSC	Correction Completed 04/15/2014	ID Prefix A0302 Reg. # LSC	Correction Completed 04/15/2014
ID Prefix A0400 Reg. # LSC	Correction Completed 04/15/2014	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By
State Agency
Reviewed By
CMS ROReviewed By

Reviewed ByDate:

Date:Signature of Surveyor:

Signature of Surveyor:Date:
4/15/14
Date:Followup to Survey Completed on:
3/26/2014Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 16, 2014

Administrator
A Woman's Choice, Inc.
18400 Nw 75 Pl. Suite #118
Hialeah, FL 33015

Dear Administrator:

This letter reports the findings of a follow-up desk review that was conducted on April 15, 2014 to the State Re-licensure survey, which was completed on March 26, 2014.

Attached is the provider's copy of the Revisit Report. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.

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 the surveyor. Should you have any questions please call Faith Randolph, Registered Nurse Consultant at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager, Area 11

Enclosure: Revisit Report

