

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/21/2011
NAME OF PROVIDER OR SUPPLIER A WOMAN'S CARE, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 68-A NE 167TH STREET MIAMI, FL 33167		
(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}	INITIAL COMMENTS An unannounced visit was made to A Woman's Care on April 21, 2011, in order to conduct an on-site Follow-up Survey to a State licensure survey conducted on April 27, 2010. The facility was found to be in compliance with 390.014 F.S., 59A-9 F.A.C. at the time of the survey. Deficient practice was not identified at the time of the survey.		{A 000}		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6039

60VM12

If continuation sheet 1 of 1

4/22/2011

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AC13910053	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/21/2011
---	--	-----------------------------------

Name of Facility A WOMAN'S CARE, INC	Street Address, City, State, Zip Code 68-A NE 167TH STREET MIAMI, FL 33167
---	--

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 <u>A0150</u> Reg. # _____ LSC _____	Correction Completed 04/21/2011	ID Prefix <u>A0151</u> Reg. # _____ LSC _____	Correction Completed 04/21/2011	ID Prefix <u>A0202</u> Reg. # _____ LSC _____	Correction Completed 04/21/2011
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	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 _____ State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: <i>Mary L...</i>	Date: _____
Reviewed By _____ CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Followup to Survey Completed on: 4/27/2010		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

April 22, 2011

Administrator
A Woman's Care, Inc
68-A Ne 167th Street
Miami, FL 33167

Dear Administrator:

This letter reports the findings of a follow up visit conducted on April 21, 2011 to the state licensure survey completed on April 27, 2010.

Attached is the provider's copy of the State Form 3020 and Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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,

Donah Heiberg
Interim Field Office Manager, Area 11

