

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960098</b>	(X3) DATE SURVEY COMPLETED  <b>04/27/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>A HIALEAH WOMEN CENTER, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>697 E. 9TH STREET HIALEAH, FL 33010</b>	

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 appropriate personnel are listed on the background screening clearinghouse roster.

Findings include:

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

On , 2017 at 10:11 AM, the administrator stated that she is also the financial officer and acknowledge not being listed on the clearing house roster. She stated that she did not know anything about it.

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 05/22/2017  
FORM APPROVED

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**0000 - INITIAL COMMENTS**

A Relicensure survey was conducted on , , 2017 at A Hialeah Women Center Inc. (License# 891).  
A Hialeah Women Center Inc. had licensure deficiency at the time of the visit.