

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 05/01/2013
NAME OF PROVIDER OR SUPPLIER A HIALEAH WOMEN CENTER, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 697 E. 9TH STREET HIALEAH, FL 33010		
(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 on site visit was made to A Hialeah Women Center, Inc. located at 967 NE 9th Street, Hialeah, Florida 33010 on May 1, 2013, in order to conduct an on site Follow-up to a State Licensure Survey conducted on February 18, 2013. A Hialeah Women Center, Inc. was in compliance. 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

6899

CHON12

If continuation sheet 1 of 1

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AC13960098	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/1/2013
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Name of Facility A HIALEAH WOMEN CENTER, INC.	Street Address, City, State, Zip Code 697 E. 9TH STREET HIALEAH, FL 33010
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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 <u>A0600</u> Reg. # _____ LSC _____	Correction Completed <u>05/01/2013</u>	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
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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>[Handwritten Signature]</i>	Date: <u>5/3/13</u>
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor:	Date: _____

Followup to Survey Completed on: <u>2/18/2013</u>	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

May 2, 2013

Administrator
A Hialeah Women Center, Inc.
697 E. 9th Street
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a follow-up survey conducted on May 1, 2013 to the State Licensure survey completed on February 18, 2013.

Attached is the provider's copy of the 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://www.fhca.state.fl.us/ahca/ahca.htm> 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: State (3020) Form and Revisit Report

