

STATE FORM: REVISIT REPORT

| | | | | | |
|--|----|---|--|----|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AC13960068 | Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | DATE OF REVISIT 5/9/2016 | Y2 | Y3 |
| NAME OF FACILITY ALL WOMEN'S CLINIC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2100 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33308 | | |

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).

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|-----------------------|------------|-----------------|------------|-----------------|------------|
| ID Prefix A0100 | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # 59A-9.022, FAC | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | 05/03/2016 | LSC _____ | | LSC _____ | |
| ID Prefix _____ | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # _____ | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | | LSC _____ | | LSC _____ | |
| ID Prefix _____ | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # _____ | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | | LSC _____ | | LSC _____ | |
| ID Prefix _____ | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # _____ | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | | LSC _____ | | LSC _____ | |
| ID Prefix _____ | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # _____ | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | | LSC _____ | | LSC _____ | |

| | | | | |
|--|-----------------------------------|--|--|-----------------------|
| REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/> | REVIEWED BY (INITIALS) <i>ASE</i> | DATE <i>5/10/16</i> | SIGNATURE OF SURVEYOR <i>Analyza for Rhonda Shapiro, HPE</i> | DATE <i>5/10/2016</i> |
| REVIEWED BY CMS ROP <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |
| FOLLOWUP TO SURVEY COMPLETED ON <i>2/5/2016</i> | | <input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |





RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 10, 2016

Administrator
All Women's Clinic
2100 E Commercial Blvd
Fort Lauderdale, FL 33308

Dear Administrator:


This letter reports the findings of state licensure survey revisit conducted on May 9, 2016 by a representative of this office.

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. **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 the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: Revisit report

J5XD

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida