

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13920002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 05/15/2013
NAME OF PROVIDER OR SUPPLIER HIALEAH WOMEN'S CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 952 EAST 25TH ST HIALEAH, FL 33013		
(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 May 15, 2013 to the State Licensure survey, which was completed on December 29, 2010. 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

TITLE

(X6) DATE

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

STATE FORM

0009

C1P312

If continuation sheet 1 of 1

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AC13920002

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
5/15/2013

Name of Facility

HIALEAH WOMEN'S CENTER

Street Address, City, State, Zip Code

952 EAST 25TH ST
HIALEAH, FL 33013

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 implemented. 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 A0150 Reg. # LSC	Correction Completed 05/15/2013	ID Prefix A0153 Reg. # LSC	Correction Completed 05/15/2013	ID Prefix A0302 Reg. # LSC	Correction Completed 05/15/2013
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By

Reviewed By

Date:

Signature of Surveyor

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

12/29/2010

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

May 15, 2013

Administrator
Hialeah Women's Center
952 East 25th St
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a follow-up desk review was conducted on May 15, 2013 to the State Licensure survey, which was completed on December 29, 2010.

Attached is the provider's copy of the State (3020) Form and 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

Enclosures: State (3020) Form and Revisit Report

