STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AC13960098	05/18/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A HIALEAH WOMEN CENTER, INC.	697 E. 9TH STREET HIALEAH, FL 33010

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 INITIAL COMMENTS

An unannounced licensure survey was conducted on , 2016 at A Hialeah Women Center, Inc .

A Hialeah Women Center, Inc had deficiencies found at the time of the visit.

0600 Clinical Records

Based on record review and interview, the provider failed to ensure that 1 out of 7 (#1) clinical records were accurately documented.

Findings include:

A review of clinical record #1 revealed a discrepancy in the date of birth on the Procedure Note form and on the medical history documentation.

On at 10:30 AM, the administrator reviewed clinical record #1 and acknowledged the discrepancy in the date of birth.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a re-licensure survey that was conducted on , 2016 by a representative of this office.

Attached is the provider's ammended copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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,

Arlene Mayo-Davis
Field Office Manager, Area 11

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