

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AC13910054	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/8/2014
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Name of Facility A WOMAN'S WORLD MEDICAL CENTER, INC.	Street Address, City, State, Zip Code 503 SOUTH 12TH STREET FORT PIERCE, FL 34950
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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 A0156	Correction Completed 07/30/2014	ID Prefix A0202	Correction Completed 07/30/2014	ID Prefix A0250	Correction Completed 07/30/2014
Reg. # _____ LSC _____		Reg. # _____ LSC _____		Reg. # _____ LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____ LSC _____		Reg. # _____ LSC _____		Reg. # _____ LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____ LSC _____		Reg. # _____ LSC _____		Reg. # _____ LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____ LSC _____		Reg. # _____ LSC _____		Reg. # _____ LSC _____	

Reviewed By _____ State Agency	Reviewed By <i>[Signature]</i> Date: _____	Signature of Surveyor: _____	Date: <i>8/5/14</i>
Reviewed By _____ CMS RO	Reviewed By _____ Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 6/30/2014	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

ELIZABETH DUDEK
SECRETARY

August 8, 2014

Administrator
A Woman's World Medical Center, Inc.
503 South 12th Street
Fort Pierce, FL 34950

Dear Administrator:

This letter reports the findings of a state licensure desk review revisit survey conducted on August 8, 2014 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 surveyor(s). Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo Davis
Field Office Manager

AMD/kdd
Enclosure

J5XD

