

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/14/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER A GYN DIAGNOSTIC CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 375 EAST 49 ST SUITE 2 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 relicensure survey was conducted on January 14, 2015. A Gyn Diagnostic Center had no Licensure deficiencies found at the time of the visit.</p>	A 000		
-------	---	-------	--	--

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 20, 2015

Administrator
A Gyn Diagnostic Center Inc
375 East 49 Street Suite 2
Hialeah, FL 33013

Dear Administrator:

This letter reports findings of a Re-licensure survey that was conducted on January 14, 2015 by a representative of this office. Attached is the provider's copy of the State (3020) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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,

A handwritten signature in black ink, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis
Field Office Manager, Area 11

Enclosure: State (3020) Form

