

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/18/2016  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13950033</b>	(X3) DATE SURVEY COMPLETED  <b>10/13/2016</b>
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NAME OF PROVIDER OR SUPPLIER <b>A-1 WOMAN'S HEALTH CARE, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2036 SW 1ST STREET MIAMI, FL 33135</b>
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SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 INITIAL COMMENTS**

A relicensure survey was conducted on October 13, 2016. A-1 Woman's Health Care Inc, license #809 had no licensure deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
INTERIM SECRETARY

October 25, 2016

Administrator  
A-1 Woman's Health Care, Inc.  
2036 SW 1st Street  
Miami, FL 33135

Dear Administrator:

This letter reports findings of a state relicensure survey that was conducted on October 13, 2016 by a representative of this office. Attached is the provider's copy of the State (5000-3547) 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", with a date "10/25/16" written below it.

Arlene Mayo-Davis  
Field Office Manager, Area 11

Enclosure: State (5000-3547) Form

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