

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960090</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/25/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>A GYN DIAGNOSTIC CENTER INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>267 EAST 49 ST HIALEAH, FL 33012</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An unannounced visit was conducted on October 25, 2011 for a Relicensure State Survey at A Gyn Diagnostic Center, Inc. located at 267 East 49th Street, Hialeah, Florida 33012. A Gyn Diagnostic Center, Inc. was found to be in compliance with 390.014 F.S., 59A-9 F.A.C. at the time of the survey.</p>	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

0099

JH5011

If continuation sheet 1 of 1



RICK SCOTT  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
SECRETARY

October 27, 2011

Administrator  
A GYN Diagnostic Center Inc  
267 East 49 St  
Hialeah, FL 33012

Dear Administrator:

This letter reports findings of a State Licensure survey that was conducted on October 25, 2011 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,

Arlene Mayo-Davis  
Field Office Manager, Area 11

Enclosure: State (3020) Form

