

## Agency for Health Care Administration

PRINTED: 11/02/2010  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13950034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>A WOMAN'S CHOICE, INC.</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6406 NW 186TH STREET MIAMI GARDENS, FL 33015</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}	<b>INITIAL COMMENTS</b>  A follow-up desk review was conducted on 10/29/2010 to the State Licensure survey, which was completed on 09/30/2010. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.	{A 000}			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6899

N4TG12

If continuation sheet 1 of 1

11/2/2010

## State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AC13950034	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/29/2010
Name of Facility A WOMAN'S CHOICE, INC.		Street Address, City, State, Zip Code 6406 NW 186TH STREET MIAMI GARDENS, FL 33015

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 A0202 Reg. # LSC	Correction Completed 10/29/2010	ID Prefix A0250 Reg. # LSC	Correction Completed 10/29/2010	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: <i>Kennedaly RMC</i>	Date: 11/3/10
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on: 9/30/2010			Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO	



CHARLIE CRIST  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
INTERIM SECRETARY

November 2, 2010

Administrator  
A Woman's Choice, Inc.  
6406 Nw 186th Street  
Miami Gardens, FL 33015

Dear Administrator:

This letter reports the findings of a follow-up desk review was conducted on 10/29/2010 to the State Licensure survey, which was completed on 09/30/2010.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected based on an acceptable Plan of Correction.

In accordance with the Florida Statutes, this report of inspection must be posted in a prominent location to be accessible to all residents and the public.

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, RNC at (305) 593-3100.

Sincerely,

*Steve Emling*  
(for)

Steve Emling  
Field Office Manager, Area 11

Enclosure: State (3020) Form and Revisit Report

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Headquarters  
2727 Mahan Drive  
Tallahassee, FL 32308  
<http://ahca.myflorida.com>



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Miami Field Office  
8333 N.W. 53rd Street, Suite 300  
Miami, FL 33166  
Phone (305) 593-3100; Fax (305) 499-2190