

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/03/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960090	(X3) DATE SURVEY COMPLETED R 11/03/2016
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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
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 INITIAL COMMENTS

A follow-up desk review was conducted on November 3, 2016 to the State Re-licensure survey, which was completed on October 4, 2016. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AC13960090	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/3/2016
NAME OF FACILITY A GYN DIAGNOSTIC CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 375 EAST 49 ST SUITE 2 HIALEAH, FL 33013	

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix AZ818	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 408.810(5) FS	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	11/03/2016	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 11/3/16
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/4/2016		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		



RICK SCOTT
GOVERNOR
JUSTIN M. SENIOR
INTERIM SECRETARY

November 3, 2016

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

Dear Administrator:

This letter reports the findings of a follow-up desk review that was conducted on November 3, 2016 to the State Re-licensure survey, which was completed on October 4, 2016. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.

Attached is the provider's copy of the Revisit 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. 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: Revisit Report

J5XD

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