

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960090</b>	(X3) DATE SURVEY COMPLETED  <b>11/24/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>A GYN DIAGNOSTIC CENTER INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>375 EAST 49 ST SUITE 2 HIALEAH, FL 33013</b>	

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 INITIAL COMMENTS**

A licensure survey was conducted at A Gyn Diagnostic Center Inc on 11-24-2015. Deficient practice was not found at the time of the visit.



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

December 7, 2015

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on November 24, 2015 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.shtm> 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 (for)  
Field Office Manager, Area 11

Enclosure: State (5000-3547) Form

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