

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13950034	(X3) DATE SURVEY COMPLETED R 11/30/2016
NAME OF PROVIDER OR SUPPLIER A WOMAN'S CHOICE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 18400 NW 75 PL SUITE #118 HIALEAH, FL 33015	

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

0000 INITIAL COMMENTS


A follow-up desk review was conducted on November 30, 2016 to the State Re-licensure survey, which was completed on October 17, 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 AC13950034	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/30/2016
NAME OF FACILITY A WOMAN'S CHOICE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 18400 NW 75 PL SUITE #118 HIALEAH, 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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0150	Correction	ID Prefix A0250	Correction	ID Prefix AZ814	Correction
Reg. # 59A-9.0225(1), FAC	Completed	Reg. # 59A-9.024, FAC	Completed	Reg. # 435.12(2)(b-d), FS	Completed
LSC	11/30/2016	LSC	11/30/2016	LSC	11/30/2016
ID Prefix AZ818	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 408.810(5) FS	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/30/2016	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	

REVIEWED BY STATE AGENCY	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 12/1/16
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 10/17/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 1, 2016

Administrator
A Woman's Choice, Inc.
18400 NW 75 PL. Suite #118
Hialeah, FL 33015

Dear Administrator:

This letter reports the findings of a follow-up desk review that was conducted on November 30, 2016 to the State Re-licensure survey, which was completed on October 17, 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

