

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13950033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/06/2011
NAME OF PROVIDER OR SUPPLIER A-1 WOMAN'S HEALTH CARE, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 2036 SW 1ST STREET MIAMI, FL 33135		
(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}	INITIAL COMMENTS A follow-up desk review was conducted on December 6, 2011 to the State Licensure survey, which was completed on October 20, 2011. 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

(X5) DATE

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

STATE FORM

0599

2CNK12

If continuation sheet 1 of 1

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AC13950033	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/6/2011
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Name of Facility A-1 WOMAN'S HEALTH CARE, INC.	Street Address, City, State, Zip Code 2036 SW 1ST STREET MIAMI, FL 33135
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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 <u>A0202</u> Reg. # _____ LSC _____	Correction Completed 12/06/2011	ID Prefix <u>A0600</u> Reg. # _____ LSC _____	Correction Completed 12/06/2011	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	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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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: <i>[Signature]</i>	Date: <i>12/6/11</i>
State Agency CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 10/20/2011	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

December 6, 2011

Administrator
A-1 Woman's Health Care, Inc.
2036 Sw 1st Street
Miami, FL 33135

Dear Administrator:

This letter reports the findings of a follow-up desk review was conducted on December 6, 2011 to the State Licensure survey, which was completed on October 20, 2011.

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.

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 and Revisit Report

