

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2012
NAME OF PROVIDER OR SUPPLIER A GYN DIAGNOSTIC CENTER INC		STREET ADDRESS, CITY, STATE, ZIP CODE 267 EAST 49 ST HIALEAH, FL 33012		
(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	<p>INITIAL COMMENTS</p> <p>An on site visit was made to A Gyn Diagnostic Center, Inc. located at 375 East 49th Street, Suite 2, Hialeah, Florida 33013 on December 10, 2012, in order to conduct a Complaint Investigation Survey CCR#2012012018. The allegations made against the facility were not substantiated. Deficient practice was not identified at the time of the survey.</p>	A 000		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

0690

O57511

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

January 7, 2013

Administrator
A Gyn Diagnostic Center Inc
267 East 49 St.
Hiialeah, FL 33012

Re: CCR #2012012018

Dear Administrator:

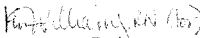
This letter reports the findings of a Complaint survey completed on December 10, 2012 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, Form CMS-2567, and State (3020) Form, indicating no deficiencies were identified during this 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.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(s). Should you have any questions, please contact Faith Randolph, Registered Nurse Consultant at (305) 593-3100.

Sincerely,


Arlene Mayo- Davis
Field Office Manager, Area 11

Enclosures: Statement of Deficiencies, Form CMS-2567, and State (3020) Form

