

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960064</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/08/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BSS INTERNATIONAL INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7777 N UNIVERSITY DR SUITE 102 TAMARAC, FL 33321</b>
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(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
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A 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced licensure complaint survey, CCR# 2014001519, was conducted on 5/8/14 at BSS International Inc. (Abortion Clinic) The facility had no deficiencies found at the time of the visit.</p>	A 000		
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AHCA Form 3020-0001

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

TITLE

(X8) DATE



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 22, 2014

Administrator  
BSS International Inc.  
7777 N University Drive  
Suite #102  
Tamarac, FL 33321

**Re: CCR #2014001519**

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on May 8, 2014 by a representative from this office.

Attached is the provider's copy of the Statement of Deficiencies and Plan of Correction, 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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

*for* Arlene Mayo - Davis  
Field Office Manager

AMD/jw  
Enclosure(s)

7MRZ

