

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13940024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/13/2019
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NAME OF PROVIDER OR SUPPLIER ADVANCE WOMAN'S CARE CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2742 SOUTHWEST 8TH STREET #20 MIAMI, FL 33147
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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
{A 000}	<p>INITIAL COMMENTS</p> <p>A follow-up desk review was conducted on November 13, 2019 to the complaint investigation #2019015403, which was completed on October 8, 2019. The deficiencies were determined to be corrected based on a previously submitted Plan of Correction.</p>	{A 000}		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

11/13/19