

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13920002	(X3) DATE SURVEY COMPLETED 10/25/2016
NAME OF PROVIDER OR SUPPLIER HIALEAH WOMEN'S CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 952 EAST 25TH ST HIALEAH, FL 33013	

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

0000 INITIAL COMMENTS

A unannounced re-licensure survey was conducted on 10/25, 2016. Hialeah Women's Center, license #824. Hialeah Women's Center had a deficiency found at the time of the visit.

Z814 Background Screening Clearinghouse

Based on record review and interview, the provider failed to ensure that the Administrator and the Financial Officer were listed on the clearinghouse roster.

Findings:

Record review revealed the Administrator and the Financial Officer were not listed on the clearinghouse roster.

On 10/25/2016 at 10:37 AM, Staff B acknowledged the Administrator and the Financial Officer were not listed on the clearinghouse roster.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

....., 2016

Administrator
Hialeah Women's Center
952 East 25th St
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on, 2016 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than, 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 surveyors. 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 (5000-3547) Form

XG90

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