AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 01/25/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AC13910009	01/19/2016
NAME OF PROVIDER OR SUPPLIER **EAST CYPRESS WOMEN'S CENTER, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **962 EAST CYPRESS CREEK** **FORT LAUDERDALE, FL 33334**	

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

0000 INITIAL COMMENTS

An unannounced relicensure survey was conducted on at E Cypress Women's Center. The provider had a deficiency found at the time of the visit.

Z818 Minimum Licensure Requirement - Client Notice

Based on interview and record review, the facility failed to provide the statewide toll-free telephone number for reporting complaints to AHCA (Agency for Health Care Administration) in a manner that is clearly legible and includes the words "To report a complaint regarding the services you receive, please call toll-free (1-888-419-3456), the facility failed to provide the statewide toll-free telephone number for the Central Hotline to clients in a manner that is clearly legible, and includes the words, "To report a complaint regarding the services you receive, please call toll-free (1-800-962-2873), the facility failed to provide an agency-written description of Medicaid fraud and the statewide toll-free telephone number for the central Medicaid fraud hotline in a manner that is clearly legible, and includes the words "To report suspected Medicaid fraud, please call toll-free (1-866-966-7226), and the facility failed to establish policies and procedures for providing such notices to clients.

The findings include:

During an interview with the Administrator at approximately 2:30 PM, on // , written information provided to Clients at the start of care regarding reporting reporting of complaints, , neglect, , and Medicaid fraud was requested. The Administrator stated that this information was not available, and she had no knowledge of the AHCA mandate to provide this information to Clients.

John W Kristen, Administrator
2-2-16

AHCA Form 5000-3547
STATE FORM

FORM 11

RECEIVED
2016
BY:

If continuation sheet 1 of 1

RECEIVED
BY:

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
East Cypress Women's Center, Inc.
962 East Cypress Creek
Fort Lauderdale, FL 33334

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative of this office.

Attached is the provider's copy of the State Form (AHCA Form 5000-3547), which indicates the deficiencies that were identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this faxed report**. You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

The plan of correction must include the following:

1. Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
2. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice.
3. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur.
4. Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change.
5. Ensure that no protected or other confidential information (i.e., resident or staff names) are included in the plan.
6. State the completed date; the date that the facility identifies compliance can be achieved, which must be after the exit date.
7. You must sign the bottom of page 1 of the statement of deficiencies; include your title and date.

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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 call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis

Arlene Mayo-Davis
Field Office Manager

AMD/dmb

TBB2