

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960129</b>	(X3) DATE SURVEY COMPLETED  <b>06/06/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>GYNECOLOGY AND MORE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1933 W 60TH ST HIALEAH, FL 33012</b>	

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

**0000 - INITIAL COMMENTS**

A relicensure survey was conducted on \_\_\_\_\_, 2017 at \_\_\_\_\_ and More Inc. (license # 919) \_\_\_\_\_ and More Inc. had licensure deficiency found at the time of the visit.

**0362 - Termination/Consents Required - 390.0111(3)(a), FS**

Based on record review and interview, the provider failed to obtain an informed written consent for 1 out of 10 (#6) sample patients (SP) prior to conducting a procedure.

Findings include:

A review of sample patient (SP) #6 record revealed a \_\_\_\_\_ ( & ) Procedure was conducted on \_\_\_\_\_. SP#6 file does not contain a written informed consent for the \_\_\_\_\_ procedure. Further record review revealed a written informed consent was signed and dated by SP#6 on \_\_\_\_\_ for the procedure dated \_\_\_\_\_.

On \_\_\_\_\_ at 1:00 PM, the administrator acknowledged that a written consent form was not provided to SP#6 for the procedure dated \_\_\_\_\_ and stated that the procedure was a continue. That the consent was verbal. The administrator showed the surveyor the post procedure follow-up note dated \_\_\_\_\_. The administrator stated that the doctor wrote the note, " \_\_\_\_\_ will f/u in 3 days for repeat & .."

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