



## AGENCY FOR HEALTH CARE ADMINISTRATION

[HOME](#)
[ABOUT US](#)
[MEDICAID](#)
[LICENSURE & REGULATION](#)
[FIND A FACILITY](#)
[REPORT FRAUD](#)

### Health Care Facility Complaint Form (Unlicensed)

Complaint Administration Unit

If you think a health care facility may have violated the law relating to your care, or the care of someone you know, please provide as much detail as possible in the boxes below. When completing the "narrative" portion of the form, please include full names of patients/residents, and staff involved. If you know the diagnoses and type of insurance the patient/resident has, please include that information. When describing your concern, please include dates of when events happened. Incomplete information may result in our inability to take action. Please understand not all concerns may be actual violations of the law. In general, incidents older than twelve months do not result in an on-site inspection, though the information is retained in our file. After we have reviewed your information, we will send you an e-mail response explaining the disposition of your complaint.

\* Required Fields

Name of the Health Care Facility:\*

Fort Lauderdale Women's Center

To verify that the facility is regulated by our Agency, or to view previous inspection reports, visit [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov)

**Please note: practitioners (doctors and/or physician's offices, nurses, dentists, etc.) are regulated by the Department of Health. To visit their site and complete their form go to [www.doh.state.fl.us/mqa/enforcement/enforce\\_csu.html](http://www.doh.state.fl.us/mqa/enforcement/enforce_csu.html).**

Street: \*

2001 W. Oakland Park B

City: \*

Oakland Park

Zip: \*

33311

Date of Event: (Ex:mm/dd/yyyy)

04/07/2018

Patient/Resident's Name:

Patient/Resident's Date of Birth: (Ex:mm/dd/yyyy)

Facility Website:

[www.womenscenter.com](http://www.womenscenter.com)

Patient/Resident's Insurance: (ex: Medicare, Medicaid, Private, Uninsured)

Narrative: \*(This is a required field, which does not allow more than 4000 characters. You may upload an attachment if necessary.)

Fort Lauderdale Women's Center, de-licensed as of 3/27/2018 was fully staffed and open today and completed one abortion. This brings the total abortions completed since 3/27 to 34 with another 13 possibles.

We were told by AHCA that the license is now terminated and are confused by AHCA's failure to close this unlicensed facility irrespective of any pending application by a "new" owner. We asked our attorneys to secure a copy of the 3/26 mandate from the 5th Circuit Court of Appeals to determine if some additional grace period was ordered. However, the original order (from AHCA) allowed 30 days to wind down with existing patients only. They continue to perform abortions on New patients.

We were advised by the Attorney General's office to contact the Inspector General regarding enforcement and hope to have clarification on the mandate by the time we hear back from that office. A response to our complaints (this is the tenth) would be helpful.

1. Was a specific staff member involved?  Yes  No

If yes, please provide their name/position, if you know it. Dr. Harvey C. Roth

2. Was the incident reported to staff?  Yes  No

If yes, to whom was it reported?

3. Have you reported this to other Agencies? Please mark all that apply.

- Abuse Registry
- Long Term Care Ombudsman Program
- Law Enforcement
- Medicaid Fraud
- Medicare Fraud
- Other

No file chosen

Attach Supporting File:

File Size cannot exceed 10 MB.

Complainant's identifying information: (The below information is optional.)

Under Florida law, there is no protection of your identity as a complainant, unless you choose to remain anonymous. You will not hear further from us, if you remain anonymous.

Name:

Tom Walker

Street:

2866 SW 12TH ST

City:

DEERFIELD BEACH

State:

Florida

Zip:

33442

Telephone Day:

954-304-3278

Alternate Phone:

Email:

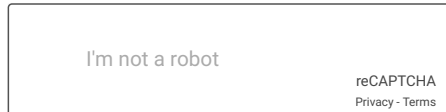
tom@browardrighttolife.org

How did you learn about this form?

(ex: Internet search, Friend, AHCA Website, etc.)

Thank you for sending us this information. If we determine we have legal authority to do a complaint inspection related to your concerns, we will do so. At that point, a surveyor (inspector) will review the laws that apply to your case, review the written information at the facility, observe care of current patients/residents, and conduct interviews with others receiving care, and staff providing care. The surveyor will determine if the facility is violating any law at the time of the inspection. You will receive notification with the results of the complaint inspection, if we have your contact information.

If you wish to print your completed form, please do so now, using your browser button. There will not be another opportunity to print this form.



Submit Complaint

[Privacy Policy](#)

[Doing Business with AHCA](#)

[Refund Policy](#)

[Disclaimer](#)

[Contact Webmaster](#)

[Find a Facility](#)

[Download Adobe Reader](#)

© 2017 Florida Agency for Health Care Administration

