

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 06/08/2008
NAME OF PROVIDER OR SUPPLIER CENTER OF ORLANDO FOR WOMEN/ORLANC			STREET ADDRESS, CITY, STATE, ZIP CODE 1103 LUCERNE TERRACE ORLANDO, FL 32806		
(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}	INITIAL COMMENTS A Revisit survey attempt visit was made at the facility on 06/08/08 (Sunday). During this visit from 8:30 a.m. until 10:00 a.m., the facility was closed and not open for operation. Unable to review deficiency cited at A 0650 Chapter 59A-9.034 FAC Pursuant to Chapters 382 and 390, F.S. as of that date.	{A 000}			
{A 650}	Reports Pursuant to Chapters 382 and 390, F.S., an abortion clinic must submit a report each month to the Office of Vital Statistics of the Department of Health, regardless of the number of terminations of pregnancy. Monthly reports must be received by the department within 30 days following the preceding month. Chapter 59A-9.034, F.A.C. This STANDARD is not met as evidenced by: Based on interview, the facility failed to submit monthly reports to the Office of Vital Statistics of the Department of Health within 30 days from 06/10/07 through 4/10/08, regardless of the number of patients seen. Findings: Based on interview with the Executive Administrator of the facility on 04/10/08 on or about 10:15 a.m. indicated that the facility is not opened for services as of that date and there were no patients and records for review. Interview with the Executive Administrator on 04/10/08 on or about 12:42 p.m. validated that she failed to submit monthly reports each month within 30	{A 650}			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

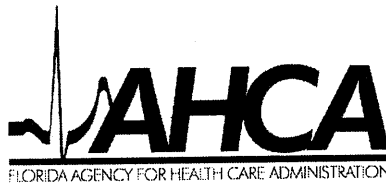
STATE FORM

6899

JWQP12

If continuation sheet 1 of 2

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{A 650}	Continued From page 1 days from 06/10/07 through current date of 04/10/08 to the Office Of Vital Statistics of the Department of Health. Correction Date: 05/02/08	{A 650}			
A9999	Final Observations A Revisit survey attempt visit was conducted at the facility on 06/08/08 (Sunday). During this visit from 8:30 a.m. until 10:00 a.m., the facility was closed and not open for operation, there were no visible patients/family and cars observed external at the facility and the front door was locked. A telephone message on the facility telephone indicated the following message that the facility hours are from Monday through Saturdays 8:00 a.m. until 5:00 p.m. and Sunday from 9:00 a.m. until 2:30 p.m. Since facility's initial licensure, the Agency has no indication that provider has been operating by seeing patients. This was confirmed by relicensure survey of April 10, 2008 and this revisit. On June 8, 2008, the surveyor was unable to review necessary records and complete revisit during posted operating hours.	A9999			



CHARLIE CRIST
GOVERNOR

HOLLY BENSON
SECRETARY

June 17, 2008

Administrator
Center of Orlando For Women
1103 Lucerne Terrace
Orlando, FL 32806

*COPY - FAXED
TO KAY 6/24*

RE: Revisit to Relicensure Survey

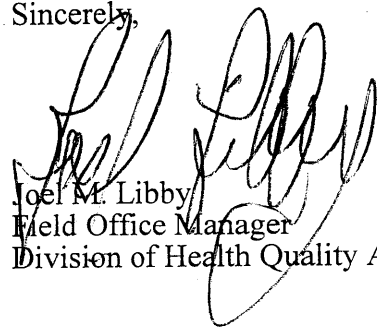
Dear Administrator:

This letter confirms that Jane Woodson, Registered Nurse Specialist of this office, attempted to conduct a revisit on June 8, 2008. The purpose of the visit was to determine the status of correction of the deficiencies identified during the relicensure survey completed on April 10, 2008.

Please find attached Statement of Deficiencies State Form indicating that your clinic was closed on June 8, 2008, and this office unable to do the revisit.

Please call this office at 407/316-4859, if you have any questions or need additional information.

Sincerely,



Joel M. Libby
Field Office Manager
Division of Health Quality Assurance

JML/cid

Enclosure: Revisit Report

