

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910054	(X3) DATE SURVEY COMPLETED 01/05/2017
NAME OF PROVIDER OR SUPPLIER A WOMAN'S WORLD MEDICAL CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 503 SOUTH 12TH STREET FORT PIERCE, FL 34950	

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

0000 - INITIAL COMMENTS

An unannounced relicensure survey was conducted on 01/05/2017 at A Woman's World Medical Center, Inc. (License #820). The facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 13, 2017

Administrator
A Woman's World Medical Center, Inc.
503 South 12th Street
Fort Pierce, FL 34950

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 5, 2017 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Ann S. Riggs, RNC
for Arlene Mayo-Davis
Field Office Manager

AMD/dso

Enclosure: State (5000-3547) form

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