

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910006	(X3) DATE SURVEY COMPLETED 02/12/2018
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF SARASOTA, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2700 SOUTH TAMiami TRAIL, SUITE 5 SARASOTA, FL 34239	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>0000 - INITIAL COMMENTS</p> <p>An unannounced relicensure survey was conducted 02/12/18 at All Women's Health Care, an abortion clinic (license # 769) in Sarasota, Florida.</p> <p>There were no deficiencies found at the time of the visit.</p>		