

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/22/2013
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF ORLANDO	STREET ADDRESS, CITY, STATE, ZIP CODE 431 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701		
(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 Complaint Inspection #2013002114 was conducted on 2/22/13. All Women's Health Center of Orlando did not have any deficiencies at the time of the visit.	A 000	

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6899

QPT911

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

March 8, 2013

Administrator
All Women's Health Center Of Orlando, Inc.
431 Maitland Avenue
Altamonte Springs, FL 32701

Re: Complaint Inspection - CCR #2013002114

Dear Administrator:

This letter reports the findings of a Complaint Inspection completed on February 22, 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, and State (3020) Form, indicating no deficiencies were identified during this 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 surveyor. Should you have any questions, please contact Theresa DeCanio at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

TDC/at
Enclosure: State Form

