

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960083</b>	(X3) DATE SURVEY COMPLETED  <b>02/23/2016</b>
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NAME OF PROVIDER OR SUPPLIER <b>AASTRA WOMENS CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10 SW 44TH AVE PLANTATION, FL 33317</b>
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SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 INITIAL COMMENTS**

An unannounced relicensure survey was conducted on 2/23/16 at Aastra Womens Center. The Provider had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

March 11, 2016

Administrator  
Aastra Womens Center  
10 SW 44th Ave  
Plantation, FL 33317

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on February 23, 2016 by a representative of this office. Attached is the provider's copy of the AHCA Form 5000-3547, 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,

*Arlene Mayo-Davis*  
for Arlene Mayo-Davis  
Field Office Manager

AMD/dso

65FO

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