

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13910054</b>	(X3) DATE SURVEY COMPLETED  <b>03/07/2016</b>
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NAME OF PROVIDER OR SUPPLIER <b>A WOMAN'S WORLD MEDICAL CENTER, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>503 SOUTH 12TH STREET FORT PIERCE, FL 34950</b>
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SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 INITIAL COMMENTS**

An unannounced licensure complaint survey, CCR#2015012633, was conducted on 03/07/2016 at A Woman's World Medical Center, Inc. The allegations were not substantiated. The facility was in compliance at the time of the visit.



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

March 22, 2016

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

**RE: CCR #2015012633**

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 7, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies and Plan of Correction, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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.shtm> 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(s). Should you have any questions, please contact Arlene Mayo-Davis at (561) 381-5840.

Sincerely,

  
Arlene Mayo-Davis  
Field Office Manager

amd  
Enclosure(s)

7MRZ

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