

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2011	
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 2100 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33308			
(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	<p>INITIAL COMMENTS</p> <p>Licensure survey conducted on 3/10/11. The All Women's Clinic Abortion Center had no deficiencies found at the time of the visit.</p>	A 000		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6899

JBHZ11

If continuation sheet 1 of 1



Better Health Care for all Floridians

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
INTERIM SECRETARY

Fax(954) 772-9680

March 21, 2011

Administrator
All Women's Clinic
2100 E. Commercial Boulevard
Fort Lauderdale, FL 33308

Dear Administrator:

This letter reports findings of a state licensure survey conducted on March 10, 2011 by a representative of this office. Attached is the provider's copy of the State Form 3020, 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 this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure

