

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13910006</b>	(X3) DATE SURVEY COMPLETED  <b>03/27/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>ALL WOMEN'S HEALTH CENTER OF SARASOTA, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2700 SOUTH TAMIAMI TRAIL, SUITE 5 SARASOTA, FL 34239</b>	

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - INITIAL COMMENTS**

An unannounced relicensure survey was conducted 3/27/17 at All Women's Health Care (license #769), an abortion center in Sarasota, Florida.

There are no deficiencies found at the time of the visit.