

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/18/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910025	(X3) DATE SURVEY COMPLETED 04/11/2016
NAME OF PROVIDER OR SUPPLIER TAMPA WOMAN'S HEALTH CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2010 E. FLETCHER AVENUE TAMPA, FL 33612	

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

0000 INITIAL COMMENTS

ABORTION CLINIC

A re-licensure survey was conducted on 4/11/16. The Tampa Women's Health Center abortion clinic had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 18, 2016

Administrator
Tampa Woman's Health Center, Inc.
2010 E. Fletcher Avenue
Tampa, FL 33612

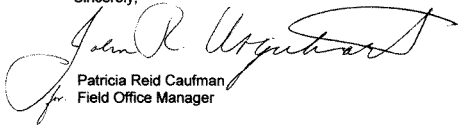
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 11, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, 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 surveyor(s). Should you have any questions please call John Urquhart, OMC Manager at (727) 552-2000.

Sincerely,


for Patricia Reid Cauffman
Field Office Manager

PRC/aew
Enclosure

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