PRINTED: 04/28/2016 FORM APPROVED							
Agency for Health Care Adm STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		AC13910039	B. WING		04/18	3/2016	
				FATE, ZIP CODE			
ALL WOMEN'S HEALTH CENTER OF NORTH T 14498 UNIVERSITY COVE PL TAMPA, FL 33613							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL		(X6) COMPLETE DATE	
A 000	INITIAL COMMENT	rs	A 000				
	conducted at All We	icensure survey was omen's Health Center of North ortion clinic located in Tampa					
	The provider had n the visit.	o deficiencies at the time of	14.				
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AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



RICK SCOTT GOVERNOR

ELIZABETH DUDEK SECRETARY

April 28, 2016

Administrator All Women's Health Center Of North Tampa, Inc. 14498 University Cove Pl Tampa, FL 33613

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 18, 2016 by representative(s) of this office. Attached is the provider's copy of the State (3020) 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 Nila Perrone, RNC at (727) 552-2000.

sincerely, Am M

Patricia Reid Caufman Field Office Manager

PRC/aew Enclosure

65FO

