

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960109	(X3) DATE SURVEY COMPLETED 06/07/2017
NAME OF PROVIDER OR SUPPLIER ORLANDO WOMEN'S CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1103 LUCERNE TERRACE ORLANDO, FL 32806	

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

0000 - INITIAL COMMENTS

A Relicensure survey was conducted on 6/7/17. Orlando Women's Center, License #902, did not have any deficiencies found at the time of the visit.