

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AC13910007	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/14/2016	Y3
NAME OF FACILITY ALL WOMEN'S HEALTH CENTER OF TAMPA, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 3330 WEST KENNEDY BLVD. TAMPA, FL 33609		

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0156 Reg. # 59A-9.0225(7), FAC LSC	Correction Completed 06/14/2016	ID Prefix A0250 Reg. # 59A-9.024, FAC LSC	Correction Completed 06/14/2016	ID Prefix AZ818 Reg. # 408.810(5) FS LSC	Correction Completed 06/14/2016
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) <i>MT</i>	DATE <i>6/20/16</i>	SIGNATURE OF SURVEYOR <i>[Signature]</i>	DATE <i>6/20/16</i>
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/28/2016		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 20, 2016

Administrator
All Women's Health Center of Tampa, Inc.
3330 West Kennedy Blvd.
Tampa, FL 33609

Dear Administrator:

This letter reports the findings of a state relicensure survey revisit conducted by desk review on June 14, 2016 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report.

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.shtm> 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,

Patricia Reid Cauffman
Field Office Manager

PRC/aew
Enclosure

J5XD

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com



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