

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960055</b>	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/10/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>ALL WOMEN'S HEALTH CENTER OF ORLANDO, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>431 MAITLAND AVENUE</b> <b>ALTAMONTE SPRINGS, FL 32701</b>	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<b>0000 - INITIAL COMMENTS</b>  Desk Review was conducted on 7/10/17. Citations for All Women's Health Center of Orlando, License #851, were cleared as of 6/28/17.		