

**State Form: Revisit Report**

(Y1) Provider / Supplier / CLIA / Identification Number AC13960055	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/1/2013
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Name of Facility ALL WOMEN'S HEALTH CENTER OF ORLANDO, INC.	Street Address, City, State, Zip Code 431 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701
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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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <b>A0400</b> Reg. # _____ LSC _____	Correction Completed 07/22/2013	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	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	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: <i>Michelle Ouellet</i>	Date: 8-2-13
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor:	Date: _____

Followup to Survey Completed on: 6/18/2013	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

August 5, 2013

Administrator  
All Women's Health Center Of Orlando, Inc.  
431 Maitland Avenue  
Altamonte Springs, FL 32701

Re: Relicensure Survey Revisit

Dear Administrator:

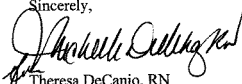
This letter reports the findings of a Relicensure survey revisit conducted on August 1, 2013 by a representative of this office.

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.

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. Should you have any questions please call Theresa DeCanio at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN  
Field Office Manager

TDC/at  
Enclosure: Revisit Report

J5XD

