

**State Form: Revisit Report**

(Y1) Provider / Supplier / CLIA / Identification Number  
AC13960068

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
9/15/2013

Name of Facility  
ALL WOMEN'S CLINIC

Street Address, City, State, Zip Code  
2100 E COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308

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 A0400 Reg. # LSC	Correction Completed 06/11/2013	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  
CMS RO

Reviewed By  
Date:

Date:

Signature of Surveyor  
Signature of Surveyor:

Date:  
Date:

Followup to Survey Completed on:  
5/24/2013

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 26, 2013

Administrator  
All Women's Clinic  
2100 E Commercial Blvd.  
Fort Lauderdale, FL 33308

Re: Revisit to Re-licensure Survey

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 15, 2013 by a representative from 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.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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis  
Field Office Manager

AMD/jw  
Enclosure

J5XD

