

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13910019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/02/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAKELAND WOMEN'S HEALTH CENTER, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4444 SOUTH FLORIDA AVENUE LAKELAND, FL 33813</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p><b>INITIAL COMMENTS</b></p> <p>Citation Text for Tag 0000, Regulation 975Z</p> <p><b>ABORTION CLINIC</b></p> <p>Licensure Survey October 2, 2015</p> <p>Lakeland Women's Health Center, Inc. had no deficiencies found at the time of the survey.</p>	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

October 7, 2015

Administrator  
Lakeland Women's Health Center, Inc.  
4444 South Florida Avenue  
Lakeland, FL 33813

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on **October 2, 2015** by representative(s) of this office. Attached is the provider's copy of the State (3020) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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/dw  
Enclosure

65FO

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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