

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/26/2016  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13910046</b>	(X3) DATE SURVEY COMPLETED  <b>10/14/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>ST PETERSBURG WOMAN'S HEALTH CENTER, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3401 66TH STREET NORTH SAINT PETERSBURG, FL 33710</b>	

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 INITIAL COMMENTS**

ABORTION CLINIC

RE-LICENSURE SURVEY

An unannounced Licensure Survey was conducted at Saint Petersburg Woman's Health Center, an abortion clinic located in St. Petersburg FL on 10/14/2016.

The provider had no deficiencies at the time of the visit.



RICK SCOTT  
GOVERNOR  
  
JUSTIN M. SENIOR  
INTERIM SECRETARY

October 27, 2016

Administrator  
St Petersburg Woman's Health Center, Inc.  
3401 66th Street North  
Saint Petersburg, FL 33710

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 14, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000) 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.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(s). Should you have any questions please call John Urquhart at (727) 552-2000.

Sincerely,

  
Patricia Reid Cauffman  
Field Office Manager

PRC/dm  
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



Facebook.com/AHCAFlorida  
Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida