

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AC13960055	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/21/2016
NAME OF FACILITY ALL WOMEN'S HEALTH CENTER OF ORLANDO, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 431 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701	

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0202	Correction	ID Prefix A0250	Correction	ID Prefix AZ818	Correction
Reg. # 59A-9.023(4-5), FAC	Completed	Reg. # 59A-9.024, FAC	Completed	Reg. # 408.810(5) FS	Completed
LSC	09/14/2016	LSC	10/13/2016	LSC	10/13/2016
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS) <i>LT</i>	DATE <i>10/21/16</i>	SIGNATURE OF SURVEYOR <i>[Signature]</i>	DATE <i>10/21/16</i>
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/13/2016		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		



RICK SCOTT  
GOVERNOR  
JUSTIN M. SENIOR  
INTERIM SECRETARY

October 25, 2016

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

RE: Complaint Investigation Revisit / Desk Review - CCR# 2016006936

Dear Administrator:

This letter reports the findings of a complaint investigation revisit conducted by desk review on October 21, 2016 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 desk review.

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.

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

Sincerely,

Theresa DeCanio, RN  
Field Office Manager

TDC/cid

Enclosure: Revisit Report

J5XD

