

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/19/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALL WOMEN'S HEALTH CENTER OF ORLANDO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>431 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701</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
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A 000	INITIAL COMMENTS	A 000		
	<p>Relicensure survey was conducted on 11/19/14. All Women's Health Center of Orlando, Inc did not have any deficiencies found at the time of the visit.</p>			

AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

November 24, 2014

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

Re: Relicensure Survey

Dear Administrator:

This letter reports findings of a Relicensure survey that was conducted on November 19, 2014 by a representative 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.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,

A handwritten signature in black ink, appearing to read "Theresa DeCanio".

Theresa DeCanio, RN  
Field Office Manager

TDC/cid

Enclosure: State Form

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