

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/15/2014
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NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF NORTH T	STREET ADDRESS, CITY, STATE, ZIP CODE 14498 UNIVERSITY COVE PL TAMPA, FL 33613
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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>INITIAL COMMENTS</p> <p>ABORTION CLINIC</p> <p>Licensure survey December 15, 2014</p> <p>All Women's Health Center of North Tampa, 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

December 22, 2014

Administrator
All Women's Health Center of North Tampa, Inc.
14498 University Cove Pl
Tampa, FL 33613

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on **December 15, 2014** 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://a.ica.myflorida.com/interactivetraining/forms/state> 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 Kaufman
Field Office Manager

PRC/dw
Enclosure

