

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2012
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 4131 CENTRAL AVENUE SAINT PETERSBURG, FL 33713		
(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>2nd Trimester</p> <p>RELICENSURE SURVEY</p> <p>January 04/ 2012</p> <p>All Women's Health Center, Inc. was in compliance with Licensure regulations for Abortion Clinics.</p>	A 000		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

0000

1K6611

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

January 9, 2012

Administrator
All Women's Health Center, Inc.
4131 Central Avenue
Saint Petersburg, FL 33713

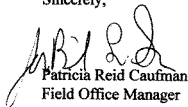
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 4, 2012 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.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 Bill Snyder, OCMC at (727) 552-2000.

Sincerely,



Patricia Reid Cauffman
Field Office Manager

PRC/sb
Enclosure

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