

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910039	(X3) DATE SURVEY COMPLETED R 02/14/2019
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF NORTH TAMPA,	STREET ADDRESS, CITY, STATE, ZIP CODE 14498 UNIVERSITY COVE PL TAMPA, FL 33613	

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

0000 - INITIAL COMMENTS

An unannounced re-visit survey was conducted at All Women's Health Center of North Tampa, Inc., an abortion clinic, on 12/14/2019.

The prior deficiency was corrected. No new deficiencies were identified at the time of the visit.

License# 814.