



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 21, 2016

Administrator
All Women's Health Center Of Gainesville, Inc.
1135 Northwest 23rd Avenue, # N
Gainesville, FL 32609

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 12, 2016 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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Of Mennella

KJM/ljp
Enclosure

65FO



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/21/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910032	(X3) DATE SURVEY COMPLETED 10/12/2016
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF GAINESVILLE,	STREET ADDRESS, CITY, STATE, ZIP CODE 1135 NORTHWEST 23RD AVENUE, # N GAINESVILLE, FL 32609	

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

0000 INITIAL COMMENTS

At the time of the licensure survey conducted on October 12, 2016, All Women's Health Center of Gainesville, License #777 was found to have no deficiencies at the time of the investigation.