

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960055	(X3) DATE SURVEY COMPLETED 10/18/2018
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF ORLANDO, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 431 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701	

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

0000 - INITIAL COMMENTS

A Relicensure survey was completed on 10/18/18. All Women's Health Center of Orlando, Inc., license number 851, did not have any deficiencies found at the time of the visit.