

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910006	(X3) DATE SURVEY COMPLETED 04/17/2019
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF SARASOTA, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2700 SOUTH TAMIAMI TRAIL, SUITE 5 SARASOTA, FL 34239	

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

0000 - INITIAL COMMENTS

An unannounced relicensure survey was conducted on 4/17/19 at the All Women's Health Clinic. an abortion clinic in Sarasota, Florida.

No deficiencies were found at the time of the visit.