

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 03/26/2019  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960109</b>	(X3) DATE SURVEY COMPLETED  <b>02/21/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>CENTER OF ORLANDO FOR WOMEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1103 LUCERNE TERRACE ORLANDO, FL 32806</b>	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p><b>0000 - INITIAL COMMENTS</b></p> <p>Relicensure Survey was conducted on 2/21/19. Center of Orlando for Women, License #902, did not have any deficiencies at the time of the visit.</p>		