Agency f	or Health Care Adn	inistration					09/14/2010 APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ICLIA IDENTIFICATION NUMBER:  AC13910015			ER/CLIA IMBER:	(X2) MULTIP A. BUILDING B. WING	LÉ CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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AHCA Form 3020-0001 TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM 880 NQ4911 If continuation sheet 1 of 1



CHARLIE CRIST GOVERNOR ELIZABETH DUDEK INTERIM SECRETARY

September 14, 2010

Administrator
Fort Myers Women's Health Center, Inc
3900 Broadway, Unit 1, Bldg. C

Fort Myers, FL 33901

## Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on September 7, 2010 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 <a href="http://ahca.my/lorida.com/Publications/Forms.shtml">http://ahca.my/lorida.com/Publications/Forms.shtml</a> 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 (239) 335-1315.

Sincerely,

Harold D. Williams Field Office Manager

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Enclosure: State Form

