

REVISED
October 17, 2012

PRINTED: 10/17/2012
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/19/2012
NAME OF PROVIDER OR SUPPLIER FT MYERS WOMEN'S HEALTH CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3900 BROADWAY, BUILDING C FORT MYERS, FL 33901		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	<p>INITIAL COMMENTS</p> <p>This was an unannounced relicensure survey conducted on 9/19/2012 at Ft. Myers Women's Health Center, Inc., an Abortion Clinic in Fort Myers, Florida.</p> <p>No deficiencies were identified during this survey visit.</p>	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

5890

BK4711

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

October 17, 2012

Administrator
Fort Myers Women's Health Center, Inc.
3900 Broadway, Building C
Fort Myers, Florida 33901

RE: REVISED

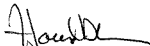
Dear Administrator:

Enclosed you will find the REVISED State (3020) Form showing the removal of all deficiencies from the relicensure survey of September 19, 2012.

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 (239) 335-1315.

Sincerely,



Harold D. Williams
Field Office Manager

HW:ss
Enclosure: Revised State (3020) Form

