

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13910015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>10/10/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>FT MYERS WOMEN'S HEALTH CENTER, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3900 BROADWAY, BUILDING C FORT MYERS, FL 33901</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An unannounced re-licensure survey was conducted on 10/10/13 at the Fort Myers Women's Health Center, an abortion clinic in Fort Myers, Florida. No deficiencies were identified during this survey visit.</p>	A 000		

AHCA Form 3020-0001

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

TITLE

(X6) DATE



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 16, 2013

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

Dear Administrator:

This letter reports findings of a state licensure survey conducted on October 10, 2013 by a representative of this office. Attached is the provider's copy of the State (3020) Form, which indicates there were no 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 <http://ahca.myflorida.com/Publications/Forms.shtm> 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

HDW/lsj  
Enclosure

65FO

