

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910015	(X3) DATE SURVEY COMPLETED 11/27/2017
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	

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

0000 - INITIAL COMMENTS

An unannounced relicensure survey was conducted 11/27/17 at Ft. Myers Women's Health Center, an Abortion Center (License # 828) in Ft. Myers, Florida.

There were no deficiencies found at the time of the visit.