

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910015	(X3) DATE SURVEY COMPLETED 12/05/2016
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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
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - INITIAL COMMENTS

An unannounced relicensure survey was conducted on 12/5/16 at Ft. Myers Women's Health Center, Inc., an abortion clinic (license #828) in Ft. Myers, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 12, 2016

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

Dear Administrator:

This letter reports findings of a state relicensure survey that was conducted on December 5, 2016, by representatives of this office. Attached is the provider's copy of the State (5000) 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 <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 surveyors. Should you have any questions, please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS/cs
Enclosure - State (5000) Form

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