

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910025	(X3) DATE SURVEY COMPLETED R 01/22/2019
NAME OF PROVIDER OR SUPPLIER TAMPA WOMAN'S HEALTH CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2010 E. FLETCHER AVENUE TAMPA, FL 33612	

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

0000 - INITIAL COMMENTS

A revisit was conducted by desk review on _____ to the _____ relicensure survey at Tampa Woman's Health Center, an abortion clinic located in Tampa, FL. Previously cited deficiencies were corrected. License # 815