



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 20, 2015

Administrator
Ocala Women's Center, LLC
108 Nw Pine Ave
Ocala, FL 34475

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 18, 2015 by a representative of this office. Attached is the provider's copy of the State (3020) 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,



Kriste J. Mennella
Field Office Manager

KJM/bh
Enclosure

65FO

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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/18/2015
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NAME OF PROVIDER OR SUPPLIER **OCALA WOMEN'S CENTER, LLC** STREET ADDRESS, CITY, STATE, ZIP CODE **108 NW PINE AVE
OCALA, FL 34475**

(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
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A 000	<p>INITIAL COMMENTS</p> <p>An unannounced licensure survey was conducted on July 18, 2015 Ocala Women's Center and was found to be in compliance with the requirements of Chapter 390 F.S. and 59A-9 F.A.C.</p>	A 000		
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AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE