

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D2179184	<b>(X3) Date Survey Completed</b>  04/21/2026
<b>Name of Provider or Supplier</b>  Women's Center Of Orlando Llc, The	<b>Street Address, City, State</b>  820 Lucerne Terrace, Orlando, FL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	An unannounced CLIA complaint survey was conducted at The Women's Center of Orlando on April 9, 2026 to April 21, 2026. The laboratory was found to be in compliance with 42 CFR Part 493 CLIA requirements.