

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NR42962779	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED [REDACTED]
NAME OF PROVIDER OR SUPPLIER ABBY SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6314 CORPORATE COURT SUITE E FORT MYERS, FL 33919		
(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
G 000	INITIAL COMMENTS This is to report the results of a Relicensure survey conducted on [REDACTED] at Abby Services Inc., a Nurse Registry in Fort Myers, Fl. The agency was found to be in substantial compliance, at the time of this survey.	G 000		

AHCA Form [REDACTED]

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

██████████ 2011

Administrator
Abby Services, Inc.
6314 Corporate Court, Suite E
Fort Myers, FL 33919

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on ██████████ 2011, 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 (239) ██████████

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

