

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 CT STE 160 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	<p>INITIAL COMMENTS</p> <p>This is an unannounced Relicensure survey conducted on [REDACTED] at Abby Services Inc., a Nurse Registry, in Fort Myers, Florida.</p> <p>There were no deficiencies noted during this visit.</p>	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

██████████ 2013

Administrator
Abby Services Inc.
6314 Corporate Court Suite 160
Fort Myers, Florida 33919

Re: Relicensure survey

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on ██████████ 2013 by representative(s) 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(s). Should you have any questions please call this office at (239) ██████████

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure: State (3020) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



Fort Myers Field Office
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Fort Myers, FL 33901
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