

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]
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NAME OF PROVIDER OR SUPPLIER ABBY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6314 CORPORATE CT STE 160 FORT MYERS, FL 33919
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(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 REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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<p>G 000 INITIAL COMMENTS</p> <p>An unannounced relicensure survey was conducted on [REDACTED] at Abby Service, Inc., a nurse registry, in Fort Myers, Florida.</p> <p>Abby Service, Inc. had no deficiencies found at the time of the relicensure survey.</p>	G 000		
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AHCA Form [REDACTED] LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) DATE



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

██████████ 2015

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

Dear Administrator:

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

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Seehawer".

Jon Seehawer, RN
Acting Field Office Manager

JS/arb
Enclosure: State (3020) Form

Fort Myers Field Office
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