

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960099</b>	(X3) DATE SURVEY COMPLETED  <b>01/09/2017</b>
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NAME OF PROVIDER OR SUPPLIER <b>MIRAMAR WOMAN CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6161 MIRAMAR PKWY SUITE 300 MIRAMAR, FL 33023</b>
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SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - INITIAL COMMENTS**

An unannounced relicensure survey was conducted on 01/09/2017 at Miramar Woman Center facility, License Number 895.  
The facility had no deficiencies at the time of the visit.



RICK SCOTT  
GOVERNOR  
JUSTIN M. SENIOR  
SECRETARY

January 23, 2017

Administrator  
Miramar Woman Center  
6161 Miramar Pkwy. Suite 300  
Miramar, FL 33023

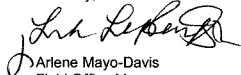
Dear Administrator:

This letter reports findings of a State Relicensure Survey that was conducted on January 9, 2017 by a representative from this office. Attached is the provider's copy of the State Form 5000-3547, which indicates there were no discernible deficiencies noted on the date of the survey. **\*\*You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

  
Arlene Mayo-Davis  
Field Office Manager

AMD/jw  
Enclosure: State Form 5000-3547

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Delray Beach Field Office  
5150 Linton Boulevard, Suite 500  
Delray Beach, FL 33484  
Phone:(561) 381-5840; Fax:(561) 496-5924  
AHCA.MyFlorida.com



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