

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 02/27/2018  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960063</b>	(X3) DATE SURVEY COMPLETED  <b>02/14/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILLENNIUM WOMEN CENTER, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9370 SW 72ND ST SUITE A-104 MIAMI, FL 33173</b>	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p><b>0000 - INITIAL COMMENTS</b></p> <p>A re-licensure survey was conducted on February 14, 2018 at Millennium Women Center Inc. license # 861.</p> <p>Millennium Women Center Inc had no deficiencies found at the time of the visit.</p>		