

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960090	(X3) DATE SURVEY COMPLETED 03/08/2018
NAME OF PROVIDER OR SUPPLIER A GYN DIAGNOSTIC CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 375 EAST 49 ST SUITE 2 HIALEAH, FL 33013	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - INITIAL COMMENTS

A re-licensure survey was conducted on March 08, 2018 at A Gyn Diagnostic Center license # 882.

A Gyn Diagnostic Center had no deficiencies at the time of the survey.