

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960052	(X3) DATE SURVEY COMPLETED R 03/15/2018
NAME OF PROVIDER OR SUPPLIER BLUE CORAL WOMEN'S CARE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 7360 CORAL WAY SUITE 16 MIAMI, FL 33155	

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

0000 - INITIAL COMMENTS

An unannounced follow-up relicensure survey was conducted on March 15, 2018 to the survey on 02/15/2018 at Blue Coral Women's Care license # 852.

Blue Coral Women's Care had no deficiencies found at the time of the visit. The deficiencies were found corrected.