

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910053	(X3) DATE SURVEY COMPLETED R 03/26/2018
NAME OF PROVIDER OR SUPPLIER A WOMAN'S CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 68-A NE 167TH STREET MIAMI, FL 33167	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>0000 - INITIAL COMMENTS</p> <p>A follow-up desk review was conducted on March 26, 2018 to the relicensure survey, which was completed on February 20, 2018. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.</p>		