

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13950033	(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER A-1 WOMAN'S HEALTH CARE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2036 SW 1ST STREET MIAMI, FL 33135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>0000 - INITIAL COMMENTS</p> <p>A re-licensure survey was conducted on March 29, 2018 at A-1 Woman's Health Care license #923. A-1 Woman's Health Care had no deficiencies at the time of the visit.</p>		