

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960098	(X3) DATE SURVEY COMPLETED 04/05/2018
NAME OF PROVIDER OR SUPPLIER A HIALEAH WOMEN CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 697 E. 9TH STREET HIALEAH, FL 33010	

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

0000 - INITIAL COMMENTS

A State re-licensure survey was conducted on April 05, 2018. A Hialeah Women Center license # 891 had no deficiencies found at the time of the visit.