

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960063	(X3) DATE SURVEY COMPLETED R 04/11/2017
NAME OF PROVIDER OR SUPPLIER MILLENNIUM WOMEN CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 9370 SW 72ND ST SUITE A-104 MIAMI, FL 33173	

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

0000 - INITIAL COMMENTS

A follow-up desk review was conducted on April 11, 2017 to the State relicensure survey, which was completed on March 21, 2017. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.