

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960065	(X3) DATE SURVEY COMPLETED 04/14/2017
NAME OF PROVIDER OR SUPPLIER PRESIDENTIAL WOMEN'S CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>0000 - INITIAL COMMENTS</p> <p>An unannounced relicensure survey commenced on 4/13/17 and was concluded on 4/14/17 at Presidential Women's Center, License # 863. The facility had no deficiencies at the time of the visit.</p>		