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| STATEMENT OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AC13920002</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>04/27/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>A HIALEAH WOMAN'S CARE CENTER INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>952 EAST 25TH ST</b><br><b>HIALEAH, FL 33013</b> |   |

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

**0000 - INITIAL COMMENTS**

A follow-up desk review was conducted on April 27, 2018 to the State Relicensure survey, which was completed on February 19, 2018. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.