

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960068</b>	(X3) DATE SURVEY COMPLETED  <b>R</b>  <b>05/03/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>ALL WOMEN'S CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2100 E COMMERCIAL BLVD</b> <b>FORT LAUDERDALE, FL 33308</b>	

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

**0000 - INITIAL COMMENTS**

A revisit to the complaint survey, CCR #2017014259, was conducted by desk review on 05/03/2018 for All Women's Clinic, License #865. All previous deficiencies are corrected.