

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910054	(X3) DATE SURVEY COMPLETED 05/09/2018
NAME OF PROVIDER OR SUPPLIER A WOMAN'S WORLD MEDICAL CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 503 SOUTH 12TH STREET FORT PIERCE, FL 34950	

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

0000 - INITIAL COMMENTS

An unannounced relicensure survey was conducted on 05/09/18 at A Woman's World Medical Center, Inc., License # 820. The facility had no deficiencies at the time of the visit.