

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960052	(X3) DATE SURVEY COMPLETED R 05/10/2017
NAME OF PROVIDER OR SUPPLIER BLUE CORAL WOMEN'S CARE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 7360 CORAL WAY SUITE 16 MIAMI, FL 33155	

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

0000 - INITIAL COMMENTS

A follow-up desk review was conducted on May 10, 2017 to the Re-licensure survey, which was completed on March 22, 2017. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.