

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/19/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910053	(X3) DATE SURVEY COMPLETED 06/05/2017
NAME OF PROVIDER OR SUPPLIER A WOMAN'S CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 68-A NE 167TH STREET MIAMI, FL 33167	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - INITIAL COMMENTS An unannounced licensure survey was conducted on June 5, 2017 at A Woman's Care, license # 833. A Woman's Care had no deficiencies found at the time of the visit.		