

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960065	(X3) DATE SURVEY COMPLETED 06/07/2017
NAME OF PROVIDER OR SUPPLIER PRESIDENTIAL WOMEN'S CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - INITIAL COMMENTS

An unannounced licensure complaint survey, CCR#2017005490 , was conducted on 06/07/17 at Presidential Women's Center, License #863 . The allegations were not substantiated. The facility had no deficiencies at the time of the investigation.