

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960083</b>	(X3) DATE SURVEY COMPLETED  <b>06/28/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>AASTRA WOMENS CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10 SW 44TH AVE PLANTATION, FL 33317</b>	

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

**0000 - INITIAL COMMENTS**

An unannounced relicensure survey was conducted on 6/28/17 at Aastra Women's Center, License # 873. The facility had no deficiencies identified at the time of the visit.