

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/01/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960112	(X3) DATE SURVEY COMPLETED 07/11/2017
NAME OF PROVIDER OR SUPPLIER A WOMAN'S CENTER OF HOLLYWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 3829 W HOLLYWOOD BLVD HOLLYWOOD, FL 33021	

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

0000 - INITIAL COMMENTS

An unannounced relicensure survey commenced on 7/5/17, and was concluded on 7/11/17 at A Woman's Center of Hollywood, License # 904. The facility had no deficiencies at the time of the visit.