

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960129	(X3) DATE SURVEY COMPLETED R 07/25/2017
NAME OF PROVIDER OR SUPPLIER GYNECOLOGY AND MORE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1933 W 60TH ST HIALEAH, FL 33012	

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

0000 - INITIAL COMMENTS

A follow-up desk review was conducted on July 25, 2017 to the Relicensure survey, which was completed on June 6, 2017. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.

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