

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13920002	(X3) DATE SURVEY COMPLETED 08/14/2017
NAME OF PROVIDER OR SUPPLIER HIALEAH WOMEN'S CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 952 EAST 25TH ST HIALEAH, FL 33013	

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

0000 - INITIAL COMMENTS

A Relicensure survey was conducted on August 14, 2017. Hialeah Women's Center had no Licensure deficiencies found at the time of the visit. License # 824.