

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960090	(X3) DATE SURVEY COMPLETED 08/07/2017
NAME OF PROVIDER OR SUPPLIER A GYN DIAGNOSTIC CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 375 EAST 49 ST SUITE 2 HIALEAH, FL 33013	

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

0000 - INITIAL COMMENTS

A State re-licensure survey was conducted on August 7, 2017. A Gyn Diagnostic Center license #882 had no deficiencies found at the time of the visit.