

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 08/18/2017  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960105</b>	(X3) DATE SURVEY COMPLETED  <b>08/10/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>TODAY'S WOMEN MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3250 S DIXIE HIGHWAY MIAMI, FL 33133</b>	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p><b>0000 - INITIAL COMMENTS</b></p> <p>A Relicensure survey was conducted on August 10, 2017. Today's Women Medical Center, license #898, had no Licensure deficiencies found at the time of the visit.</p>		