

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 08/23/2017  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13950034</b>	(X3) DATE SURVEY COMPLETED  <b>08/10/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>A WOMAN'S CHOICE, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>18400 NW 75 PL SUITE #118 HIALEAH, FL 33015</b>	

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

**0000 - INITIAL COMMENTS**

A State re-licensure survey was conducted on August 10, 2017. A Woman's Choice license #819 had no deficiencies found at the time of the visit.