

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910009	(X3) DATE SURVEY COMPLETED R 08/24/2017
NAME OF PROVIDER OR SUPPLIER EAST CYPRESS WOMEN'S CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 962 EAST CYPRESS CREEK FORT LAUDERDALE, FL 33334	

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

0000 - INITIAL COMMENTS

An unannounced revisit to the licensure survey was conducted on 8/24/17 at East Cypress Women's Center, License # 842. Previously cited deficiencies were found corrected.