

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13940024	(X3) DATE SURVEY COMPLETED R 08/31/2017
NAME OF PROVIDER OR SUPPLIER ADVANCE WOMAN'S CARE CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2742 SOUTHWEST 8TH STREET #20 MIAMI, FL 33147	

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

0000 - INITIAL COMMENTS

A follow-up desk review was conducted on August 31, 2017 to the Relicensure survey, which was completed on August 8, 2017. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.