

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/06/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960099	(X3) DATE SURVEY COMPLETED 09/17/2015
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NAME OF PROVIDER OR SUPPLIER MIRAMAR WOMAN CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6161 MIRAMAR PKWY SUITE 300 MIRAMAR, FL 33023
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 INITIAL COMMENTS

An unannounced Relicensure survey was conducted on September 17, 2015 at Miramar Woman Center. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 6, 2015

Administrator
Miramar Woman Center
6161 Miramar Pkwy Suite 300
Miramar, FL 33023

RE: Relicensure Survey

Dear Administrator:

This letter reports findings of a state Relicensure survey that was conducted on September 17, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following surveying activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A handwritten signature in black ink, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

65FO

