

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960090</b>	(X3) DATE SURVEY COMPLETED  <b>03/07/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>A GYN DIAGNOSTIC CENTER INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>375 EAST 49 ST SUITE 2 HIALEAH, FL 33013</b>	

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

**0000 - INITIAL COMMENTS**

A re-licensure survey was conducted on March 07, 2019 at A GYN Diagnostic Center. A GYN Diagnostic Center had no deficiencies at the time of the visit.