

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13920002	(X3) DATE SURVEY COMPLETED 03/04/2019
NAME OF PROVIDER OR SUPPLIER A HIALEAH WOMAN'S CARE CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 952 EAST 25TH ST HIALEAH, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>0000 - INITIAL COMMENTS</p> <p>A re-licensure survey was conducted on March 04, 2019 at A Hialeah Woman's Care Center Inc.</p> <p>A Hialeah Woman's Care Center Inc. had no deficiencies found at the time of the visit.</p>		