

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960098</b>	(X3) DATE SURVEY COMPLETED  <b>03/19/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>A HIALEAH WOMEN CENTER, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>697 E. 9TH STREET HIALEAH, FL 33010</b>	

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

**0000 - INITIAL COMMENTS**

A re-licensure survey was conducted on March 19, 2019 at A Hialeah Women Center. A Hialeah Women Center had no deficiencies at the time of the visit.

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