

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 03/13/2019  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13910053</b>	(X3) DATE SURVEY COMPLETED  <b>03/05/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>A WOMAN'S CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>68-A NE 167TH STREET MIAMI, FL 33167</b>	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<b>0000 - INITIAL COMMENTS</b>  A re-licensure survey was conducted on March 05, 2019 at A Woman's Care.  A Woman's Care had no deficiencies at the time of the visit.		