

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960112	(X3) DATE SURVEY COMPLETED R 01/10/2019
NAME OF PROVIDER OR SUPPLIER A WOMAN'S CENTER OF HOLLYWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 3829 W HOLLYWOOD BLVD HOLLYWOOD, FL 33021	

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

0000 - INITIAL COMMENTS

An unannounced revisit to the complaint survey CCR # 2018006919 was conducted on 1/10/19 at A Woman's Center of Hollywood. Previously cited deficiencies were found corrected.