

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13950034	(X3) DATE SURVEY COMPLETED 03/21/2019
NAME OF PROVIDER OR SUPPLIER A WOMAN'S CHOICE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 18400 NW 75 PL SUITE #118 HIALEAH, FL 33015	

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

0000 - INITIAL COMMENTS

A re-licensure survey was conducted on March 21, 2019 at A Woman's Choice. A Woman's Choice had no deficiencies at the time of the visit.