

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13950034	(X3) DATE SURVEY COMPLETED 06/18/2018
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)		
<p>0000 - INITIAL COMMENTS</p> <p>A State re-licensure survey was conducted on June 18, 2018. A Woman's Choice license #819 had no deficiencies found at the time of the visit.</p>		