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| STATEMENT OF DEFICIENCIES                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AC13960083</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>10/25/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>AASTRA WOMENS CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>10 SW 44TH AVE<br/>PLANTATION, FL 33317</b> |   |

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

**0000 - INITIAL COMMENTS**

An unannounced relicensure survey was conducted on 10/25/2018 at Aastra Womens Center, License #1347. There were no deficiencies at the time of the visit.