

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960052</b>	(X3) DATE SURVEY COMPLETED  <b>R</b>  <b>03/20/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>BLUE CORAL WOMEN'S CARE, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7360 CORAL WAY SUITE 16</b> <b>MIAMI, FL 33155</b>	

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

**0000 - INITIAL COMMENTS**

A follow-up desk review was conducted on March 20, 2019 to the complaint investigation CCR# 2018018062, which was completed on February 27, 2019. The deficiencies were determined to be corrected based on a previously submitted Plan of Correction.