

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960052	(X3) DATE SURVEY COMPLETED 05/14/2019
NAME OF PROVIDER OR SUPPLIER BLUE CORAL WOMEN'S CARE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 7360 CORAL WAY SUITE 16 MIAMI, FL 33155	

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

0000 - INITIAL COMMENTS

A re-licensure survey was conducted at the Blue Coral Women's Care on May 14, 2019. The provider had no deficiencies at the time of the visit.