

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13910046</b>	(X3) DATE SURVEY COMPLETED  <b>05/29/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>ST PETERSBURG WOMAN'S HEALTH CENTER, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3401 66TH STREET NORTH SAINT PETERSBURG, FL 33710</b>	

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

**0000 - INITIAL COMMENTS**

An unannounced re-licensure survey was conducted on 5/29/2019 at St. Petersburg Woman's Health Center. The facility was in compliance in accordance with the state licensure requirements.

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