

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13910009</b>	(X3) DATE SURVEY COMPLETED  <b>09/05/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>EAST CYPRESS WOMEN'S CENTER, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>962 EAST CYPRESS CREEK FORT LAUDERDALE, FL 33334</b>	

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

**0000 - INITIAL COMMENTS**

An unannounced Relicensure survey was conducted on 09/05/2018 at East Cypress Women's Center, License #842. The facility had no deficiencies at the time of the visit.