

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 02/28/2019  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960063</b>	(X3) DATE SURVEY COMPLETED  <b>02/21/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILLENNIUM WOMEN CENTER, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9370 SW 72ND ST SUITE A-104 MIAMI, FL 33173</b>	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p><b>0000 - INITIAL COMMENTS</b></p> <p>A State re-licensure survey was conducted on February 21, 2019. Millennium Women Center had no deficiencies at the time of the visit.</p>		