

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960099</b>	(X3) DATE SURVEY COMPLETED  <b>05/31/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>MIRAMAR WOMAN CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6161 MIRAMAR PKWY SUITE 300 MIRAMAR, FL 33023</b>	

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

**0000 - INITIAL COMMENTS**

An unannounced relicensure survey commenced on 5/10/18, and was concluded on 5/31/18 at Mirimar Women's Center, License # 895. The facility had no deficiencies at the time of the visit.