

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960065	(X3) DATE SURVEY COMPLETED 08/21/2018
NAME OF PROVIDER OR SUPPLIER PRESIDENTIAL WOMEN'S CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	

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

0000 - INITIAL COMMENTS

An unannounced relicensure survey was conducted on 08/21/2018 at Presidential Women's Center, License # 863. The facility had no deficiencies at the time of the visit.