

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/18/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960105	(X3) DATE SURVEY COMPLETED R 07/16/2018
NAME OF PROVIDER OR SUPPLIER TODAY'S WOMEN MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3250 S DIXIE HIGHWAY MIAMI, FL 33133	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>0000 - INITIAL COMMENTS</p> <p>A follow-up desk review was conducted on July 16, 2018 to the Relicensure survey, which was completed on July 2, 2018. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.</p>		