

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960138	(X3) DATE SURVEY COMPLETED 09/19/2018
NAME OF PROVIDER OR SUPPLIER WOMEN'S CENTER OF FT LAUDERDALE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311	

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

0000 - INITIAL COMMENTS

An unannounced licensure complaint survey, CCR# 2018008615, was commenced on 9/7/18, and concluded on 9/19/18, at Women's Center of Ft. Lauderdale, License # 929. The allegations were not substantiated. The facility had no deficiencies at the time of the investigation.