

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960068	(X3) DATE SURVEY COMPLETED 09/21/2018
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 2100 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33308	

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

0000 - INITIAL COMMENTS

An unannounced relicensure survey was conducted, on 09/21/18, at All Women's Clinic, License #865. The facility had no deficiencies at the time of the visit.