

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960104	(X3) DATE SURVEY COMPLETED 01/03/2017
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NAME OF PROVIDER OR SUPPLIER A MEDICAL OFFICE FOR WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 909 NE 163 STREET SUITE 402 NORTH MIAMI BEACH, FL 33162
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)	
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0000 - INITIAL COMMENTS An unannounced State Monitoring Survey was conducted on January 3, 2017. A Medical Office for Women license #899 had no deficiencies found at the time of the visit	
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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 19, 2017

Administrator
A Medical Office For Women
909 Ne 163 Street Suite 402
North Miami Beach, FL 33162

Dear Administrator:

This letter reports findings of a State Monitoring survey that was conducted on January 3, 2017 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call Faith Randolph, Registered Nurse Consultant at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager, Area 11

Enclosure: State (5000-3547) Form

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