

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960104	(X3) DATE SURVEY COMPLETED R 02/01/2016
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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)

0000 INITIAL COMMENTS

A follow-up desk review was conducted on February 1, 2016 to the State Re-licensure survey, which was completed on January 13, 2016. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AC13960104	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/1/2016
NAME OF FACILITY A MEDICAL OFFICE FOR WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 909 NE 163 STREET SUITE 402 NORTH MIAMI BEACH, FL 33162	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0202	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 59A-9.023(4-5), FAC	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/01/2016	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Hendel</i>	DATE 2/1/16
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 1/13/2016		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 1, 2016

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

Dear Administrator:

This letter reports the findings of a follow-up desk review that was conducted on February 1, 2016 to the State Re-licensure survey, which was completed on January 13, 2016. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.

Attached is the provider's copy of the Revisit Report.

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: Revisit Report

J5XD

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