

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/23/2014
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{A 000} INITIAL COMMENTS

{A 000}

A follow-up desk review was conducted on April 23, 2014 to the State Licensure survey, which was completed on March 12, 2014. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AC13960104

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/23/2014

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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0302 Reg. # LSC	Correction Completed 04/23/2014	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By _____ Reviewed By _____
State Agency _____
Reviewed By _____ Reviewed By _____
CMS RO _____

Date: _____
Date: _____

Signature of Surveyor: *Shondra*
Signature of Surveyor: _____

Date: 4/23/14
Date: _____

Followup to Survey Completed on:
3/12/2014

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 23, 2014

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 April 23, 2014 to the State Licensure survey, which was completed on March 12, 2014.

Attached is the provider's copy of the Revisit Report. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.

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 (FBI)
Field Office Manager, Area 11

Enclosure: Revisit Report

