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|---|---|---|
| STATEMENT OF DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AC13960104</b>                                       | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>05/16/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>A MEDICAL OFFICE FOR WOMEN</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>909 NE 163 STREET SUITE 402</b><br><b>NORTH MIAMI BEACH, FL 33162</b> |   |

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

**0000 - INITIAL COMMENTS**

A follow-up desk review was conducted on May 16, 2017 to the Relicensure survey, which was completed on October 31, 2016. The deficiencies identified on the survey were determined to be corrected.