

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 05/24/2013
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			
(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	
{A 000}	<p>INITIAL COMMENTS</p> <p>A follow-up desk review was conducted on May 24, 2013 to the follow-up survey to a state licensure survey, which was completed on April 21, 2011. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.</p>	{A 000}			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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H9T513

If continuation sheet 1 of 1

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AC13960104	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/24/2013
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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
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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 <u>A0150</u>	Correction Completed <u>05/24/2013</u>	ID Prefix <u>A0151</u>	Correction Completed <u>05/24/2013</u>	ID Prefix _____	Correction Completed
Reg. # _____	_____	Reg. # _____	_____	Reg. # _____	_____
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____	_____	Reg. # _____	_____	Reg. # _____	_____
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____	_____	Reg. # _____	_____	Reg. # _____	_____
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____	_____	Reg. # _____	_____	Reg. # _____	_____
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____	_____	Reg. # _____	_____	Reg. # _____	_____
LSC _____	_____	LSC _____	_____	LSC _____	_____

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: <i>Ahemdeep RNC</i>	Date: <u>5/24/13</u>
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on:

6/8/2010

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

YES NO



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

May 24, 2013

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 was conducted on May 24, 2013 to the follow-up survey to a state licensure survey, which was completed on April 21, 2011.

Attached is the provider's copy of the State (3020) Form and 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 (FR)
Field Office Manager, Area 11

Enclosures: State (3020) Form and Revisit Report

