

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960104</b>	(X3) DATE SURVEY COMPLETED  <b>08/16/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>A MEDICAL OFFICE FOR WOMEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>909 NE 163 STREET SUITE 402 NORTH MIAMI BEACH, FL 33162</b>	

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

**0000 - INITIAL COMMENTS**

A Relicensure survey was conducted on August 16, 2017. A Medical Office for Women had no Licensure deficiencies found at the time of the visit. License # 920.