

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960104	(X3) DATE SURVEY COMPLETED 08/13/2018
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	

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

Z824 - Right of Inspection; Inspection Reports - 408.811 FS; 59A-35.120 FAC

Based on observation, interview, and record review the provider failed to ensure the facility was open to allow an on-site inspection.

Findings include:

Record review of the provider's most recent relicensure application revealed the hours of operation as Monday - Friday 9 AM to 3 PM and Saturday 8AM- 12PM by appointment only.

Observation conducted on at 9:28 AM, revealed that the door was closed and locked. The surveyor rang the doorbell and knocked on the door but no one answered.

On at 9:33 AM, the surveyor called the telephone number of record and spoke with office staff. After the surveyor had identified herself and explained the purpose of the visit at the address of record, the surveyor requested to be allowed entrance into the facility.

On at 9:39 AM, the surveyor received a call from the administrator/physician. After the surveyor had identified herself and explained the purpose of the visit at the address of record, the surveyor requested to be allowed entrance into the facility. The administrator/physician stated that he would call the office staff and allow the surveyor entrance into the address of record .

On at 9:48 AM, the administrator/physician called the surveyor and stated that the office staff is not coming today but will be here tomorrow.

On at 9:55 AM, the administrator/physician acknowledged that the facility was not open to allow an on-site inspection.

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0000 - INITIAL COMMENTS

A monitoring survey was conducted on 08/13/2018 at A Medical Office for Women license # 920. A Medical Office for Women had deficiencies at the time of the visit.