

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960104	(X3) DATE SURVEY COMPLETED R 09/10/2018
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)

0000 - INITIAL COMMENTS

A follow up monitoring visit was conducted on 09/10/2018 to the visit on 08/13/2018 at A Medical Office For Women License # 920.
All deficiencies were corrected.

A Medical Office For Women had no deficiencies at the time of the visit.