

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960104	(X3) DATE SURVEY COMPLETED R 09/18/2018
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 desk review was conducted on September 18, 2018 to the State Licensure survey, which was completed on July 3, 2018. Based on an acceptable plan of correction, the deficiencies identified on the survey were determined to be corrected.