

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13960104</b>	(X3) DATE SURVEY COMPLETED  <b>07/03/2018</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)		
<p><b>0000 - INITIAL COMMENTS</b></p> <p>A re-licensure survey was conducted on . . . . ., 2018 at A Medical Office for Women license # 920.</p> <p>A Medical Office for Women had deficiencies at the time of the visit.</p> <p><b>0156 - Clinic Suppl/eqp-2nd Trimest-Eqpt Maintenance - 59A-9.0225(7), FAC</b></p> <p>Based on record review, observation and interview, the facility failed to ensure monitoring equipment and surgical equipment were checked and tested in accordance with manufacturing specifications at designed intervals, not less than annually.</p> <p>The findings:</p> <p>Record review on . . . . . at 10:45 am revealed the clinics policy and procedures, states patient monitoring equipment and all surgical instruments shall be checked and/or calibrated and/or tested in accordance with manufacturer's specifications at yearly intervals. Records shall be kept on each piece of equipment to indicate its history of testing and maintenance.</p> <p>Observation on . . . . . at 11:00 am, revealed the autoclave machine, suction machine, automatic ( . . . . . ) monitor, and the defibrillator, with a re-inspection date sticker of . . . . .</p> <p>Interview on . . . . . at 11:05 am, the Administrator stated he is aware the equipment calibration has expired and has an appointment with the calibration company to come out to service the equipment next week.</p>		