

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13910038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2015
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NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF JACKSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1545 HUFFINHAM ROAD JACKSONVILLE, FL 32216
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>INITIAL COMMENTS</p> <p>Relocation survey New address: 1545 Huffingham Road Jax 32216</p> <p>At the time of the unannounced, on-site relocation survey conducted on February 17, 2015, All Women's Health Center of Jacksonville, Inc., was found to be in compliance with the Florida Abortion Clinic regulatory requirements.</p>	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

February 18, 2015

Regina Neary, Administrator
All Women's Health Center of Jacksonville, Inc.
1545 Huffinham Road
Jacksonville, FL 32216

RE: Relocation Survey

Dear Ms. Neary:

This letter reports the findings of a Relocation Licensure survey conducted on February 17, 2015 by a representative of this office, at your new location on Huffinham Road. Attached is *State (3020) Form*, which indicates there were no discernible deficiencies noted on the date of the survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call us at (904) 798-4201.

Sincerely,

Joan M. Lynch, RN, MSN
Registered Nurse Consultant
Division of Health Quality Assurance

RED/JML/BB/je
Enclosure

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