

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 02/20/2012
NAME OF PROVIDER OR SUPPLIER ALL WOMEN'S HEALTH CENTER OF JACKSONVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 4331 UNIVERSITY BLVD, SOUTH JACKSONVILLE, FL 32216		
(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>At the time of the relicensure survey conducted on February 20, 2012, All Women's Health Center of Jacksonville, 4331 University Boulevard South; Jacksonville, Florida, was found to be in compliance with the requirements of Chapter 390 F.S. and 59A-9 F.A.C.</p>	A 000		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

5899

10IN11

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

March 14, 2012

Administrator
All Women's Health Center of Jacksonville, Inc.
4331 University Boulevard, South
Jacksonville, FL 32216

Dear Administrator:

This letter reports findings of a state relicensure survey that was conducted on February 20, 2012 by a representative of this office. Attached is your copy of the *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,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

RED/RF/jc
Enclosure

65FO

