

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AC13910038	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 3/13/2014
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Name of Facility ALL WOMEN'S HEALTH CENTER OF JACKSONVILLE, INC.	Street Address, City, State, Zip Code 4331 UNIVERSITY BLVD, SOUTH JACKSONVILLE, FL 32216
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0201	Correction Completed 03/12/2014	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: <i>Joan Lynn Lee</i>	Date: 3-13-14
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____				

Followup to Survey Completed on: 2/14/2014	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 13, 2014

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

Dear Ms. Neary:

This letter reports the findings of a state re-licensure survey **desk review** of your acceptable plan of correction, conducted on March 13, 2014. The original re-licensure survey was conducted on February 14, 2014, resulting in deficiencies.

Attached is *State Form: Revisit Report*, which indicates the previously cited deficiencies have been deemed corrected.

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,

A handwritten signature in black ink that reads "Joan Lynch RN".

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

RED/JML/JR/je
Enclosure

J5XD

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



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