

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/27/2016  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AC13910038</b>	(X3) DATE SURVEY COMPLETED  <b>05/26/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>ALL WOMEN'S HEALTH CENTER OF JACKSONVILLE,</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1545 HUFFINGHAM ROAD JACKSONVILLE, FL 32216</b>	

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 INITIAL COMMENTS**

At the time of the unannounced, on-site re-licensure survey, All Women's Health Center was found to be in compliance with the Florida Abortion Clinic requirements of FS 390.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 27, 2016

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

Dear Ms. Neary:

This letter reports findings of a state licensure survey that was conducted on May 26, 2016 by a representative of this office. Attached is the provider's copy of the State 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 this office at (904) 798-4201.

Sincerely,

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

Enclosure

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