

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AC13910038	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/31/2013
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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 <u>A0600</u> Reg. # _____ LSC _____	Correction Completed 04/25/2013	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: <i>Joan Lynch RNC</i>	Date: 6-5-13
Reviewed By _____ CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 4/11/2013	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

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
SECRETARY

June 5, 2013

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

Dear Ms. Neary:

This letter reports the findings of a state licensure survey *revisit* conducted on May 31, 2013 by a representative of this office. The licensure survey was conducted on April 11, 2013, resulting in deficiencies.

Attached is *State Form: Revisit Report*, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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/RF/je  
Enclosure

J5XD

