

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/03/2013
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NAME OF PROVIDER OR SUPPLIER A WOMAN'S CHOICE OF JACKSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 4131 UNIVERSITY BLVD SOUTH BLDG 2 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
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A 000	<p>INITIAL COMMENTS</p> <p>At the time of the unannounced, on-site relicensure survey conducted on October 3, 2013, A Woman's Choice of Jacksonville was found to be in compliance with the Florida Abortion Clinic requirements of FS 390, 59A-9, F.A.C.</p>	A 000		
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AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 10, 2013

Crystal Valentine, Administrator
A Woman's Choice Of Jacksonville
4131 University Boulevard South; Bldg. 2
Jacksonville, FL 32216

RE-LICENSURE SURVEY

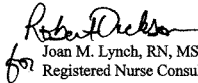
Dear Ms. Valentine:

This letter reports findings of an unannounced on-site state re-licensure survey that was conducted on October 3, 2013 by representative(s) of this office. 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(s). Should you have any questions please call us at (904) 798-4201.

Sincerely,

A handwritten signature in black ink, appearing to read "Joan M. Lynch".

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

RED/JML/RF/JR/je
Enclosure

Headquarters
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