

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 12/01/2016
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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
A 000	<p>INITIAL COMMENTS</p> <p>At the time of the unannounced, on-site re-licensure survey, A Women's Choice of Jacksonville, an abortion clinic located in Jacksonville, Florida, was found to be in compliance with the Florida Abortion Clinic licensure requirements of FS 390. (License # 795)</p>	A 000		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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RICK SCOTT
GOVERNOR
JUSTIN M. SENIOR
INTERIM SECRETARY

Via Facsimile: 904/733-1107

December 5, 2016

Crystal Valentine, Administrator
A Woman's Choice of Jacksonville
4131 University Blvd South; Bldg 2
Jacksonville, FL 32216

RE: Re-licensure Survey

Dear Ms. Valentine:

This letter reports findings of an unannounced state re-licensure survey that was conducted on December 1, 2016 by a representative of this office. Attached is *State (3020) Form*, which indicates there were **no** discernible deficiencies noted on the date of this 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,

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

RED/JML/AS/je
Enclosure

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