

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960062	(X3) DATE SURVEY COMPLETED 11/20/2018
NAME OF PROVIDER OR SUPPLIER FLORIDA WOMEN'S CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3599 UNIVERSITY BLVD S SUITE 1200 JACKSONVILLE, FL 32216	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>0000 - INITIAL COMMENTS</p> <p>An unannounced Re-licensure survey was conducted at Florida Women's Center, located at 3599 University Boulevard S.; Suite 1200; Jax. FL 32216, on 11/20/18. (License #860).</p> <p>This Abortion Clinic had no licensure deficiencies identified at the time of this visit.</p>		