

12/28/17 MW



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

NM-13

December 1, 2017

Certified

RECEIVED

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

Application Number: 1555  
File Number: 13960038  
License Number: 795  
Provider Type: Abortion Clinic

DEC 29 2017

CENTRAL INTAKE

CH# 30414  
CH# 50 B-101000347

Re: Omission Notice for A Woman's Choice Of Jacksonville, 4131 University Blvd South Bldg 2, Jacksonville

Dear Administrator:

This letter is to acknowledge receipt of your renewal application for your Abortion Clinic license. After review, it was found to be incomplete. Applicants receive only one letter describing the errors or omissions that must be addressed to deem the application complete. If the response to this letter does not satisfactorily address what is outlined below, the application will be withdrawn from consideration. Therefore, pursuant to section 408.806, Florida Statutes, no further action can be taken until the following is received:

- ✓ 1. **Application Fee:** The Abortion Clinic application fee is \$550.50. We received your payment of \$550. Please submit the remaining \$0.50.
- 2. **Licensee Information:** The owners name indicated on page 1 section B of the Health Care Licensing Application does not match the owners name (A Woman's Choice of Jacksonville, Inc) listed on the Sunbiz registration. If the new owner is Kelly Flynn the name has to be registered as a company with Sunbiz and a change of ownership has occurred. However if A Woman's Choice of Jacksonville, Inc is the owner, please resubmit page 1 section B of the application with the correct name.
- ✓ 3. **Required Disclosure:** All the questions in Section 5C (Required Disclosure) on page 5 of the Health Care Licensing Application must be answered.
- ✓ 4. **Background Screening - Kelly Martin:** As per AHCA's, Background screening results site, a new screening is required for this individual. Please contact the Background Screening Unit at (850) 412-4503 for more information.
- ✓ 5. **Application Addendum (AHCA Form 3110-1024):** Please complete all applicable areas of this required form by providing the social security numbers for the administrator and financial officer. [The SSN# is required to verify the Level 2 background screening & is not disclosed as a public record.]
- ✓ 6. **Background Screening Clearinghouse Employee Roster:** Login and complete the roster. A facility applying for licensure with the Agency or licensed by the Agency must



**B. LICENSEE INFORMATION - Please complete the following for the entity seeking to operate the abortion clinic.**

Licensee Name (This is the owner of the abortion clinic) **A Woman's Choice of Jacksonville Inc** Federal Employer Identification Number (EIN) **643590126**

Mailing Address or  Same as above

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number **9047331178** Fax Number **9047331107** E-mail Address **awcj.crystal@gmail.com**

Description of Licensee (check one):

<b>For Profit</b>	<b>Not for Profit</b>	<b>Public</b>
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Corporation	<input type="checkbox"/> State
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Religious Affiliation	<input type="checkbox"/> City/County
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other	<input type="checkbox"/> Hospital District
<input type="checkbox"/> Individual		
<input type="checkbox"/> Sole Proprietor		
<input type="checkbox"/> Other		

**C. CONTACT PERSON - For this application**

Contact Person for this application **Crystal Valentine Mosley** Contact Telephone Number **904 733 1178**

Contact e-mail address or  Do not have e-mail **awcj.crystal@gmail.com**

**NOTE: By providing your e-mail address you agree to accept e-mail correspondence from the Agency.**

**2. Application Type and Fees**

Indicate the type of application with an "X." Applications will not be processed if all applicable fees are not included. Pursuant to subsection 408.005(4), Florida Statutes, fees are nonrefundable. Renewal and Change of Ownership applications must be received 60 days prior to the expiration of the license or the proposed effective date of the change to avoid a late fee. If the renewal application is received by the Agency less than 60 days prior to the expiration date, it is subject to a late fee as set forth in statute. The applicant will receive notice of the amount of the late fee as part of the application process or by separate notice.

**A. TYPE OF APPLICATION**

- Initial licensure
- Was this entity previously licensed as an abortion clinic? YES  NO

If YES, please provide the name of the agency (if different), the EIN # and the year the prior license expired or closed:

NAME:	EIN #	Year Expired/Closed:

- Renewal licensure
- Change of Ownership
- Change during Licensure (check all that apply):
- Name/address change of the provider
  - Change in type of procedure performed
  - Change in Personnel (No fee required)

Proposed Effective Date:  
Proposed Effective Date:

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DEC 29 2017  
CENTRAL INTAKE

register with the background screening clearinghouse and maintain a roster of all employees required to have current level 2 background screening. For a clinical laboratory, this includes the administrator and financial officer.

**New User Registration Guide:**

[http://ahca.myflorida.com/MCHQ/Central\\_Services/Background\\_Screening/docs/ClearinghousePortal\\_UserRegistrationGuide\\_AHCA.pdf](http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/docs/ClearinghousePortal_UserRegistrationGuide_AHCA.pdf)

**Clearinghouse Employee Roster Guide (Page**

**29):** [http://ahca.myflorida.com/MCHQ/Central\\_Services/Background\\_Screening/docs/Clearinghouse\\_Results\\_InstructionGuide\\_AHCA.pdf](http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/docs/Clearinghouse_Results_InstructionGuide_AHCA.pdf), or contact the Background Screening Unit at (850) 412-4503.

**Clearinghouse Logon:**

<https://apps.ahca.myflorida.com/SingleSignOnPortal/Login.aspx?ReturnUrl=%2fSingleSignOnPortal>

Additionally, section 408.831, Florida Statutes, requires any outstanding fines, liens, or overpayments assessed by Final Order of AHCA or the Centers for Medicare and Medicaid Services by the licensee or a common controlling interest to be paid prior to license/registration issuance. Failure to comply with any repayment plan may result in the denial, suspension or revocation of a license, registration or certificate.

**The required information must be submitted to the Agency no later than 21 calendar days from receipt of this letter. You may submit this information to the Agency by Email or by US Mail.**

- Email: [Ferronda.Burke@ahca.myflorida.com](mailto:Ferronda.Burke@ahca.myflorida.com)
- US Mail: Please include a copy of this letter with your response:

Agency for Health Care Administration  
Hospital and Outpatient Services Unit, MS#31  
2727 Mahan Drive  
Tallahassee, Florida 32308

If the applicant fails to submit all the information required in the application within 21 days of being notified by AHCA of the omissions, the application will be withdrawn from consideration and the fees will be forfeited pursuant to section 408.806(3)(b), Florida Statutes.

If you have any questions or need further assistance, please call Ferronda Burke at (850) 412-4361 or email at [Ferronda.Burke@ahca.myflorida.com](mailto:Ferronda.Burke@ahca.myflorida.com).

Sincerely,

*Ferronda L. Burke*

Ferronda L. Burke  
Hospital and Outpatient Services Unit  
Agency for Health Care Administration

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C. Pursuant to Section 408.815(4), F.S., has the applicant or a controlling interest in the applicant, or any entity in which a controlling interest of the applicant was an owner or officer when the following actions occurred ever been:

Convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, chapter 893, 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, Medicaid fraud, Medicare fraud, or insurance fraud, within the previous 15 years prior to the date of this application? YES  NO

Terminated for cause from the Medicare program or a state Medicaid program? YES  NO

If YES, has applicant been in good standing with the Medicare program or a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application. YES  NO

## 7. Provider Fines and Financial Information

Pursuant to subsection 408.831(1) (a), Florida Statutes, the Agency may take action against the applicant, licensee, or a licensee which shares a common controlling interest with the applicant if they have failed to pay all outstanding fines, liens, or overpayments assessed by final order of the agency or final order of the Centers for Medicare and Medicaid Services (CMS), not subject to further appeal, unless a repayment plan is approved by the agency.

Are there any incidences of outstanding fines, liens or overpayments as described above? YES  NO

If YES, please complete the following for each incidence (attach additional sheets if necessary):

AHCA CASE NUMBER	CMS	ASSESSED AMOUNT	DATE OF RELATED INSPECTION, APPLICATION, OR OVERPAYMENT	PAYMENT DUE DATE	PENDING APPEAL OF FINAL ORDER	
					YES	NO
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

Please attach a copy of the approved repayment plan if applicable.

## 8. Procedure/Transfer/Admitting Information

PROCEDURES PERFORMED (check all that apply):

First Trimester - which is the period of time from fertilization through the end of the 11th week of gestation.

Second Trimester - which is the period of time from the beginning of the 12th week of gestation through the end of the 23rd week of gestation.

TRANSFER AGREEMENTS/ADMITTING PRIVILEGES (check all that apply):

All the physicians performing abortions have admitting privileges at a hospital within reasonable proximity.

The abortion clinic has a transfer agreement with a hospital within reasonable proximity. If checked provide the hospital information below. Attach additional sheets if necessary.

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Hospital Name Shands UF Health Jacksonville			
Street Address 655 West 8th Street		Telephone Number 904249-0411	
City Jacksonville	County Duval	State FL	Zip 32209



## PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

Kelly Martin Flynn

Employee/Contractor Name (Printed)

Kelly M. Flynn

Employee/Contractor Signature

12.13.17

Date

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**Employee/Contractor Roster**

<u>Last Name</u>	<u>First Name</u>	<u>Provider</u>	<u>Position</u>	<u>Provisional Hire Contract Date</u>	<u>Permanent Hire Contract Date</u>	<u>Retained Prints Expiration Date</u>	<u>End Date</u>
VALENTINE	CRYSTAL	A WOMAN'S CHOICE OF JACKSONVILLE - 795	Administrator		Feb 05 2002	Nov 20 2022	
FLYNN	KELLY	A WOMAN'S CHOICE OF JACKSONVILLE - 795	Owner or Operator with 5% or more interest		Feb 02 2002	Nov 21 2022	
FLYNN	KELLY	A WOMAN'S CHOICE OF JACKSONVILLE - 795	Owner or Operator with 5% or more interest		Feb 02 2002	Nov 21 2022	

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