



NM 13 KAC

12-29

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

Sent by email:

Cindy@caprihealthcare.com

A# 1559

File Number: 13960083

License Number: 873

Provider Type: Abortion Clinic

C# 2008 \$.50¢

Cynthia D Stockman, Administrator
Aastra Women's Center
10 SW 44th Avenue
Plantation, FL 33317

Re: Omission Notice for Aastra Women's Center, 10 SW 44th Ave, Plantation

Dear Administrator:

-B - 101000348

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 If the response to this letter does not satisfactorily address what is outlined below, the application will be withdrawn from consideration.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:

- **Shortage of payment:** There is a shortage of .50 (fifty cents) the amount paid was 850.00 and the fee due is 850.50. *- Enclosed - Check for 50¢*
 - **Level 2 background screening:** The background screening is required on all employees. *Only on Cynthia Stockman*
 - **Background Screening Employee Roster:** Update the clinic's background screening clearinghouse roster. The "roster" and "application" must both match. Pursuant to Chapter 435.12(2)(c), Florida Statutes, a facility applying for licensure with the Agency or licensed by the Agency must register with the background screening clearinghouse and maintain a roster of all employees required to have a current level 2 background screen. Instructions can be found at or by contacting the Background Screening Unit at (850) 412-4503 *All info updated - Clearinghouse - Paperwork enclosed.*
- http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/docs/Clearinghouse_Results_InstructionGuide_AHCA.pdf

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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 Online, Email or by US Mail.

- Online: <http://ahca.myflorida.com/onlinelicensure>
- Email: Mark.Hajdukiewicz@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 Mark Hajdukiewicz at 850-412-4364 or (850) 412-4549 or email at Mark.Hajdukiewicz@ahca.myflorida.com.

Sincerely,



Hospital and Outpatient Services Unit
Agency for Health Care Administration

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