Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AC13960038	A. BUILDING: _____ B. WING _____	R 01/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A WOMAN'S CHOICE OF JACKSONVILLE	4131 UNIVERSITY BLVD SOUTH BLDG 2 JACKSONVILLE, FL 32216

(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}	INITIAL COMMENTS A state licensure complaint survey desk review, Complaint # 2019016497, was conducted on 1/23/2020, of the acceptable plan of correction from A Women's Choice of Jacksonville, an abortion clinic, submitted as a result of deficiencies found during our survey conducted on 12/16/2019. As a result of this desk review, all previously identified licensure deficiencies have been deemed corrected.	{A 000}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		02/14/20