

Burke, Ferronda

From: Burke, Ferronda
Sent: Monday, December 9, 2019 3:42 PM
To: 'Crystal Valentine Mosley'
Subject: A Woman's Choice Of Jacksonville 13960038
Attachments: A Womans Choice of Jacksonville 13960038.pdf

Dear Administrator:

Your recent licensure application was received. Attached please find a letter listing items that need correction or clarification.

Important:

- All items should be corrected and submitted at the same time.
- Include a copy of the omissions' letter with your response.

Please do not hesitate to contact me if you have questions.

**Ferronda Burke - HEALTH SERVICES & FACILITIES
CONSULTANT**



Bldg 2 Rm C-20 - HOSPITALS
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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

December 9, 2019

Certified Mail/Read Receipt

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

Application Number: 1664
File Number: 13960038
License Number: 795
Provider Type: Abortion Clinic

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 If the response to this letter does not satisfactorily address what is outlined below, the application will be withdrawn from consideration.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. **Background Screening – Kelly Flynn.**: As per AHCA's Background screening results site, this individual's screening is not eligible for employment as the financial officer for the clinic. Please log into the online application and correct this section.
2. **Background Screening Clearinghouse Employee Roster.**: Please update the facility's employee roster with the current medical director.
3. **Transfer Agreement.** You indicated that the abortion clinic has a transfer agreement with a hospital. Please provide the date of the latest signed version of the transfer agreement.

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: 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



A Woman's Choice Of Jacksonville

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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.

Sincerely,

Ferronda L. Burke

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