

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2020
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NAME OF PROVIDER OR SUPPLIER A WOMAN'S CHOICE OF JACKSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 4131 UNIVERSITY BLVD SOUTH BLDG 2 JACKSONVILLE, FL 32216
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(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	<p>INITIAL COMMENTS</p> <p>A re-licensure survey, a complaint investigation (Complaint number 2020012380 & 2020013153) and Infection Control Focused survey was conducted at A Woman's Choice of Jacksonville, located at 4131 University Blvd. South, Bldg.2, Jax. FL 32216, on 8/10/2020.</p> <p>This Abortion Clinic had no licensure deficiencies identified at the time of this visit.</p>	A 000		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X8) DATE _____