

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER A CAPITAL WOMENS HEALTH CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 STARLING DRIVE HENRICO, VA 23229
---	---

(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
--------------------	--	---------------	---	--------------------

{T 000}	<p>Initial Comments</p> <p>An unannounced Licensure second Revisit inspection was conducted March 8, 2017 by two (2) Medical Facilities Inspectors with the Virginia Department of Health, Office of Licensure and Certification. This Revisit was a follow up to the first Revisit inspection conducted on January 25, 2017 and the Biennial Licensure inspection which was conducted September 28, 2016 through September 30, 2016.</p> <p>The facility was in compliance with the State Board of Health 12 VAC 5-412, Regulations for Abortion Facilities. All previous citations were found to have been corrected. No new concerns were identified.</p>	{T 000}		
---------	--	---------	--	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------