

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2017
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NAME OF PROVIDER OR SUPPLIER FALLS CHURCH HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH WASHINGTON ST SUITE 300 FALLS CHURCH, VA 22046
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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
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{T 000}	<p>Initial Comments</p> <p>An unannounced second Licensure Revisit inspection was conducted on 5/23/17 by two (2) Medical Facilities Inspectors with the Office of Licensure and Certification, Virginia Department of Health.</p> <p>This inspection followed the Biennial Licensure inspection (11/14/16 through 11/17/16) and the first revisit inspection (3/1/17 and 3/2/17).</p> <p>The facility was found to be in compliance with 12 VAC- 412 Regulations for the Licensure of Abortion Facilities (revised 3/22/17).</p> <p>All previous citations were cleared. No deficiencies were cited.</p>	{T 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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