

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FTAF-0018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2013
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NAME OF PROVIDER OR SUPPLIER CHARLOTTESVILLE MEDICAL CENTER FOR WOM	STREET ADDRESS, CITY, STATE, ZIP CODE 2321 COMMONWEALTH DRIVE CHARLOTTESVILLE, VA 22901
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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 12 VAC 5- 412 Initial comments T 000

An unannounced Licensure Abortion Facility focused complaint inspection was conducted at the above referenced facility on July 1, 2013 by one Medical Facilities Inspector from the Virginia Department of Health, Office of Licensure and Certification.

The complaint was found to be unsubstantiated due to lack of sufficient evidence.

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