

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AF-0006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/02/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>VIRGINIA WOMEN'S WELLNESS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>224 GROVELAND ROAD VIRGINIA BEACH, VA 23452</b>		
(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	12 VAC 5- 412 Initial comments  An on-sight complaint investigation was conducted by the State Fire Marshall's Office - Tidewater Region on April 2, 2014.  The building was examined for potential water damage to the fire alarm system or other life safety components. There was no evidence found of any life safety components.  The complaint is unsubstantiated.	T 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE