

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FTAF-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2013
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NAME OF PROVIDER OR SUPPLIER HILLCREST CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 EAST LITTLE CREEK ROAD SUITE 235 NORFOLK, VA 23518
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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>12 VAC 5- 412 Initial comments</p> <p>An unannounced Revisit survey to the initial survey conducted May 15 and 16, 2012 was conducted at the above referenced facility on March 26, 2013 by two (2) Medical Facility Inspectors from the Virginia Department of Health's, Office of Licensure and Certification.</p> <p>The facility was found to be in compliance with the State Board of Health 12 VAC 5-412, Regulations for Abortion Facility's effective December 29, 2011.</p>	T 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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