

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2015
NAME OF PROVIDER OR SUPPLIER A TIDEWATER WOMEN'S HEALTH CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 891 NORFOLK SQUARE NORFOLK, VA 23502		
(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>12 VAC 5- 412 Initial comments</p> <p>An unannounced Licensure second revisit inspection was conducted April 27, 2015 as follow up to the biennial inspection which ended on August 25, 2014 and the first revisit which ended on March 16, 2015. The inspection was conducted by two (2) Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted the survey.</p> <p>The agency was in compliance with 12 VAC- 412 Regulations for the Licensure of Abortion Clinics. (Effective 06/20/2013). No deficiencies were cited.</p>	T 000			

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

TITLE

(X6) DATE