(X6) DATE

State of Virginia (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING AF-0001 B. WING 03/16/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **515 NEWTOWN ROAD** PLANNED PARENTHOOD OF SOUTHEASTERN VIRGINIA **VIRGINIA BEACH, VA 23462** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) {T 000} 12 VAC 5- 412 Initial comments {T 000} An unannounced Licensure Biennial re-visit survey was conducted March 16, 2015 by two Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health. The agency was in complaince with 12 VAC - 412 Regulations for the Licensure of Abortion Clinics. (effective 06/20/2013)

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

TITLE