

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF SOUTHEASTERN VIRGINIA	STREET ADDRESS, CITY, STATE, ZIP CODE 515 NEWTOWN ROAD VIRGINIA BEACH, VA 23462
--	---

(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 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.</p> <p>The agency was in compliance with 12 VAC - 412 Regulations for the Licensure of Abortion Clinics. (effective 06/20/2013)</p>	{T 000}		

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