

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2015
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NAME OF PROVIDER OR SUPPLIER ANNANDALE WOMEN & FAMILY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2839 DUKE STREET ALEXANDRIA, VA 22314
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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
T 000	<p>12 VAC 5- 412 Initial comments</p> <p>An unannounced Revisit Licensure Abortion Facility inspection, following the facility's December 2014 Biennial Licensure inspection, was conducted on 03/16/2015. Two Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted the inspection.</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 _____