

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2014
NAME OF PROVIDER OR SUPPLIER BLACKSBURG PLANNED PARENTHOOD HEALTH SYSTEM		STREET ADDRESS, CITY, STATE, ZIP CODE 700-J NORTH MAIN STREET BLACKSBURG, VA 24017		
(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 Biennial Licensure inspection was conducted on 08/22/14 by three (3) Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health.</p> <p>The facility was found to be in compliance with the Rules and Regulations for the Licensure of Abortion Facilities 12VAC5-412 at the time of the survey. No deficiencies were cited.</p>	T 000		

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

TITLE

(X6) DATE