

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2014
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NAME OF PROVIDER OR SUPPLIER CHARLOTTESVILLE PLANNED PARENTHOOD HEALTH SY	STREET ADDRESS, CITY, STATE, ZIP CODE 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901
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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 Licensure Revisit survey to the facility's July 2014 biennial survey for a First Trimester Abortion Facility was conducted on October 07, 2014. Two Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted the revisit survey.</p> <p>The agency was in compliance with the provisions at 32.1-162.1 of the Code of Virginia, and the State Board of Health 12 VAC 5-381 Regulations for the Licensure of Abortion Facilities. (Rev. 06/20//2013).</p>	{T 000}		

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

TITLE

(X6) DATE