

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2016
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NAME OF PROVIDER OR SUPPLIER A CAPITAL WOMENS HEALTH CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 STARLING DRIVE HENRICO, VA 23229
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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
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T 000	<p>12VAC5-412 Initial Comments</p> <p>An unannounced complaint inspection was conducted February 8, 2016 by two (2) Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health.</p> <p>The facility was in compliance with 12 VAC- 412 Regulations for the Licensure of Abortion Clinics. (Effective 06/20/2013)</p> <p>Complaint # 2015-AC029 was investigated and found unsubstantiated.</p>	T 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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