

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2016
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NAME OF PROVIDER OR SUPPLIER CHARLOTTESVILLE MEDICAL CENTER FOR WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 2321 COMMONWEALTH DRIVE 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
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T 000	<p>12VAC5-412 Initial Comments</p> <p>An unannounced First Trimester Abortion Facility (FTAF) licensure complaint inspection was conducted March 2, 2016 by two (2) Medical Facilities Inspectors from the Virginia Department of Health, Office of Licensure and Certification.</p> <p>The complaint 2016-ACO30 was investigated and found to be substantiated; no deficient practice was cited.</p>	T 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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