

State of Virginia

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0006 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/10/2015 |
|--|---|--|---|--------------------|---|
| NAME OF PROVIDER OR SUPPLIER VIRGINIA WOMEN'S WELLNESS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 224 GROVELAND ROAD VIRGINIA BEACH, VA 23452 | | |
| (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 complaint survey was conducted June 10, 2015 by two Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted the survey.</p> <p>The agency was in compliance with 12 VAC- 412 Regulations for the Licensure of Abortion Clinics. (Effective 06/20/2013)</p> <p>The Complaint was unsubstantiated with no deficiencies cited.</p> | T 000 | | | |

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

TITLE

(X6) DATE