

## COMMONWEALTH of VIRGINIA

Department of Health

Marissa J. Levine, MD, MPH, FAAFP State Health Commissioner

### Office of Licensure and Certification

TYY 7-1-1 OR 1-800-828-1120

9960 Mayland Drive, Suite 401 Henrico, Virginia 23233-1485 FAX: (804) 527-4502

April 30, 2015

Administrator Virginia Health Group 8316 Arlington Boulevard – Suite 220 Fairfax, Virginia 22031

RE:

VIRGINIA HEALTH GROUP

Abortion Facilities License Renewal - 2016

Dear Administrator:

Enclosed is Abortion Facilities License Number <u>AF-0015</u> to operate the above-named Abortion Facility beginning April 1, 2015 and ending April 30, 2016.

Abortion Facilities are required to comply with Title 32.1, Chapter 5, Article I of the Code of Virginia, 1950. The Regulations for Licensure of Abortion Facilities, Regulations 12VAC5-412 et seq effective December 29, 2011. Any changes occurring during the approved licensure period which affect the accuracy of the information provided on the licensure application form must be reported, in writing, to the Office of Licensure and Certification as stated in section 12VAC5-412.80 of the Regulations. Please post your organization's license in a place clearly visible to the general public as required by section 12 VAC5-412-70 of the Regulations.

The Office will forward annual license renewal application forms to every licensed abortion facility at least 60 days prior to the expiration date of the current license. Failure to receive a renewal application form, however, does not release an abortion facility from the requirements of license renewal.

Should you have any questions regarding the requirements of abortion licensure, please do not hesitate to contact this office.

Sincerely,

Erik O. Bodin, Director

Enclosure





## Virginia Department of Health Commonwealth of Virginia

Abortion Facility AF- 0015

In accordance with the provisions of Title 32.1. Chapter 5, Article 1, of the Code of Virginia 1950, as amended.

## Virginia Health Group

is Authorized to Operate,

# Virginia Health Group

(Name of Organization)

An Abortion Facility at:

8316 Arlington Boulevard - Suite #220, Fairfax, Virginia 22031

Expiration Date 04/30/2016

Office of Licensure and Certification Erik O. Bodin, Director

Marissa J. Levine, MD, MPH, FAAFP State Health Commissioner



## Virginia Department of Health Office of Licensure and Certification

## **Application for Abortion Facility Licensure**

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Complete all fields. Incomplete or inaccurate applications will be returned. Any changes affecting the activity of the information contained herein must be reported in writing immediately to the VDH Office of Licensure and Certification.

Application type:	License year:					
Application is for:						
Initial Licensure	Change of Name					
License Renewal	Change of Ownership					
Change of Address						
All sections of this application must be completed for all application types						
Facility identification						
Name of abortion facility		Main Telephone Number				
Name of abortion facility VIRGINIA HEALTH GROU	P	(703)205-9310				
Street Address	11000	Fax				
8316 AR CUM ION BUILD	#220	(703) 205-9314				
City FairFax County	FairFax	State /A Zip Zip Z2031				
Federal Employer ID Number:						
Www. 4AWS. COM 90-0127330.						
Mailing address (if different from above)						
200 W Somerdall R	d suite C.					
City VCORHELS	State NJ	Zip 08043				
Administrator of record, if different than owner/operator						
Name: EBONY FOBBS Title: Administrator						
Telephone Number: (703) 205 - 9311	Email Address: Doo 6	YAPS. ORG				
Ownership of the facility						
Owner: 1/2 CALLO HEALT COM	$\sim$	Tel. Number:				
VUIGINIU HEMINI GROW	5,00	956-616-2393				
Street Address: 200 W Somerdale Rd	Ste C.	Fax Number: 956 - 428 - 0424				
City: County	/:	State: Zip:				
Voor Hees.	CANDEN	NJ 08043				
Is any part or program of the abortion facility licensed by	another state No 🗆	'es				
If Yes,	Program/					
Agency name:	part:					
ACIU	P 5					
Check # $5030$ Amount \$ $70=$ Receipt $3-11-16$ Ck Date $3-11-16$						
Receipt <u>3-14-16</u> Ck Date <u>3-11-16</u> Dpt Date <u>3-17-16</u> Dpt # <u>70563152</u>						
Dpt Date 3-17-16 Dpt # 705 63152						

## VDH/Office of Licensure and Certification Application for Abortion Facility Licensure

Type of Ownership and Control					der som en	egyapatayn alah kanasan pamaran masaran masaran da kalabayan esib beringi persebagai baran persebasi bandar ber
For Profit:	Not for Profit:		The second contract of	Public:	ale, communicate a confidence de la conference de la conf	<u>ajama, ajama, na para dispersa ana ana ana ana ana ana ana ana ana a</u>
Corporation	Charitable organization					
Partnership	Church County					
Limited Liability Co.	Corporation					
Individual	Other: Multijurisdictional					
Other:	Other:					
Is the abortion facility operated by the owner? X Yes No If no, complete section below:						
Operator				Fax:		
Name:	)I					
Street Address:	)				and the second s	
Olicot / Idai occ.						
City:		County:	ALTERNATION OF THE PARTY OF THE		State:	Zip:
		,				
Email		Web	)			
Address:	Address:					
General Information concerning the f	acility					
A. Ambulance services providing emerg		tation of patier	nts:			
FOUNTAX COUNTY FIRE &						
B. Inpatient hospitals for transferring par	tients needing	treatment bey	ond the scop	e of the facili	ty:	
INDUA FOR FOX HOS						
7100011						
C. Certification: X CLIA	None					
	None					
Planned Parenthood:						
Other: Accreditation period:						
E. Number of procedure/treatment rooms:						
E. Number of procedure/treatment rooms.						
Application attachments: Initial applications only						
1. A plan, signed by the facility administrator, describing how the facility will come into full compliance with 12VAC5-						
412-380 within two years from the date of licensure;						
2. The proposed organizational chart;						
3. The facility's disaster preparedness plan						
4. Patient Rights and Procedures; and						
<ol><li>The job description, qualifications and specific responsibilities of the Administrator.</li></ol>						

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## VDH/Office of Licensure and Certification Application for Abortion Facility Licensure

AFFIDAVIT /				
I,				
	1200	03-03-15		
Signature and Title of Applicant		Date Date		

Return this completed application and a check for \$75.00 to:

Acute Care Unit
Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive, Suite 401
Henrico, Virginia 23233

Questions? Contact the Acute Care Unit at: (804) 367-2107 or OLC-Inquiries@vdh.virginia.gov

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