



# COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

M. Norman Oliver, MD, MA  
State Health Commissioner

TTY 7-1-1 OR  
1-800-828-1120

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

February 22, 2019

Facility Administrator  
Alexandria Women's Health Clinic  
101 S. Whiting St. Suite 215  
Alexandria, Virginia 22304

**RE: Alexandria Women's Health Clinic  
First Trimester Abortion Facility (FTAF) Biennial Licensure Inspection  
Facility ID: AF-0014**

Dear Facility Administrator,

An unannounced First Trimester Abortion Facility Biennial Licensure Inspection was conducted January 15, 2019 through January 16, 2019 and January 24, 2019 by two (2) Medical Facilities Inspectors from the Virginia Department of Health's Office of Licensure and Certification.

Enclosed is the licensure inspection report. The facility was not in compliance with 12VAC5-412 regulations for the Licensure of Abortion Facilities, amended November 2018. This document contains a listing of deficiencies found at the time of this inspection.

You are required to submit a plan for correcting the deficiencies cited. Your statements shall reflect the specific detailed actions you will take to correct deficiencies, prevent a recurrence of the deficiencies, and measures implemented to maintain compliance. You must also give the expected completion date of each deficiency.

***Completion of corrective actions shall not exceed 45 working days from the last day of the inspection.***

After signing and dating your Plan of Correction, **retain one copy of the report for your file and return the original to OLC within 15 (fifteen) working days of receipt of the inspection report.** The Administrator shall be notified if any item in the plan of correction is determined to be unacceptable. Failure to submit an acceptable plan of correction may result in a penalty in accordance with the Code of Virginia §32.1-27 or in denial, revocation or suspension of a license in accordance with 12VAC5-412-130.

DIRECTOR  
(804) 367-2102

ACUTE CARE  
(804) 367-2104

COPN  
(804) 367-2126



[www.vdh.virginia.gov](http://www.vdh.virginia.gov)

COMPLAINTS  
1-800-955-1819

LONG TERM CARE  
(804) 367-2100

Facility Administrator  
Alexandria Women's Health Clinic  
February 22, 2019

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A copy of the completed form will be kept on file in this office and will be available for public review. The Virginia Department of Health – Office of Licensure and Certification is required to make copies of this report available to other Federal and State regulatory or reimbursement agencies upon request.

Thank you for the cooperation that was extended to our inspectors during this investigation. If you should have any question or concerns regarding this report or the report findings, please contact me at (804) 367-2164.

Sincerely,

A handwritten signature in black ink, appearing to be 'Douglas Middlebrooks', written over a horizontal dashed line.

Douglas Middlebrooks, PhD  
Supervisor, Division of Acute Care Services

Enclosure

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AF-0014	(2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(3) DATE SURVEY COMPLETED  01/24/2019
NAME OF PROVIDER OR SUPPLIER  ALEXANDRIA WOMEN'S HEALTH CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 101 S. WYNTING ST, SUITE 0315 ALEXANDRIA, VA 22304		
(4) 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)	(5) COMPLETE DATE
T 000	Initial Comments - 4  An unannounced First Trimester Abortion Facility (FTAF) biennial licensure inspection was conducted 1/15/19 through 1/16/19 and 1/24/19 by two (2) Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health.  The facility was not in compliance with 12 VAC-412 Regulations for the Licensure of Abortion Clinics (Amended November 2016). Deficient practice is identified in this report.	T 000	T000 Plan of Correction	2/22/19
T 006	12 VACS-412-140 F Management and Administration  Each abortion facility shall post notice of the existence of a human trafficking hotline to alert possible witnesses or victims of human trafficking to the availability of a means to gain assistance or report crimes. This notice shall be in a place readily visible and accessible to the public, such as the patient admitting area or public or patient restrooms. The notice shall meet the requirements of §40.1 - 11.3 C of the Code of Virginia.  This RULE: is not met as evidenced by: Based on observation and staff interview, the facility staff failed to ensure the posting of the existence of a human trafficking hotline was readily available and accessible to the public.  The findings included:  During the inspection beginning 1/16/19 at 1:45 p.m., the inspectors were unable to locate any posting relating to the existence of a human trafficking hotline within the facility. At 3:30 p.m.,	T 006	T006 Corrective action taken by: The facility shall display human trafficking hotline information to alert possible witnesses or victims. The information will be posted in an area where the patient has privacy, such as: patient restrooms, Sonogram room, and counseling room.	2/22/19

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

*E. Glendon*  
STATE FORM 4

President

TITLE

President

DATE

22 Feb. 19

QF1011

If construction check 1 of 8

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AF-0014	02) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	03) DATE SURVEY COMPLETED  01/24/2019
NAME OF PROVIDER OR SUPPLIER  ALEXANDRIA WOMEN'S HEALTH CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 101 S. WHITING ST., SUITE #215 ALEXANDRIA, VA 22304		
04) 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)	DOB COMPLETE DATE
T 006	Continued From Page 1  the inspectors interviewed Staff Member #1 (Alternate Administrator) regarding the posting. Staff Member #1 stated, "I did not know about that. We do not have anything posted, but I will get the information and do that right away."  On 1/16/19 at 1:00 p.m., Staff Member #1 presented the survey team with a posting regarding the human trafficking hotline and shared plans as to where the information would be posted within the facility that would be accessible to the public (counseling area, patient bathrooms, and waiting area).  On 1/24/19 at 3:00 p.m., the inspectors discussed the findings with Staff Member #1 (Alternate Administrator) and Staff Member #2 (Administrator).	T 006	T006 The administrator will be responsible for checking and updating the information as needed every month.	2/22/19
T 065	12 VACS-412-180 B Personnel  The abortion facility shall obtain written applications for employment from all staff. The abortion facility shall obtain and verify information on the application as to education, training, experience, appropriate professional licensure, if applicable.  This RULE: is not met as evidenced by: Based on a review of eight (8) staff records, facility staff failed to ensure that one (1) staff member had a written application on file (Staff Member #6).  Findings included:  A review of the personnel record for Staff Member (SM) #6, a CRNA (Certified Registered Nurse Anesthetist), evidenced the lack of a written application. Information related to SM #6's	T 065	T065 Corrective action taken by providing written application on Staff #6's personal record related to education, training and experience. The administrator will verify that all physicians and/or staff obtain ACLS.	2/20/19

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(Q1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AF-0014	(Q2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(Q3) DATE SURVEY COMPLETED  01/24/2019
NAME OF PROVIDER OR SUPPLIER  ALEXANDRIA WOMEN'S HEALTH CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 101 S. WHITING ST, SUITE 2018 ALEXANDRIA, VA 22304		
(Q4) 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)	(Q5) COMPLETE DATE
T 065	Continued From Page 2  education, training, and experience was unavailable for review.  On 1/18/19 at 11:15 a.m. an interview was held with SM #1, the Assistant Administrator, who stated "(j-h/e/h/e) has a contract, but not an application".  Concern related to the lack of a written application which documented SM #0's education, training, and experience was discussed with SM #1, the Assistant Administrator, and SM #2, the Administrator, on 1/24/19 at approximately 4:00 p.m. SM #1 stated "No, I don't have a written application from (him/her). (SM #0's name) is good about bringing things like that to me, even before I ask, so I'll get it".	T 065	T065  The administrator will review each file annually to verify that their license and certifications are not expired.	2/22/19
T 085	12 VACS-412-180 E Personnel  Job Descriptions. 1. Written job descriptions that adequately describe the duties of every position shall be maintained.  2. Each job description shall include: position title, authority, specific responsibilities and minimum qualifications.  3. Job descriptions shall be reviewed at least annually, kept current and given to each employee and volunteer when assigned to the position and when revised.  This RULE: is not met as evidenced by: Based on staff interview and the review of eight (8) personnel records, facility staff listed to:	T 085	T085  1. The facility will implement an annual review and documentation for job descriptions for all Staff members.  2. A written job description for ultrasound technician will be added to Staff member #2 personnel record.	2/22/19



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NAME OF PROVIDER OR SUPPLIER  ALEXANDRIA WOMEN'S HEALTH CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 101 S. WYTHE ST, SUITE #218 ALEXANDRIA, VA 22304		
(K4) 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)	(K5) COMPLETE DATE
T 085	Continued From Page 3  1 - Conduct an annual review of job descriptions for eight (8) of eight (8) staff whose personnel records were reviewed,  2 - Ensure that the personnel record for one (1) staff member responsible for performing ultrasounds (Staff Member #2), included a job description for ultrasound technician, and,  3 - Ensure that two (2) staff members met the minimum qualifications stated in the job description for the position he/she performed (Staff Members #5 and #7).  Findings included:  1. A review of eight (8) personnel records evidenced that eight (8) of eight (8) records lacked documentation that job descriptions were reviewed annually.  2. A review of the personnel record for SM #2, the Administrator, who is also responsible for performing ultrasounds, lacked a written job description for ultrasound technician.  3. A review of the personnel record for SM's #5 and #7 revealed job descriptions for Surgical technologist and Medical Assistant. The Surgical technologist job description included the requirement that staff in that position "be a graduate of a certified surgical technician program". An interview with SM #1 was conducted on 1/18/19 at 11:15 a.m., and he/she stated "No, they have not graduated from a surgical technician program".  SM #7's job description for Medical Assistant included the requirement for a high school	T 085	3. The job descriptions for surgical Technologist and Medical Assistant will be reviewed and/or updated.  Staff # 7 will complete her GED on 3/22/19.  The facility will update employee files with updated documentation/training related to their duties.  The administrator will review each employee file annually.	2/20/19  3/22/19  2/20/19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(C1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AF-0014	(C2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(C3) DATE SURVEY COMPLETED  01/24/2019
NAME OF PROVIDER OR SUPPLIER  ALEXANDRIA WOMEN'S HEALTH CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 191 S. WHITING ST, SUITE #218 ALEXANDRIA, VA 22304		
(D4) 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)	(D5) COMPLETE DATE	
T 065	Continued From Page 4  diploma or GED (General Education Development test). A review of SM #7's personnel record revealed that he/she lacked a high school diploma or GED. The 2018 performance evaluation for SM #7 included the following documentation: "Needs to accomplish GED to continue to grow".  On 1/16/19 at 11:15 a.m., an interview related to annual review of job descriptions was conducted with Staff Member (SM) #1, the Assistant Administrator, who stated "Those are very old, I guess we should look at those every year".  Concerns related to the lack of annual review of job descriptions, missing job descriptions, and job requirements inconsistent with staff training and education, were discussed with SM #1, the Assistant Administrator, and SM #2, the Administrator, on 1/24/19 at approximately 4:00 p.m.	T 065			
T 270	12 VACS-412-280 B Anesthesia Services  The anesthesia service shall be directed by and under the supervision of a physician licensed in Virginia who is certified in advanced resuscitative techniques and has met the continuing education requirements.  This RULE: is not met as evidenced by: Based on staff interview and review of facility documentation, facility staff failed to ensure that anesthesia services were performed under the supervision of a physician certified in advanced resuscitative techniques.  Findings included:  The facility's procedure log for the period between	T 270	T270 Corrective action taken by - ACLS has been scheduled for March 28, 2019 for all Physicians responsible for performing abortions as well as the Physicians responsible for providing anesthesia.	3/28/19	

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NAME OF PROVIDER OR SUPPLIER  ALEXANDRIA WOMEN'S HEALTH CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 101 S. WYTING ST, SUITE 2210 ALEXANDRIA, VA 22304		
(4) 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)	(5) COMPLETE DATE
T 270	Continued From Page 5  1/3/19 and 1/15/19 evidenced that SM #4, physician, and SM #8, anesthesiologist, performed procedures together on the following days: 1/3/19, 1/4/19, 1/5/19, 1/8/19, 1/10/19, 1/11/19, and 1/15/19.  Personal records reviewed for Staff Member (SM) #4, a physician, responsible for performing surgical abortions at the facility, and SM #8, a physician, responsible for providing anesthesia services for surgical abortions at the facility, revealed that neither SM #4 nor #8 were certified in ACLS (Advanced Cardiac Life Support). Both SM #4 and SM #8 were certified in BLS (Basic Life Support) on the dates listed above.  SM #1, the Assistant Administrator was interviewed on 1/18/19 at approximately 12:15 p.m., and stated "(SM #4 and #8 have their CPR documentation in their email, they will get it to me".  On 1/24/19 at 3:00 p.m. SM #1 advised the surveyors that "ACLS had been scheduled for (SM #4 and SM #8's names) next month".  Concerns related to procedure days when SM #4 and SM #8 worked together, and the lack of ACLS certification for either provider, were discussed with SM's #1, Assistant Administrator, and SM #2, Administrator, on 1/24/19 at approximately 4:00 p.m.	T 270	T 270  The administrator will review each physician(s) file annually in order to be in full compliance	2/20/19
T 330	12 WACS-412-270 Equipment and Supplies  An abortion facility shall maintain medical equipment and supplies appropriate and adequate to care for patients based on the level, scope and intensity of services provided, to include:	T 330	T 330  The facility will provide sterile suturing kits. There will a checklist for the	2/20/19



State of Virginia

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NAME OF PROVIDER OR SUPPLIER ALEXANDRIA WOMEN'S HEALTH CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 101 S. WINTING ST, SUITE 6216 ALEXANDRIA, VA 22304		
(D4) 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)	(C3) COMPLETE DATE
T 330	<p>Continued From Page 8</p> <ol style="list-style-type: none"> <li>1. A bed or recliner suitable for recovery;</li> <li>2. Oxygen with flow meters and masks or equivalent;</li> <li>3. Mechanical suction;</li> <li>4. Resuscitation equipment to include, as a minimum, resuscitation bags and oral airways;</li> <li>5. Emergency medications, intravenous fluids, and related supplies and equipment;</li> <li>6. Sterile suturing equipment and supplies;</li> <li>7. Adjustable examination light;</li> <li>8. Containers for soiled linen and waste materials with covers; and</li> <li>9. Refrigerator.</li> </ol> <p>This RULE: is not met as evidenced by: Based on observation and staff interview, the facility staff failed to ensure sterile suturing supplies were available in the event those materials were required during an emergency.</p> <p>The findings included:</p> <p>During a review of the facility emergency medical equipment and supplies cart on 1/16/19 at approximately 10:30 a.m., the inspectors were not able to locate any sterile suturing materials. Staff Member #1 stated, "They were expired, so I disposed of them and they have been re-ordered but they haven't arrived yet."</p>	T 330	<p>monitoring of all supplies for expiration dates to be performed monthly.</p> <p>The assistant administrator will be responsible for the monthly checks.</p>	2/22/19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  AF-0014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  01/24/2019
NAME OF PROVIDER OR SUPPLIER  ALEXANDRIA WOMEN'S HEALTH CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 101 S. WHITING ST, SUITE 2218 ALEXANDRIA, VA 22304		
(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 330	Continued From Page 7  On 1/24/19 at 3:10 p.m., the inspectors interviewed Staff Member #1 as to whether the supplies (suturing materials) had been received by the facility. Staff Member #1 stated, "No. It is not here. Next time I will not dispose of them until I have received the new supplies, so at least we will have something we could use if there were an emergency."  On 1/24/19 at 3:00 p.m., the inspectors discussed the findings with Staff Member #1 (Alternate Administrator) and Staff Member #2 (Administrator).	T 330			

STATE FORM

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Continuation Sheet 0-18

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