



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

March 23, 2017

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

**RE: Licensure Inspection Revisit
 License Number # AF-0014
 Survey Date: March 21, 2017**

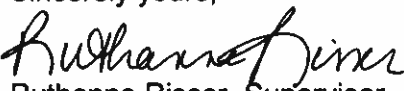
Dear Administrator:

Based on the Revisit Survey conducted March 21, 2017, by two (2) Medical Facilities Inspectors from the Virginia Department of Health's Office of Licensure and Certification it has been concluded that the facility meets the requirements of 12 VAC - 412 Regulations for the Licensure of Abortion Clinics.

A copy of the completed report will be kept in this office and will be available for public review. The 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 your cooperation during the inspection process and I look forward to working with you on a continuing basis in the administration of the Licensure program.

Sincerely yours,


Ruthanne Risser, Supervisor
Division of Acute Care Services

Enclosure



DIRECTOR
(804) 367-2102

ACUTE CARE
(804) 367-2104

COPN
(804) 367-2126

COMPLAINTS
1-800-955-1819

LONG TERM CARE
(804) 367-2100

State of Virginia

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 03/21/2017
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NAME OF PROVIDER OR SUPPLIER ALEXANDRIA WOMEN'S HEALTH CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 5999 STEVENSON AVENUE SUITE 403 ALEXANDRIA, VA 22304
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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>Initial Comments</p> <p>An unannounced Licensure Revisit inspection was conducted on March 21, 2017 by two (2) Medical Facilities Inspectors from the Virginia Department of Health, Office of Licensure and Certification. This was a follow up to the Biennial Licensure inspection conducted on November 29, 2016.</p> <p>The facility was in compliance with the State Board of Health 12 VAC 5-412, Regulations for Abortion Facilities. All previous citations were found to have been corrected. No new concerns were identified.</p>	T 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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