

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AF-0004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/16/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>A TIDEWATER WOMEN'S HEALTH CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>891 NORFOLK SQUARE NORFOLK, VA 23502</b>
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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
T 000	<p><b>Initial Comments</b></p> <p>An unannounced complaint survey was conducted October 16, 2019 by two Medical Facilities Inspectors from the Virginia Department of Health's Office of Licensure and Certification.</p> <p>Complaint #2019-AC044 was investigated during the survey. The Complaint was unsubstantiated due to lack of sufficient evidence with no deficient practice.</p> <p>The agency was found to be in compliance with 12 VAC- 412 Regulations for the Licensure of Abortion Clinics. (Effective February 22, 2019).</p>	T 000		

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

TITLE

(X6) DATE