

State of Virginia

| | | | | | | | |
|--|---|---|--|--|--|--|--------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0004 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/04/2019 | |
| NAME OF PROVIDER OR SUPPLIER A TIDEWATER WOMEN'S HEALTH CLINIC | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 891 NORFOLK SQUARE NORFOLK, VA 23502 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | D PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE |
| T 000 | <p>Initial Comments</p> <p>An unannounced complaint survey was conducted June 4, 2019 by two Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted the survey.</p> <p>Complaint #2019-AC042 was investigated. The Complaint was unsubstantiated, lack of sufficient evidence.</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