

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49D2038942	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/28/2020
NAME OF PROVIDER OR SUPPLIER WHOLE WOMAN'S HEALTH OF CHARLOTTESVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2321 COMMONWEALTH DRIVE CHARLOTTESVILLE, VA 22901		
(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) COMPLETION DATE	
D 000	<p>INITIAL COMMENTS</p> <p>An announced on-site CLIA recertification survey was conducted at Whole Woman's Health of Charlottesville on October 28, 2020 by the Virginia Department of Health's Office of Licensure and Certification. The survey included an entrance interview on 10/14/2020 and virtual record review conducted on 10/19/2020. The laboratory was surveyed under 42 CFR part 493 CLIA Regulations.</p> <p>Whole Woman's Health of Charlottesville is in compliance with the applicable Conditions and Standards under 42 CFR part 493 CLIA Regulations.</p>	D 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.