

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/24/2017
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NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BLVD RICHMOND, VA 23220
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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>Initial Comments</p> <p>An unannounced First Trimester Abortion Facility (FTAF) second Revisit inspection was conducted 01/24/2017. This revisit was subsequent to the revisit inspection conducted 10/31/2016. The Biennial Licensure inspection was conducted 7/18/16 through 7/20/16 and 7/25/16 through 7/26/16. Two (2) Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted the inspection.</p> <p>The facility was found to be in compliance with 12 VAC-412 Regulations for the Licensure of Abortion Facilities. No deficiencies were cited.</p>	T 000		

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

TITLE

(X6) DATE