

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AF-0009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/25/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND MEDICAL CENTER FOR WOMEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>118 NORTH BLVD</b> <b>RICHMOND, VA 23220</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>Initial Comments</p> <p>Two (2) Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health, conducted a revisit to the October 31, 2017 complaint inspection on July 24, 2018. The facility's plan of correction was reviewed for implementation and compliance with the statues for 12 VAC- 412 Regulations for the Licensure of Abortion Clinics. The agency provided evidence of correction for the areas cited during the October 31, 2017 inspection.</p>	{T 000}		

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

TITLE

(X6) DATE