State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED						
		AF-0018	AF-0018		B. WING		07/13/2018					
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE							
PLANNED PARENTHOOD SOUTH ATLANTIC-CHARLOTTES  2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901												
(X4) ID PREFIX TAG	SUMMARY S' (EACH DEFICIENC REGULATORY OR		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE						
T 000	An unannounced First Trimester Abortion Facility Biennial Licensure Inspection was conducted July 12, 2018 and July 13, 2018 by two (2) Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health.  The facility was not in compliance with 12 VAC- 412 Regulations for the Licensure of Abortion Clinics. (Amended 3/22/2017).			T 000								
Т 360	Provisions shall be made for the safe storage of medical records or accurate and eligible reproductions thereof according to applicable federal and state law, including the Health Insurance Portability and Accountability Act (42 USC § 1320d et seq.).		e	T 360								
	This RULE: is not met as evidenced by: Based on observations and staff interview, facility staff failed to ensure that medical records were stored in a secure area.											
	information were obsigust inside the door we being stored. The moral contraceptives (on top of them, and who opened the door An interview was con (SM)#1 on 7/13/18 a was held related to the	cords containing personal served lying on top of a syhere medications were ecords had prescriptions OCP's) and Tylenol #3 lywere accessible to anyour, which was not locked and ucted with Staff Member 11:30 a.m. and a discussible lock, and medical	shelf also s for lying one . ber ussion es not									
L ABORATORY	DIRECTOR'S OR PROVIDER	/SUPPLIER REPRESENTATIVE	'S SIGNATURE		TITLE		(X6) DATE					

STATE FORM 6IFQ11 If continuation sheet 1 of 2

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED						
AF-001				B. WING	NG		07/13/2018					
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	TE, ZIP CODE	•						
PLANNED PARENTHOOD SOUTH ATLANTIC-CHARLOTTES 2964 HYDRAULIC ROAD 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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	(X5) COMPLETE DATE						
T 360	Continued From Page 1			T 360								
	records. SM #1 sta should be kept lock didn't think about lo That is an easy fix". The concern was re	ed prescriptions lying on ted "You are right, that d ed, I'm sure they got bus cking the door behind the eviewed again with SM # on 7/13/18 at 12:30 p.m.	oor y and em. 1 at									