



North Carolina Department of Health and Human Services
Division of Health Service Regulation

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<http://www.ncdhhs.gov/dhsr/>

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS
Drexdal Pratt, Director

January 24, 2013

sent 2/4/13

Ms. Kenya Mauldin, RN, Assistant Director
Family Reproductive Health
700 Hebron Street
Charlotte, NC 28273
frhmauldin@aol.com

Re: Licensure Survey and Complaint Investigation: NC00083265

Dear Ms. Mauldin:

Thank you and your staff for the assistance and cooperation extended during the licensure survey and complaint investigation at Family Reproductive Health in Charlotte, NC on January 9, 2013. The investigation was conducted in order to determine the facility's compliance with the Rules Governing the Certification of Clinics for Abortions as well as to determine the validity of the complaint.

As discussed in the exit conference, the allegations were unsubstantiated and the complainant/s will be notified. Furthermore, as a result of the investigation, deficiencies were identified.

Enclosed please find CMS Form 2567, "Statement of Deficiencies and Plan of Correction," containing the cited deficiencies. A plan of correction for the deficiencies may be submitted and should include the following:

- (a) A description of the corrective action(s) and the systems that have been or will be implemented to correct the deficiency.
- (b) A description of the monitoring system that has been or will be implemented
- (c) The date by which all corrective actions will be completed and the monitoring

An *original* of the enclosed form CMS 2567, with the plan of correction added, must be returned to this office, SIGNED AND DATED, WITHIN 10 CALENDAR DAYS OF RECEIPT. We are unable to accept e-mailed or faxed reports at this time. A response will be sent ONLY if the plan of correction is not approved. Please retain a copy for your files. If you have any questions, please feel free to contact me by calling (828) 230-7881.

***Please mail your PLAN OF CORRECTION TO: Dana McGee-Haynes-DHHS
PO BOX 2846 (P.O. will not except overnight or express mail)
Morganton, NC 28680

Sincerely,
Dana McGee-Haynes
Dana McGee-Haynes, RN, BSN
Facility Survey Consultant
Acute and Home Care Licensure and Certification Section

Enclosures: State Form Statement of Deficiencies



Acute and Home Care Licensure and Certification Section

Phone: (919) 855-4620 n Fax: (919) 715-3073
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