

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

Pat McCrory Governor Richard O. Brajer Secretary

Mark Payne Assistant Secretary for Audit and Health Service Regulation

March 11, 2016

Carolina Women's Clinic 421 Wendover Road Charlotte, NC 28211 Re: State Recertification Survey

Dear Sandy St. Clair,

Thank you and your staff for the assistance and cooperation extended during the state licensure recertification survey at Carolina Women's Clinic in Charlotte, NC from February 24, 2016 through February 25, 2016. The survey was conducted in order to determine the facility's compliance with the North Carolina Rules Governing the Certification of Clinics for Abortions . As discussed at the exit conference, state licensure deficiencies were identified with respect to 10A NCAC 14E .0310 Emergency Back Up Services and 10A NCAC 14E.0314 Cleaning Of Materials and Equipment.

Enclosed please find State Form, "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 (919) 855-4620.

Sincerely, Lake fellow, 20, and

Robin M. Pelland RN, MN

Nurse Consultant

Enclosures: State Form - Statement of Deficiencies



47