



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

Pat McCrory  
Governor

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

Drexdal Pratt, Director

March 1, 2013

Shannon Morgan, Clinical Manager  
A Preferred Women's Health Ctr  
1604 Jones Franklin Road  
Raleigh, NC 27606

Re: Complaint Investigation: NC00086375

Dear Ms. Morgan,

Thank you and your staff for the assistance and cooperation extended during the complaint investigation at A Preferred Women's Health Ctr in Raleigh, NC on February 14, 2013. The investigation was conducted in order to determine the facility's compliance with the North Carolina Rules Governing the Certification of Clinics for Abortion, as well as to determine the validity of the complaint.

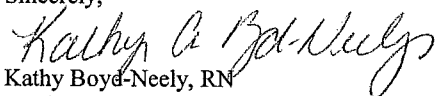
As discussed in the exit conference, the allegation was substantiated and the complainant will be notified. Furthermore, as a result of the investigation, a deficiency was identified with respect to Privacy and Confidentiality.

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

- (a) A description of the corrective actions 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 STATE FORM, 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,



Kathy Boyd-Neely, RN  
Facility Survey Consultant I  
Acute and Home Care Licensure and Certification Section

Enclosures: STATE FORM, Statement of Deficiencies



Acute and Home Care Licensure and Certification Section

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

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

Mailing Address: 2712 Mail Service Center • Raleigh, North Carolina 27699-2712

Location: 1205 Umstead Drive (Lineberger Building) v Dorothea Dix Hospital Campus v Raleigh, N.C. 27603

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