



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

May 10, 2013

Ms. Lois Turner, Owner
A Preferred Womens' Health Center
3320 Latrobe Drive
Charlotte, NC 28211

Re: Complaint Investigation: NC00087132

Dear Ms. Turner:

Thank you and your staff for the assistance and cooperation extended during the complaint investigation at A Preferred Womens' Health Center in Charlotte, NC from April 19, 2013 through April 20, 2013. The investigation was conducted in order to determine the facility's compliance with the North Carolina Rules for Certification of Clinics for Abortion as well as to determine the validity of the complaints

As discussed in the exit conference, deficiencies were identified with respect to:

10 NCAC 14E.	.0302	Person in Authority
10 NCAC 14E.	.0305	Medical Records
10 NCAC 14E.	.0311	Surgical Services

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

- A description of the corrective action(s) and the systems that have been or will be implemented to correct the deficiency.
- A description of the monitoring system that has been or will be implemented including the person(s) responsible for the monitoring to assure compliance; and
- The date by which all corrective actions will be completed and the monitoring system will be in place (the date should be no later than 60 days from the date of the survey and should be indicated in the right-hand column).

An *original* of the enclosed form 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,

Cecilia Boone, RN
Facility Survey Consultant II
Acute and Home Care Licensure and Certification Section

Enclosures: 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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