



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 18, 2015

Tammy Chalmers, CEO
Hallmark Women's Clinic
1919 Gillespie Street
Fayetteville, NC 28306

Re: Complaint Investigation NC0010390 and NC00102604 and Follow up survey

Dear Ms. Chalmers,

Thank you and your staff for the assistance and cooperation extended during the complaint and follow up survey at Hallmark Women's Clinic in Fayetteville, NC on February 5, 2015. The investigation was conducted in order to determine the facility's compliance with the North Carolina Rules for Licensure for Abortion Clinics as well as to determine the validity of the complaints.

As discussed in the exit conference 6 of 6 allegations were not substantiated and the complainants will be notified. Furthermore, as a result of the investigation, deficiencies were identified with respect to Cleaning of Materials, Medical Records, Emergency Back up and Post Operative Care .

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 including the person(s) responsible for the monitoring to assure compliance; and
- (c) 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/

Cecilia Boone, RN
Nurse Consultant, Lead
Acute and Home Care Licensure and Certification Section

Enclosures: STATE Form

