



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

July 9, 2015

Gloria Davila, Clinic Manager
A Woman's Choice Of Raleigh, Inc
3305 Drake Circle
Raleigh, NC 27607

Re: Recertification Survey

Dear Ms. Davila,

Thank you and your staff for the assistance and cooperation extended during the Recertification survey at A Woman's Choice Of Raleigh, Inc in Raleigh, NC from May 13, 2015 through May 14, 2015. The survey was conducted in order to determine the facility's compliance with the North Carolina Rules for Certification of Abortion Clinics. As a result of the survey, deficiencies were identified with respect to .0304 Grievance Process, .0303 Policy/Procedures, .0305 Consent/Physical Examination and .0311 Examination of the POC.

Enclosed please find STATE Form , "Statement of Deficiencies and Plan of Correction," containing the cited deficiencies. A plan of correction for the deficiencies should be submitted and 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 B. Boone/

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

Enclosures: State Form Statement of Deficiencies

