



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 24, 2015

Elizabeth Dicker, Health Center Manager/Regional Director
Planned Parenthood Of Central North Carolina
1765 Dobbins Road
Chapel Hill, NC 27514

Re: Recertification Survey

Dear Ms. Dicker,

Thank you and your staff for the assistance and cooperation extended during the Recertification survey at Planned Parenthood Of Central North Carolina in Chapel Hill, NC, June 25, 2015. The survey was conducted in order to determine the facility's compliance with the Medicare Conditions of Participation for North Carolina Rules Governing the Certification of Clinics for Abortion. As a result of the survey, deficiencies were identified with respect to .0304 Admission and Discharge and .0306 Health Screening for Physicians.

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 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,

/Cecilia B. Boone/

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

Enclosures: CMS 2567 Statement of Deficiencies

