



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

Pat McCrory  
Governor

Richard O. Brajer  
Secretary

Mark Payne  
Assistant Secretary for Audit and  
Health Service Regulation

May 9, 2016

Annette Lancaster, Office Manager  
Planned Parenthood Of Central North Carolina  
1765 Dobbins Road  
Chapel Hill, NC 27514

Re: Relicensure Survey

Dear Ms Lancaster,

Thank you and your staff for the assistance and cooperation extended during the licensure survey at Planned Parenthood Of Central North Carolina in Chapel Hill, NC from April 19, 2016 through April 20, 2016. The survey was conducted in order to determine the facility's compliance with the State Rules for Certifications of Clinics for Abortion. As a result of the survey, standard level deficiencies were identified with respect to NC State Rules .0305(A) Medical Records and .0312(A) Medications and Anesthesia.

Enclosed please find the 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 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,

Lea Gillis, RN, MSN  
Nurse Consultant  
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 ■ Fax: (919) 715-3073

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