

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

Pat McCrory Governor Richard O. Brajer Secretary

Mark Payne, Director Health Service Regulation

September 6, 2016

Ms. Kelly Flynn, CEO A Woman's Choice Of Greensboro 2425 Randleman Rd Greensboro, NC 27406 Re: Recertification Survey

Dear Ms. Flynn,

Thank you and your staff for the assistance and cooperation extended during the licensure survey at A Woman's Choice Of Greensboro in Greensboro, NC on August 17 - august 18, 2016. The investigation was conducted in order to determine the facility's compliance with the State Rules for Certifications of Clinics for Abortion.

As discussed in the exit conference standard level deficiencies were identified with respect to .10A NCAC 14E, in .0311 Surgical Services.

Enclosed please find the 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
- (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,

Nacole Erwin-Inkumsah RN, MSN
Nacole Erwin-Inkumsah RN, MSN
Nurse Consultant Lead
Acute and Home Care Licensure and Certification Section
Enclosures: State Form



