



Department of Health and Human Services
DIVISION OF HEALTH SERVICE REGULATION

Roy Cooper
Governor

Mandy Cohen, MD, MPH
Secretary

Mark Payne
Director

March 27, 2017

Brenda Spence, Regional Manager
A Woman's Choice Of Raleigh, Inc
3305 Drake Circle
Raleigh, NC 27607

Re: State Licensure Survey

Dear Ms. Spence,

Thank you and your staff for the assistance and cooperation extended during the state licensure survey at A Woman's Choice Of Raleigh, Inc in Raleigh, NC from February 15, 2017 through February 16, 2017. The survey was conducted in order to determine the facility's compliance with the North Carolina Rules for Licensing. As discussed at the exit conference, state licensure deficiencies were identified with respect to 10A NCAC 14E. 0206, Elements and Equipment, 10A NCAC 14E. 0305 Medical Records, 10A NCAC 14E.0310 Emergency Back-up Services, 10A NCAC 14E.0311 Surgical Services and 10A NCAC 14E.0314 Cleaning of Materials and Equipment.

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 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,

Joyce Spinicchia

Joyce Spinicchia, RN
NurseConsultant
Acute and Home Care Licensure and Certification Section

Enclosures: State Form - Statement of Deficiencies

ACUTE AND HOME CARE LICENSURE AND CERTIFICATION SECTION
WWW.NCDHHS.GOV/DHSR
TEL 919-855-4620 • FAX 919-715-3073
LOCATION: 1205 UMSTEAD DRIVE • LINEBERGER BUILDING • RALEIGH, NC 27603
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