



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

October 18, 2017

Jodi Robertson, CEO
North Durham Women's Health, Inc
400-B Crutchfield St
Durham, NC 27704

Re: State Licensure Survey

Dear Ms. Robertson,

Thank you and your staff for the assistance and cooperation extended during the state licensure survey at North Durham Women's Health, Inc in Durham, NC from October 10, 2017 through October 11, 2017. The survey was conducted in order to determine the facility's compliance with the North Carolina Rules for Licensing Abortion Clinics. As discussed at the exit conference, state licensure deficiencies were identified with respect to .0305 Medical Records and .0311 Surgical Services.

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:

- *The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited;*
- *The procedure for implementing the acceptable plan of correction for the specific deficiency cited;*
- *The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;*
- *The title of the person responsible for implementing the acceptable plan of correction.*
- *The date by which all corrective action 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 (at bottom of first page) 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,

Demetria Craig, RN

Demetria Craig, RN
Nurse Consultant
Acute and Home Care Licensure and Certification Section

Enclosures: State Form - Statement of Deficiencies

ACUTE AND HOME CARE LICENSURE AND CERTIFICATION SECTION
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