

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER

GOVERNOR

MANDY COHEN, MD, MPH

SECRETARY

MARK PAYNE DIRECTOR

June 12, 2018

Tammy Chalmers, CEO
Hallmark Women's Clinic
1919 Gillespie Street
28306
Re: Recertification Survey

Dear Ms. Chalmers

Thank you and your staff for the assistance and cooperation extended during the licensure survey at Hallmark Women's Clinic in (city), NC on DATE OF SURVEY. 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 .0313 Post-Operavtive Care.

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 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 Fprm, 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.

Toyce Spinicchia

Nurse Consultant

Acute and Home Care Licensure and Certification Section

Enclosures: State Form

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 MAILING ADDRESS: 2712 MAIL SERVICE CENTER • RALEIGH, NC 27699-2712 AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER