



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

Via Electronic Mail
cradcliff@awomanschoiceinc.com

October 5, 2022

Kelly Flynn, CEO
A Woman's Choice Of Charlotte
421 Wendover Road
Charlotte, NC 28211

RE: Licensure 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 Charlotte in Charlotte, NC on September 8, 2022 through September 9, 2022. The investigation was conducted in order to determine the facility's compliance with the State Rules for Certifications of Clinics for Abortion. The licensure survey resulted in the identification of an Imminent Threat as of **September 9, 2022 at 1237** related to 10A NCAC 14E .0165 Cleanings of Materials and Equipment.

The facility staff failed to clean vaginal speculums in a manner to ensure the safety and prevention of the transmission of infections.

The Imminent Threat is was removed based on facility action taken immediately and verification of the actions. Deficiencies were found in 10A NCAC 14E .0303 Policies and Procedures and Administrative Records; .0305(A) Medical Records; and .0314 Cleaning of Materials and Equipment.

Enclosed please find the State Form, "Statement of Deficiencies and Plan of Correction," containing the cited deficiencies. A plan of correction for the deficiencies must 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 **23** days from the date of the survey and should be indicated in the right-hand column).

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1205 Umstead Drive, Lineberger Building, Raleigh, NC 27603
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Kelly Flynn, CEO
October 5, 2022

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 do not hesitate to contact this office at (919) 855-4620.

Sincerely,

Tonya Oakley, RN

Tonya Oakley, RN
Nurse Consultant
Acute and Home Care Licensure and Certification
Enclosures: State Form

cc: Azzie Conley, Section Chief