## OCT 0 4 2022

PRINTED: 08/31/2022 FORM APPROVED

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
		A. BUILDING:	COMPLETED
	AB0028	B. WING	08/30/2022
AME OF PROVIDER OR SUPPLIER	R STREET A	DDRESS, CITY, STATE, ZIP CODE	00/00/2022
WOMAN'S CHOICE OF RA	LEIGH, INC 3305 DI	RAKE CIRCLE	
(X4) ID SUMMARY ST	TATEMENT OF DEFICIENCIES	H, NC 27607	
PREFIX (EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACT	CORRECTION (X5) ION SHOULD BE COMPLE
TAG REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG CROSS-REFERENCED TO T DEFICIENCE	HE APPROPRIATE DATE
E 131 .0302 Governing A	Authority	E131 AWCR Clinic ma	MARY IS 9-27.
10A NCAC 14E .0	302	the governin over AWCR.	ar body
	authority, as defined in Rule	Menonille.	8 0
.0101(6) of this Su	bchapter, shall appoint a chief	OVERAU	11 1 1 1 1 1 1 1
executive officer o	r a designee of the clinic to	AWCR clinici	manager 1
represent the gove	erning authority and shall define	Willretrain	Front
nis or ner authority	and duties in writing. This	Desk and the	Legiot City
of the clinic imple	sponsible for the management mentation of the policies of the	Ausse on the	72 hr
governing authorit	y and authorized and	informed con	reset
empowered to car	ry out the provisions of these	informed con	- Lartin
Rules.	y and the providence of though	time prior to	ELABOTTON
(b) The chief exec	cutive officer or designee shall	10 0 h d. 10 11/4	カセレスン
designate, in writin	g, a person to act on his or her	hour counsel	their 72
behalf during his o	r her absence. In the absence	baur caunsel	lina in
of the chief executi	ive officer or designee, the	the correct to	no Drive
	inds of the clinic who is	THE COUNTY	harling
designated by the i	chief executive officer or	to having are	-OFFICE.
access to all areas	charge of the clinic shall have	1 \ \	6 1 5
access to all areas in the clinic related to patient care and to the operation of the physical plant.		The Front Desc	- STATI
(c) When there is a planned change in ownership		will confirm th	- dute and
or in the chief executive officer, the governing		Will be applied to	and a co
authority of the clinic shall notify the Division in		time the uns	ELI Was
writing of the chang	ge.	check in to ex	the patient
(d) The clinic's gov	verning authority shall adopt	21 1 12 2	200
operating policies a	and procedures that shall:	Check IL TO ET	vare the
(1) specify the	e individual to whom	dute and time	2 15 correct
the clinic is delegat	peration and maintenance of and methods established	72 hours prior	to the
by the governing a	uthority for holding such	12 Nous privi	10 112
individuals respons		abortion.	0 0
(2) provide for	or at least annual meetings of	77 0	ed Yluss
the governing author	ority, for which minutes shall	The dal block	neckthe
be maintained; and		Will, wast	vod
(3) maintain a policies and procedures		dute and a	200
manual designed to	ensure professional and safe	the 72 hr. int	Umed
revised when posses	s which shall be reviewed, and ssary, at least annually, and	rdince it is ma	le sure
shall include provide	ions for administration and	Wiscon To Viene	to the bouling
		IT'S COTVERY PITOS	TO WESTING
on of Health Service Regulation	ENSUD LIER REPRESENTATIVE'S SIGN	NATI INC	
(1)	LIER REFRESENTATIVE'S SIGI	TITLE	(%) DATE
V/121 V4 1	min.	IIIMI III A A ALV	1 1/100/2022
FORM		of analysis	1001000

Division of Health Service Regulation							
	(X3) DATE SURVEY COMPLETED						
AB0028 B. WING 08/30/2	2022						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
A WOMAN'S CHOICE OF RALEIGH, INC 3305 DRAKE CIRCLE RALEIGH, NC 27607							
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE						
use of the clinic, compliance, personnel quality assurance, procurement of outside services and consultations, patient care policies, and services offered.  (e) When the clinic contracts with outside vendors to provide services such as laundry, or therapy services, the governing authority shall be responsible to assure the supplier meets the same local and state standards the clinic would have to meet if it were providing those services itself using its own staff.  (f) The governing authority shall provide for the selection and appointment of the professional staff and the granting of clinical privileges and shall be responsible for ensuring the availability of supporting personnel to meet patient needs and to provide safe patient care.  This Rule is not met as evidenced by:  Based on North Carolina State Statute, medical record review, and staff interview, the governing body failed to ensure that complete and accurate medical records were maintained related to the documentation of Informed Consent for Abortion in 2 of 20 medical records reviewed (Patient #15, 16).  Review on 08/30/2022 of North Carolina State Statute § 90-21.82. Informed consent to abortion. revealed, "No abortion shall be performed upon a woman in this State without her voluntary and informed consent (1) At least 72 hours prior to the abortion, a physician or qualified professional has orally informed the woman, by telephone or in							

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING AB0028 08/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3305 DRAKE CIRCLE A WOMAN'S CHOICE OF RALEIGH, INC RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) E 131 E 131 Continued From page 2 information described in subdivisions (1) and (2) of this section has been furnished her... The original of this certification shall be maintained in the woman's medical records, and a copy shall be given to her .... " 1. Closed medical record review of Patient #15 revealed a 26-year-old female who arrived at the facility on 08/08/2022 at 0916 for a medical abortion. Review revealed the procedure was performed on 08/08/2022 at 1130. Medical record review revealed Patient #15 was discharged home on 08/08/2022 at 1150 in stable condition. Record review revealed the 72-hour-notice was performed on 08/06/2022 at 1035 (48 hours, 55 minutes after Patient #15 received informed consent). Interview on 08/30/2022 at 1305 with RN #1 revealed the 72-hour-notice was performed with a script 72 hours before the patient had their procedure. Interview revealed if a patient arrived without completion of the 72-hour-notice, RN #1 performed the consent process in person and rescheduled the patient for 3 days out. Interview on 08/30/2022 at 1300 with Clinic Manager #2 revealed when patients made appointments, the 72-hour consent was obtained by the nurse via phone. Interview revealed the 72-hour-notice was completed with the date and time, then forwarded to the facility from the call center, Interview revealed Patient #15's original appointment was scheduled for 08/09/2022, which met the 72 hour notice parameters. Interview revealed Patient #15 received a medical

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abortion before the 72 hours were completed.

2. Closed medical record review of Patient #16 revealed a 13-year-old female who arrived at the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X2) MULTIPLE CONSTRUCTION				
AND FEATOR GOLDEN	DEATH IOMION NOINER.	A. BUILDING:		COMPLETED			
	AB0028	B. WING		08/30/2022			
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE				
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PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDEFICIENCY)	D BE COMPLETE			
abortion. Review reperformed on 07/15/202 review revealed Pahome on 07/15/202 Record review revesigned 72-hour-notiuntimed.  Interview on 08/30/2 revealed the 72-hous script 72 hours before procedure. Interview without completion performed the constrescheduled the palenterview on 08/30/2 Manager #2 revealed appointments, the 7 by the nurse via pho 72-hour-notice was time, then forwarde	22 at 0900 for a medical vealed the procedure was 5/2022 at 1130. Medical record tient #16 was discharged 2 at 1130 in stable condition. aled the patient/guardian ce was dated 07/15/2022 and 2022 at 1305 with RN #1 ur-notice was performed with a pre the patient had their w revealed if a patient arrived of the 72-hour-notice, RN #1 ent process in person and tient for 3 days out. 2022 at 1300 with Clinic ed when patients made '2-hour consent was obtained one. Interview revealed the completed with the date and d to the facility from the call						
dated incorrectly (0' provider information qualified profession #16 received her 72 1147. Interview reve that information was #16/guardian, nor lo	in Patient #16's record was 7/15/2022), missing the n, and the signature of the al. Interview revealed Patient 2-hour-notice on 07/11/2022 at ealed the form that contained is not signed by Patient ocated in the medical record. Each patient was expected to tice form with the correct date						

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