PRINTED: 04/02/2024

| Division of Health Service Regulation   | FORM APPROVE   |
|---|--|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MILETINE CONTROLLED                                    |  |
| AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCT  A. BUILDING: | IVA DVIE SOKAEA  |
| A. BULDING.   | COMPLETED  |
| ab0015 B. WING_   |  |
| NAME OF PROVIDER OF CURRENTS  | 12/21/2023   |
| STREET ADDRESS, CITY, STATE, ZIP CO   | DE Myn stid  |
| A WOMAN'S CHOICE OF GREENSBORO 2425 RANDLEMAN RD GREENSBORO, NC 27406   | 10000012/24  |
| (X4) ID SUMMARY STATEMENT OF DESIGNATION  | OVIDER'S PLAN OF CORRECTION (X5)   |
| TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-  | A CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DATE  DEFICIENCY)  (X5)  COMPLETE DATE |
| E 139 .0305(C) Medical Records E 139 Rh Fac   | tor will be documented   |
|   | e postients chart.   |
| significance shall be explained to the nations and  | patient is documented  |
| so recorded. The patient in writing may reject Db   |  |
| VOVISION SHAW HE A DRIMSHAM AS NOT AS NOT ALL THE   | Negative, there will   |
| Tecord.   | eturitor of patients   |
| respon  | se of opt-in or  |
| dealis  | e for Rhogan,  |
|   | Iliw 320cq237 et   |
| Based on medical record review, and staff interviews, the facility staff failed to document                       | 73 (20000 )  |
| administration or a plan to get Rhogam for an   | the patients chart.  |
| Rh-negative patient whom requested Rhogam   | lition to documenting  |
| administration after a surgical abortion procedure  | andionate charle   |
| for 1 of 1 Rh negative patient medical record   | gatients chart   |
| the in-   | formation will   |
| The findings include:   | 3At on batagram  |
| Review on 12/21/2023 of the medical record for Rhogou   | n Log for all  |
| Patient #20 revealed a 43-year-old female had a   | and allers   |
| pre-procedure appointment on 10/16/2023.  | ns gives.  |
| Patient #20 signed a consent to receive a   |  |
| Rhogam injection on 10/16/2023. Patient #20 had a surgical abortion procedure on 10/19/2023 at 6                  |  |
| (SIX) WEEKS I (One) day destation (period of time   |  |
| developing inside the womb between conception   |  |
| and birth). There was no documentation Phonom   |  |
| was autilitistered to Patient #20 and no  |  |
| documentation of discussion or plan for Patient #20 to get Rhogam.  | 1  |
| On 12/21/2023 at 1700 the Clinic Manager  |  |
| reported that Registered Nurse #2 was not   |  |
| available for interview.  |  |
| Interview on 12/21/2023 at 1527 with Medical  |  |
| Doctor (MD) #1 revealed she was Board Certified   |  |
| ion of Health Service Regulation  |  |
| DRATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE (  |

vis 180

Y5HS11

| Divisio           | n of Health Service F  | Regulation  |                         |   | PRINTEL   | ): 04/02/202<br>  APPROVED |
|-------------------|--|---|-------------------------|---|-----------|----------------------------|
|                   | N OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                                    | (X2) MULT<br>A. BUILDIN | IPLE CONSTRUCTION<br>IG:  | (X3) DATE | SURVEY<br>PLETED           |
|                   |  | ab0015  | B. WING_                |   |           |                            |
| NAME OF           | PROVIDER OR SUPPLIER   | STREET A  |                         |   | 12/2      | 21/2023                    |
| 4 WOM             | AN'S CHOICE OF GRE   | EENSBORO 2425 RA  | NDLEMAN I               | , STATE, ZIP CODE   |           |                            |
| (X4) ID<br>PREFIX | SUMMARY STA  |   | BORO, NC                | 27406   |           |                            |
| TAG               | REGULATORY OR L  | SC IDENTIFYING INFORMATION)   | PREFIX<br>TAG           | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO)<br>CROSS-REFERENCED TO THE APPR | 10.00     | (X5)<br>COMPLETE<br>DATE   |
| E 139             | Continued From pa  | ge 1  | E 139                   | DEFICIENCY)   |           |                            |
|                   | in Obstetrics and G  | ynecology. Interview revealed<br>es not make its own blood<br>and Rhogam would not be | L 139                   |   |           |                            |
| E 154             | .0309(C) Laboratory  | Services  | E 154                   |   |           |                            |
| 1                 |  |   | L 134                   | Our physicious recom<br>to stop Rh testing for<br>tri potients, as the                    | mended    | 7                          |
|                   |  | ach patient shall have the and a record of the results                                |                         | to stop Rh testing fo   | or Ist    | , 1                        |
|                   | placed in the patient'<br>abortion:  | 's medical record prior to the  |                         | tri podients, as the  | y agreed  | 4                          |
|                   | (1) pregnancy  | testing eventual  |                         | it was not medically  |           |                            |
|                   |  |   |                         | NECESSORY,  |           | 1                          |
|                   | The state of the s | ouna:   |                         | A Woman's Choice 180  | dership   | - 1                        |
|                   | nematocrit); and   | ting (hemoglobin or   |                         | team was reviewing  |           |                            |
| (                 | <ol><li>Rh factor te</li></ol>   | esting.   |                         | the Fraulations and   | 3 due     | - 1                        |
|                   |  |   |                         | state regulations and   | 8.        | - 1                        |
|                   |  |   | Π                       | D an over site of its   | hoice     | - 1                        |
| I                 | his Rule is not met  | as evidenced by:  |                         | LIVET STATE TO THE  | ew        |                            |
|                   | reserving SIGIG STATING  | a policy review   |                         | to an over site on the part of A moman's Cuben doing this review of DHHS Rh typing F      | egulation | 2UC                        |
|                   |  | aff interviews the facility staff document Rh testing for 10                          | 1.                      | it was reinstated a   | 2/14/2    | 24.                        |
|                   |  |   | 1                       | 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  | Son 1     |                            |
|                   | 12, #14, and #15).   | , #2, #3, #4, #5, #6, #11,  | F                       | any qualifying med  | 1can      |                            |
| - 1               |  |   | 8                       | stoff (CNA, CMA, RN   | , mo)     | 1                          |
| 1                 | ne findings include:   |   | b                       | guitest mording liv   | andlos    |                            |
| R                 | eview of the State sta   | atute 10A NCAC 13S .0325  | 3                       | ducation.   |           | 4                          |
|                   | MALLI OF KAL   | LES Emergenou Dul- Err  | P                       | HI qualified medica   | ۱ ا       |                            |
| sh                | all have the following   | nerformed and patient   |                         | taff (CNA, CMA, RN,   | Cam       | 1                          |
|                   |  |   | ,.                      | man in continue kind  | tho       |                            |
| 1                 | and abortion,  | ractor testing"   | 0                       | which is which is   | Jal. Jac  |                            |
| Re                | view on 12/21/2023   | of the facility policy not  | 11                      | ides and in the   | MCIMAE.   |                            |
|                   | and thot dated leve  | ealed "Change in Policy   |                         | ideo and hands or   | 9         |                            |
| f Health          | Service Regulation   |   | . 2                     | raining.  | 4-10      | 11.2.4                     |

| rision of Health Service R<br>TEMENT OF DEFICIENCIES<br>O PLAN OF CORRECTION   | ICIENCIES ICATION NUMBER:   |  | 2) MULTIPLE<br>BUILDING: _ | CONSTRUCTION   |              | LETED               |
|--|---|--|----------------------------|--|--------------|---------------------|
| , , <u> </u>   |   | l <sub>B</sub>   | WING                       |  | 12/3         | 21/2023             |
|  | ab0015  |  |                            | TIP CODE   |              |                     |
| AT AUDDUE  | 2   | STREET ADDRE   | SS, CITY, S                | TATE, ZIP CODE   |              |                     |
| ME OF PROVIDER OR SUPPLIE  |   | 2425 RANDL   | EMAN RD                    | - 400  |              |                     |
| NOMAN'S CHOICE OF GI   | REENSBORO   | GREENSBO   | RO, NC 2                   | PROVIDER'S PLAN O                                      | F CORRECTION | (X5)<br>COMPLETE    |
|  | DEELCIENCY  | ES   | ID                         |  |              | DATE                |
| (4) ID SUMMARY S<br>(EACH DEFICIE)<br>TAG REGULATORY O   | TATEMENT OF DEFICIENCE ICY MUST BE PRECEDED B R LSC IDENTIFYING INFORM  | y full<br>Mation)  | PREFIX<br>TAG              | (EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIE! | )            |                     |
|  |   |  | E 154                      |  |              |                     |
| based on Scient Abortion Federa Rhogam is not pregnancy. (Co Carolina) will not the administrati trimester of pre (MD #1 Name) Director"  1. Review on 1 for Patient #1 a pre-procedu that included heatens with the patient #1 had  | page 2 nd Rhogam administrific evidence and NAF tion) standards, RH to necessary in the first to porate initials) NC (No longer be offering RI on of Rhogam during gnancy. Effective: July MD; (Corporate initial 2/21/2023 of the med revealed a 31-year-old re appointment for on nemoglobin and an ult la surgical abortion p 12/18/2023. Review re of performed or offere | esting and crimester of lorth H testing or the first y 01, 2023 lals) Lab lical record defemale had 12/14/2023 crasound.   |                            |  |              |                     |
| Interview on Doctor (MD) in Obstetrics the fetal mar until after 12 needed. "It v to give Rhog revealed NA Interview or Manager retesting. The clinic no lor NAF guidel The clinic of and does not contain the clinic of the clinic of and does not contain the clinic of the clini | 12/21/2023 at 1527 wi<br>#1 revealed she was I<br>and Gynecology. Interow does not make its<br>weeks and Rhogam vi<br>ras wasting resources<br>am prior to the 12 we<br>F supported not perform<br>12/21/2023 at 1020 vi<br>vealed the clinic does<br>policy changed in Juli<br>ger had to perform the<br>nes. Rhogam is not goes not have supplies<br>of have any Rhogam.    | rview revealed sown blood would not be to Rh test and eks." Interview orming testing.  with the Clinic not perform R by 2023 and the eRh test per given in the clinic for Rh testing medical record female has a conditional r | h<br>e<br>ic.              |  | a to         | 12.24               |
| for Patient  | #2 revealed a 25-year<br>edure appointment for  | r on 11/27/202   | 3                          |  |              | If continuation she |

| AND PLA                    | NT OF DEFICIENCIES<br>N OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA   | (X2) MULTIPI  | E CONSTRUCTION   |         | APPROV                  |
|----------------------------|---|---|---------------|--|---------|-------------------------|
|                            | . o. connection   | IDENTIFICATION NUMBER:  |               |  |         | E SURVEY<br>IPLETED     |
|                            |   | ab0015  | B. WING       |  |         |                         |
| NAME OF                    | PROVIDER OR SUPPLIER  | STREET AL   | ODRESS CITY S | STATE, ZIP CODE  | 12/     | 21/2023                 |
| MOW A                      | AN'S CHOICE OF GRI  | EENSBORO 2425 RAI   | NDLEMAN RE    | )  |         |                         |
| (X4) ID                    | SUMMARY ST  | ATEMENT OF DEFICIENCIES   | BORO, NC 2    | 7406   |         |                         |
| PREFIX<br>TAG              | REGULATORY OR L   | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | PREFIX<br>TAG | PROVIDER'S PLAN OF CORR<br>(EACH CORRECTIVE ACTION SI<br>CROSS-REFERENCED TO THE AF<br>DEFICIENCY) | JOHN DE | (X5)<br>COMPLET<br>DATE |
| E 154                      | Continued From pa   | ige 3   | E 154         |  |         |                         |
|                            | performed on 12/01 testing was not perf#2.  Interview on 12/21/2 Doctor (MD) #1 revein Obstetrics and G   | globin and an ultrasound. Irgical abortion procedure 1/2023. Review revealed Rh formed or offered to Patient 2023 at 1527 with Medical ealed she was Board Certified 1/2023 at 1527. Interview revealed     | 2 104         |  |         |                         |
|                            | until after 12 weeks needed. "It was was to give Rhogam prio revealed NAF supporterview on 12/21/2  | and Rhogam would not be ting resources to Rh test and r to the 12 weeks." Interview orted not performing testing.   |               |  |         |                         |
|                            | testing. The policy chairs and the color of | e clinic does not perform Rh nanged in July 2023 and the perform the Rh test per gam is not given in the clinic.  |               |  |         |                         |
| a<br>ti<br>P               | or Patient #3 revealed pre-procedure appoint included hemogic lating #3 had a surgerformed on 12/19/2 esting was not perfor   | 023 of the medical record at a 35-year-old female had bintment for on 12/16/2023 obin and an ultrasound. ical abortion procedure 023. Review revealed Rh med or offered to Patient                          |               |  |         |                         |
| in<br>th<br>ur<br>ne<br>to | Octor (MD) #1 revea<br>Obstetrics and Gyne<br>e fetal marrow does<br>ntil after 12 weeks ar<br>eeded. "It was wastin<br>give Rhogam prior t   | 23 at 1527 with Medical led she was Board Certified ecology. Interview revealed not make its own blood of Rhogam would not be g resources to Rh test and the 12 weeks." Interviewed not performing testing. |               |  |         | <b>1</b> .1d            |

| TEMENT                 | F Health Service Re   | QUIATION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE<br>A. BUILDING: | CONSTRUCTION   | (X3) DATE<br>COMP | LETED              |
|------------------------|---|--|-------------------------------|--|-------------------|--------------------|
| PLAN O                 | F CORRECTION  |  | B. WING                       | The state of the s | 12/2              | 21/2023            |
|                        |   | ab0015   |                               |  |                   |                    |
|                        |   |  |                               | STATE, ZIP CODE  |                   |                    |
|                        | ROVIDER OR SUPPLIER   | 2420 1111  | IDLEMAN RI                    | <b>D</b>   |                   |                    |
| MOMAI                  | N'S CHOICE OF GRI   | EENSBORO GREENS  | BORO, NC 2                    | PROVIDER'S PLAN OF   | CORRECTION        | (X5)               |
|                        |   | THE OF DEFICIENCIES  | ID.                           |  |                   | COMPLETE<br>DATE   |
| X4) ID<br>REFIX<br>TAG | (EACH DEFICIENC<br>REGULATORY OR  | ATEMENT OF DEFICIENT SY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)  | PREFIX<br>TAG                 | CROSS-REFERENCED TO DEFICIENCE   | ILIC DI LICE.     |                    |
|                        |   |  | E 154                         |  |                   | V                  |
| E 154                  | Continued From F  | page 4   |                               |  |                   |                    |
|                        | Manager revealed testing. The policition of longer has NAF guidelines. The clinic does mand does not have   |  | 1                             |  |                   |                    |
|                        | for Patient #4 re a pre-procedure that included he Patient #4 had a performed on 1 testing was not #4.  | /21/2023 of the medical record vealed a 27-year-old female had appointment for on 12/05/2023 moglobin and an ultrasound. a surgical abortion procedure 2/09/2023. Review revealed Rh performed or offered to Patient   |                               |  |                   |                    |
|                        | Doctor (MD) #' in Obstetrics a the fetal marro until after 12 w needed. "It wa to give Rhoga revealed NAF   | 2/21/2023 at 1527 with Medical I revealed she was Board Certifund Gynecology. Interview reveal we does not make its own blood reeks and Rhogam would not be a wasting resources to Rh test arm prior to the 12 weeks." Intervisupported not performing testing | e<br>and<br>ew<br>ig.         |  |                   |                    |
|                        | Manager revertesting. The process of testing the process of the clinic does not be and does not be the clinic does not be clinically as the clinical does not be | 2/21/2023 at 1020 with the Clinicaled the clinic does not perform policy changed in July 2023 and er had to perform the Rh test pees. Rhogam is not given in the cles not have supplies for Rh test thave any Rhogam.  | the<br>er<br>clinic.<br>ing   |  |                   |                    |
|                        | for Patient # a pre-proced  | n 12/21/2023 of the medical reco<br>5 revealed a 23-year-old female<br>dure appointment for on 11/27/20<br>1 hemoglobin and an ultrasound<br>ad a surgical abortion procedure  | 023                           | (  | Ju 6              | 1 Continuation she |

Division of Health Service Regulation STATE FORM

PRINTED: 04/02/2024 FORM APPROVED

| STATEME   | n of Health Service F<br>ENT OF DEFICIENCIES |  |                |  | FORM       | D: 04/02/202<br>APPROVE |
|-----------|--|--|----------------|--|------------|-------------------------|
| AND PLA   | N OF CORRECTION                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPL   | E CONSTRUCTION   | Over a ser |                         |
|           |  | SECTION NUMBER:  | A. BUILDING:   |  | COM        | E SURVEY<br>PLETED      |
|           |  | ah004r   |                |  |            |                         |
| AME OF    | DDO\/IDED OF OUR                             | ab0015   | B. WING        |  | 12/        | 21/2023                 |
|           | PROVIDER OR SUPPLIER                         | SIREELAL   | DRESS, CITY, S | STATE, ZIP CODE  | 1 41       | 11/2025                 |
| WOMA      | AN'S CHOICE OF GRI                           | EENSBORO 2425 RAM  | IDLEMAN RE     |  |            |                         |
| (X4) ID   |  | GREENS   | BORO, NC 2     | 7406   |            |                         |
| PREFIX    | I (CACH DEFICIENC)                           | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL   | JD             | PROVIDER'S PLAN OF CORRI                                 | ECTION     | OVE.                    |
| TAG       | REGULATORY OR L                              | SC IDENTIFYING INFORMATION)  | PREFIX<br>TAG  | (EACH CORRECTIVE ACTION SI<br>CROSS-REFERENCED TO THE AP | JOHN D. DC | COMPLETE                |
| E 154     | 0. 1.  |  |                | DEFICIENCY)  | PROPRIATE  | DATE                    |
| E 154     | osminaca / form pa                           |  | E 154          |  |            |                         |
|           | performed on 12/02                           | 2/2023. Review revealed Rh   |                |  |            |                         |
|           | comy was not pen                             | formed or offered to Patient   |                |  |            |                         |
|           | <b>#</b> 5.                                  | and it   |                |  |            |                         |
|           | Interview on 12/24/                          | 2022 -1 4507   |                |  |            |                         |
|           | Doctor (MD) #1 revi                          | 2023 at 1527 with Medical ealed she was Board Certified  |                |  |            |                         |
|           | in opporedict alla Gr                        | VDECDIOOV Interview revealed 1   |                |  |            |                         |
| 1         | THE TOTAL HIGH OW UDE                        | 2S DOI Make ite over bland   |                |  | 1          |                         |
| 1/2       | until after 12 weeks                         | and Rhodam would ti.   |                |  |            |                         |
| 1 100     | needed. It was was                           | TING resources to Dh took and  | 1              |  |            |                         |
|           | TO SITE I THOUGHIN DISC                      |  |                |  | 1          |                         |
| 1         | suppt  | orted not performing testing.  |                |  |            |                         |
|           | Interview on 12/21/2                         | 023 at 1020 with the Clinic  |                |  | 1          |                         |
| 100       | ivialiayer revealed th                       | e clinic does not norform Dh   |                |  |            |                         |
|           | resumer the policy of                        | Danded in Triby 2022 and the III   |                |  |            |                         |
| 112.5     | cining the lettidet thad t                   | O perform the Ph test ma-  |                |  | 1          |                         |
| 1         | The clinic does not b                        | gam is not given in the clinic. ave supplies for Rh testing  |                |  | 1          |                         |
| á         | and does not have a                          | nv Rhogam  |                |  |            |                         |
| - 4       |  |  |                |  |            |                         |
| 1 6       | o. Review on 12/21/2                         | 023 of the medical record  | 1              |  |            | ű.                      |
| 1.4       | or ratient #6 reveale                        | d a 20-year-old fomolo had   |                |  | 1          |                         |
|           | , big bioognate app                          | pointment for on 11/28/2023  | 1              |  |            |                         |
| 100       | auent #o nad a surd                          | ICal abortion procedure  |                |  |            |                         |
| 1 1       | enonned on 12/08/2                           | 023 Review revealed Dh   |                |  |            |                         |
| 1         | saming was not bettor                        | med or offered to Patient  |                |  |            |                         |
| #         | 6.   |  |                |  | 1          | 1                       |
| In        | iterview on 12/24/20                         | 23 at 1527 with Medical  |                |  |            | - 1                     |
| 70        | OCIOI (INID) #1 Levea                        | led she was Roard Coulsing   |                |  |            | - 1                     |
|           | Costelling allo (200)                        | PCOIOGV Intonvious sous also I   |                |  |            | - 1                     |
|           | ie ielai manow does                          | not make its own blood   |                |  |            | - 1                     |
| l ui      | ILLI ditter 12 weeks ar                      | 1d Rhogam would not be   |                |  |            | - 1                     |
| 1110      | seded. It was wastin                         | O resources to Dh toot I   |                |  |            | 1                       |
| 10        | give imodalli blinr t                        | to the 12 weeks." Interview ed not performing testing.   | 1              |  |            | 1                       |
|           |  |  |                | / /  |            |                         |
| In        | terview on 12/21/202                         | 3 at 1020 with the Clinic  |                | . ( 1.   | 6.12.      |                         |
| of Health | Service Regulation                           | The same of the sa |                |  | (0.17)     | 761                     |

Y5HS11

| sion of                | Health Service R   | egulation (X1) PROVIDER/SUPPLIER/CLIA  | (X2) MULTIPLE                       | CONSTRUCTION  | (X3) DATE<br>COMP | LETED      |
|------------------------|--|--|-------------------------------------|---|-------------------|------------|
| EMENT                  | OF DEFICIENCIES<br>F CORRECTION  | IDENTIFICATION NUMBER:   | A. BUILDING: _                      |   |                   |            |
| PLAN UI                | 1 OOMEONO.   |  |                                     |   | 12/2              | 21/2023    |
|                        |  | ab0015   | B. WING                             |   |                   |            |
|                        |  | STREET AD  | DRESS, CITY, S                      | TATE, ZIP CODE  |                   | 1          |
|                        | ROVIDER OR SUPPLIER  | 2425 RAI   | IDLEMAN RD                          |   |                   |            |
| MAN                    | N'S CHOICE OF GR   | EENSBORO GREENS  | BORO, NC 2                          | PROVIDER'S PLAN OF CO   | RRECTION          | (X5)       |
|                        |  | OF DEFICIENCIES  | ID                                  |   |                   | COMPLETE   |
| (4) ID<br>REFIX<br>TAG | (EACH DEFICIEN<br>REGULATORY OF  | TATEMENT OF DEFICIENCE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)  | PREFIX<br>TAG                       | (EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE<br>DEFICIENCY) | MITTOTT           |            |
|                        |  | 200 6  | E 154                               |   |                   |            |
| E 154                  | Continued From   | page 0   | 1                                   |   |                   |            |
|                        | testing. The policion clinic no longer has NAF guidelines. The clinic does rand does not has                             | d the clinic does not perform Rhey changed in July 2023 and the lad to perform the Rh test per Rhogam is not given in the clinic not have supplies for Rh testing we any Rhogam.   | 1                                   |   |                   |            |
| 5.                     | for Patient #11 r<br>a pre-procedure<br>that included he<br>Patient #11 had<br>performed on 1<br>testing was not<br>#11. | /21/2023 of the medical record evealed a 34-year-old female has appointment for on 11/14/2023 moglobin and an ultrasound. I a surgical abortion procedure 1/18/2023. Review revealed Rh performed or offered to Patient                                    |                                     |   |                   |            |
|                        | Doctor (MD) # in Obstetrics a the fetal marro until after 12 w needed. "It wa to give Rhoga revealed NAF                 | 2/21/2023 at 1527 with Medical 1 revealed she was Board Certifnd Gynecology. Interview reveal we does not make its own blood reeks and Rhogam would not be wasting resources to Rh test am prior to the 12 weeks." Intervisupported not performing testing | and<br>ew<br>g.                     |   |                   |            |
|                        | Interview on 1 Manager reve testing. The p clinic no long NAF guidelin The clinic do and does no                         | 12/21/2023 at 1020 with the Clinicaled the clinic does not perform policy changed in July 2023 and er had to perform the Rh test pees. Rhogam is not given in the ces not have supplies for Rh test thave any Rhogam.                                      | c<br>Rh<br>the<br>r<br>linic.<br>ng |   |                   |            |
|                        | 8. Review or for Patient # a pre-proced that included Patient #12  | n 12/21/2023 of the medical reconding the revealed a 16-year-old femal dure appointment for on 11/14/20 hemoglobin and an ultrasound had a surgical abortion procedured 12/17/2023. Review revealed not performed or offered to Pati                       | re<br>Rh                            |   |                   | (o·12 - Uf |

PRINTED: 04/02/2024 FORM APPROVED

| O I A I EIVIE                            | of Health Service F   | (X1) PROVIDER/SUPPLIER/CLIA   | (VC) 141                 |  |                                | APPROV                  |
|--|---|---|--------------------------|--|--------------------------------|-------------------------|
| AND PLAI                                 | N OF CORRECTION   | IDENTIFICATION NUMBER:  | A. BUILDING:             | E CONSTRUCTION   | (X3) DAT                       | E SURVEY                |
|  |   | ab0015  | B. WING                  |  |                                |                         |
| AME OF                                   | PROVIDER OR SUPPLIER  |   |                          |  | 12/                            | 21/2023                 |
|  |   | SIREELA   | DDRESS, CITY, S          | STATE, ZIP CODE  |                                |                         |
|  | AN'S CHOICE OF GRI  | GREENS  | NDLEMAN RE<br>BORO, NC 2 | )<br>7406  |                                |                         |
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| i di | in Obstetrics and G the fetal marrow do until after 12 weeks needed. "It was was to give Rhogam prio revealed NAF suppor Interview on 12/21/2 Manager revealed th testing. The policy of clinic no longer had a NAF guidelines. Rho The clinic does not had and does not have a D. Review on 12/21/2 or Patient #14 revea | 2023 of the medical record<br>led a 24-year-old female had  |                          |  |                                |                         |
| P<br>p                                   | Patient #14 had a sur<br>erformed on 11/20/2  | obin and an ultrasound. rgical abortion procedure 1023. Review revealed Rh rmed or offered to Patient   |                          |  |                                |                         |
| in<br>th<br>ur<br>ne                     | Octor (MD) #1 reveal<br>Obstetrics and Gyn<br>e fetal marrow does<br>ntil after 12 weeks are<br>eeded. "It was wastir<br>give Rhogam prior t  | 23 at 1527 with Medical led she was Board Certified ecology. Interview revealed not make its own blood and Rhogam would not be gresources to Rh test and to the 12 weeks." Interview ed not performing testing. |                          |  |                                |                         |
| tes                                      | anayer revealed the   | 23 at 1020 with the Clinic<br>clinic does not perform Rh<br>nged in July 2023 and the   |                          | (  | 16:17                          |                         |

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED ab0015 B. WING 12/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE A WOMAN'S CHOICE OF GREENSBORO 2425 RANDLEMAN RD GREENSBORO, NC 27406 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) E 154 Continued From page 8 E 154 clinic no longer had to perform the Rh test per NAF guidelines. Rhogam is not given in the clinic. The clinic does not have supplies for Rh testing and does not have any Rhogam. 10. Review on 12/21/2023 of the medical record for Patient #15 revealed a 23-year-old female had a pre-procedure appointment for on 11/18/2023 that included hemoglobin and an ultrasound. Patient #15 had a surgical abortion procedure performed on 11/21/2023. Review revealed Rh testing was not performed or offered to Patient #15. Interview on 12/21/2023 at 1527 with Medical Doctor (MD) #1 revealed she was Board Certified in Obstetrics and Gynecology. Interview revealed the fetal marrow does not make its own blood until after 12 weeks and Rhogam would not be needed. "It was wasting resources to Rh test and to give Rhogam prior to the 12 weeks." Interview revealed NAF supported not performing testing. Interview on 12/21/2023 at 1020 with the Clinic Manager revealed the clinic does not perform Rh testing. The policy changed in July 2023 and the clinic no longer had to perform the Rh test per NAF guidelines. Rhogam is not given in the clinic. The clinic does not have supplies for Rh testing and does not have any Rhogam.

vision of Health Service Regulation

ATE FORM

B899

## A WOMAN'S CHOICE, INC.

CHARLOTTE, NC GREENSBORO, NC RALEIGH, NC JACKSONVILLE, FL DANVILLE, VA

## CONSENT TO ULTRASOUND EXAMINATION

I am consenting to an ultrasound at A Woman's Choice. The purpose of this exam is to verify and date a pregnancy. I understand that no further conclusions will be made based on the ultrasound performed here. The ultrasound performed today will not be used to identify gender, diagnose fetal anomalies, or rule out ectopic pregnancy. I have been informed that findings related to the ultrasound can be subject to a plus/minus variation of 10 to 14 days.

| First Day of your last period://   | _  |
|--|--|
| of the findings.   | see a live image of the ultrasound and hear an explanation |
| *AWC ultrasound machines are not equipped with a   | udio functions.  |
| Explanation given by:  | Date:  |
| Patient Name:  | DOB:   |
| Patient Signature:   | DATE:  |
| LABORATORY - AWC STAFF   |  |
| Pregnancy Test<br>Urine Sensitive: POS NEG   |  |
| Blood Tests: Hbg/Hematocrit Time   |  |
| Rh Factor: POS NEG   |  |
| <ul><li>I accept an injection of Rhogam.</li><li>I decline an injection of Rhogam.</li></ul> |  |
| Patient Signature:   | Date:  |
| Physical Exam/Vital Signs  |  |
| BPRespirations   | Pulse  |
| Weight BMI   |  |
| Tech Name:   |  |
| MD Signature:  |  |

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BREENSBORO. NC

RALEIGH. NC

JACKSONVILLE. FL

OANVILLE. VA

## **Policy for Administering Rh Testing**

Testing a patient's Rh factor requires the need for an Anti-D blend ALBA clone. This Reagent should be stored between 2-8°C/35-46F. Before using the reagent for testing the reagent should be between 20-24°C/68-75°F. A control must be done daily before performing this test. This is achieved by testing cells known to be negative and positive for the relevant antigen. Test reagent by using confirmed Positive and Negative blood specimens. Once it is determined that the Anti-D blend ALBA clone is effective it may be used to test patients' blood.

## Procedure for testing

The patient will have a seat in the lab at the blood collecting station. The medical staff is to place one drop of Anti-D on a glass slide. Using a lancet, prick the patient's finger to obtain a sample of the red blood cells to be tested. Add one drop of blood to the one drop of reagent that is already on the glass slide. Lift the slide up to the light and rock back and forth for 30 seconds and let incubate (rest) for 2-5 minutes to receive your results.

The test results may be interpreted immediately upon completion of the test. Agglutination (grains) of the reactants means the sample is Rh+ (positive) no agglutination (smooth) of the reactants means the blood sample is Rh-negative. The results are to be recorded on the AB lab sheet in the section for Rh as well as on the patient's chart in the area marked Rh. Negative results are to be recorded with a RED pen on both forms (AB lab sheet and patient chart).

If the patient is Rh-negative, a Rh- sticker is to be placed on the chart and the patient is to be given a handout explaining what it means to be Rh-negative and the effect it has on her visit today and for future pregnancies. If the patient declines the RhoGAM injection it must be documented, and the patient must sign a refusal form.

Medical Staff (CNA,CMA,RN,MD) will provide RH testing and education to each patient on the date of the required 72-hour consultation, patients may also provide documentation of RH factor to AWC, or if a patient receives their 72-hour consultation outside of AWC they will be provided RH testing and education on the day the abortion is provided at AWC.

All testing will be monitored by AWC's designated supervisor.

RH testing resumed on 2/14/2024.

CHARLOTTE, HC
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RALEIGH, NC
JACKSOHVILLE, FL
DANVILLE, VA

## The "Rh Factor" and RhoGAM injection

RhoGAM: Rho(D) immune globulin, an injectable drug that is used to protect an Rh+ fetus from antibodies in an Rh- pregnant person's blood. This injection is given after your abortion and will be given each time you have an abortion, miscarriage, or childbirth to protect your NEXT pregnancy.

The term "Rh" refers to a particular protein, the Rh factor, that sits on the surface of red blood cells (the surfaces of all cells are dotted with some protein or another). About 85 percent of the population carries the Rh-factor protein on their cells. That makes them Rh-positive. Some people, like you, don't have the protein and are Rh-negative.

## Does it make any difference in your daily life?

Not in the slightest. But when you're pregnant, your Rh status can matter. That's because your immune system, which monitors your body and bloodstream for foreign cells, recognizes invaders based on the proteins they carry on their surfaces. When cells are littered with proteins that are unfamiliar to the immune system, your body will eye those cells more carefully, and, perhaps, attack and destroy them. To your Rh-negative immune system, then, Rh-positive cells look suspicious — even if they belong to your fetus. The situation is called Rh incompatibility.

## How and when does this incompatibility issue create problems?

Usually not during the pregnancy, because the maternal and fetal blood systems are separate. But in certain cases, a small amount of the fetus' blood can mix with yours. Drops of the fetus's blood — with those Rh-positive cells — can get into your body, and your immune system will begin to mount an attack. And now that your immune system is ratcheted up and ready to assail Rh-positive cells, it will do so from now on — including during any future pregnancy with another Rh-positive fetus, which could lead to anemia, jaundice, or hemolytic disease.

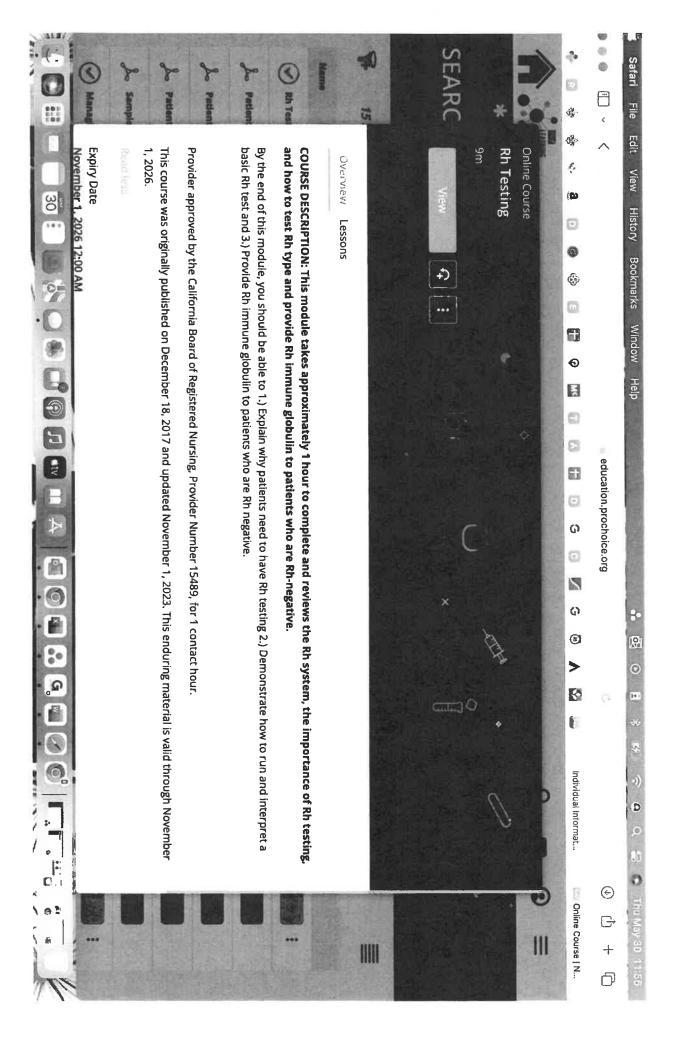
## That's where RhoGAM comes in.

The vaccine-like compound, also known as Rh-immune globulin, is a blood product that can stop your immune system from attacking Rh-positive cells. When an Rh incompatibility is identified, RhoGAM will be given, as a shot, after each pregnancy.

## Are there side effects?

Reactions are infrequent and mild and are generally confined to the injection site as soreness or tenderness. Occasionally, a patient may develop a low-grade fever. Allergic reactions are not expected.

Please share your blood type with your reproductive health provider in future pregnancies.



# A Woman's Choice of Greensboro

# Patient Rhogam Log

| _ |  |  |  |  |  | <br> | <br> | _     | _        | _            | 1 |
|---|--|--|--|--|--|------|------|-------|----------|--------------|---|
|   |  |  |  |  |  |      |      |       |          | DATE         |   |
|   |  |  |  |  |  |      |      |       |          | PATIENT NAME |   |
|   |  |  |  |  |  |      |      | Given | Dose     | Mini         |   |
|   |  |  |  |  |  |      |      |       |          | LOT NUMBER   |   |
|   |  |  |  |  |  |      |      |       |          | EXP. DATE    |   |
|   |  |  |  |  |  |      |      |       | initials | Tech         |   |

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We honor your figure now for you

# **Rh Testing Policy and Procedure**

When patients arrive in lab CAN/MA will prick patients' finger with lancet. One drop of Albaclone Anti-D reagent placed on glass slide followed by one drop of the patients' blood. Slide will then be mixed well by rocking the slide for approximately 30 seconds. Test must incubate for 2-5 minutes using a timer at 18°c-24°c (room temperature) with occasional rocking. Patient's results must be documented on the chart and lab sheet before she leaves the lab.

Anti-D reagent will be stored at 2°-8° (c)

Abnormal results must be circled in red, and MD/RN must be notified. If test in inoperable, testing will be suspended.

Positive/ Negative Controls (Blood Samples)

Positive/ Negative samples must be drawn every 30 days.

 Purple top must be labeled as such: date drawn, drawn by (initials), lot # (DOB of donor), expiration date (30 days from drawn date) Negative – (red).

THIS SHOULD ALSO BE PLACED ON RH CONTROL LOG SHEET LOCATED IN THE LAB BOOK.

Testing Anti-D is a daily process. Make sure after testing the Anti-D with the controls, results are place on the lab sheet before clinic begins.

- 2. If different donors are needed to provide blood samples for testing, make sure this person has proof of blood type (red cross card). Make a copy and place in lab book.
- 3. If any errors are made, please notify office manager/ lab director so it can be notated in Quality Assurance.

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# CONSULTATION LAB SHEET

| Lont        | or Name                       |                   | Da               | te/Time       |           |                  |
|-------------|-------------------------------|-------------------|------------------|---------------|-----------|------------------|
| RH+ L       | Lot#Fv                        | Anti-D @          | iamma Clone      | Date Opene    | d         |                  |
| RH- L       | Lot#Ex ot#Exp gerator Tempech | ' Lot#            |                  | - penc        | Evn       |                  |
| veilib      | Recator Temp                  | LOW               | sensitivity or i | A seem to a d |           |                  |
| Lab Te      | gerator TempExp<br>ech        | (2-6 C) Room Temp |                  | (18-24°C) Hu  | midity    | test             |
|             | ech                           | No.               | irse             |               |           | (20-60%)         |
| MD Sig<br># | Sharute                       |                   |                  |               |           |                  |
| #           | Patient Name                  |                   |                  |               |           |                  |
|             |                               |                   | Procedure        | Hgb           | RH Factor | Ultrasound weeks |
|             |                               |                   |                  | -             |           | gestation weeks  |
|             |                               |                   |                  |               |           |                  |
|             |                               |                   | <u> </u>         |               |           |                  |
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BEREINSBORO, HC
RALEIGH, HC
JACKSCHVILLE, FL
DANVILLE, VA

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The test results may be interpreted immediately upon completion of the test. Agglutination (grains) of the reactants means the sample is Rh+ (positive) no agglutination (smooth) of the reactants means the blood sample is Rh-negative. The results are to be recorded on the AB lab sheet in the section for Rh as well as on the patient's chart in the area marked Rh. Negative results are to be recorded with a RED pen on both forms (AB lab sheet and patient chart).

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A WOMAN'S CROICE INC.

Change in Policy for RH Testing and Rhogam administration:

As based on Scientific evidence and NAF (National Abortion Federation) standards, RH testing and Rhogam is not necessary in the first trimester of pregnancy. AWC NC will no longer be offering RH testing or the administration of Rhogam during the first trimester of pregnancy.

Effective: July 1, 2023

Chelsea Ward MD AWC Lab Director



ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

# Via Electronic Mail to samantham@awomanschoiceinc.com

February 19, 2024

Samantha Matthews, Greensboro Clinic Manager A Woman's Choice Of Greensboro 2425 Randleman Rd Greensboro, NC 27406

Re: State Licensure Survey and Complaint Investigation NC00199923

Dear Ms. Matthews,

Thank you and your staff for the assistance and cooperation extended during the state licensure survey at A Woman's Choice Of Greensboro in Greensboro, NC conducted December 21, 2023. 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 10A NCAC 13S .0305 Medical Records and 10A NCAC 13S .0325 Laboratory 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 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.

Tonya Oakley, RN

Tonya Oakley, RN NurseConsultant Acute and Home Care Licensure and Certification Section

Enclosures: State Form - Statement of Deficiencies

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

LOCATION: 1205 Umstead Drive, Lineberger Building, Raleigh, NC 27603 MAILING ADDRESS: 2712 Mail Service Center, Raleigh, NC 27699-2712 www.ncdhhs.gov/dhsr/ • TEL: 919-855-4620 • FAX: 919-715-3073