

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>180291</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>06/27/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD SOUTH ATLANTIC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 S TORRENCE STREET CHARLOTTE, NC 28212</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
E 000	Initial Comments  An onsite Re-Licensure Survey was conducted on June 27, 2024 to determine compliance with the North Carolina Rules Governing the Licensure of Clinics for Abortion. No deficiencies were identified. The State Agency recommends re-licensure with effective date of July 22, 2024.	E 000			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE