



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
2712 Mail Service Center ■ Raleigh, North Carolina 27699-2712

Beverly Eaves Perdue, Governor
Albert A. Delia, Acting Secretary

<http://www.ncdhhs.gov/dhsr>
Drexdal Pratt, Division Director

Azzie Y. Conley, Chief
Phone: 919-855-4620
Fax: 919-715-3073

February 1, 2013

Kelly Martin, CEO
A Woman's Choice Of Raleigh, Inc
3305 Drake Circle
Raleigh, NC 27607

Re: Recertification Survey and Complaint Investigation: NC00084154

Dear Ms. Martin,

Thank you and your staff for the assistance and cooperation extended during the complaint investigation at A Woman's Choice Of Raleigh, Inc in Raleigh, NC on January 24, 2013. The investigation was conducted in order to determine the facility's compliance with the Rules Governing the Certification of Clinics for Abortions as well as to determine the validity of the complaint.

As discussed in the exit conference, the complaint allegation was not substantiated and the complainant will be notified. Furthermore, as a result of the investigation, deficiencies were identified with respect to NCAC 14E.0206 Equipment, NCAC 14E.0305 Medical Record, NCAC 14E.0311 Surgical Services, NCAC 14E.0312 Medications, NCAC 14E.0313 Post Operative Care and NCAC 14E.0402 Medical Staff.

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:

- (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 form 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 feel free to contact me by calling (919) 855-4620.

Sincerely,

Deborah McCarty, RN
Facility Survey Consultant II
Acute and Home Care Licensure and Certification Section

Enclosures: State Form Statement of Deficiencies

