



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt, Director

October 16, 2014

Tammy Chalmers, Administrator
Hallmark Women's Clinic
1919 Gillespie Street
Fayetteville, NC 28306

Re: Complaint Investigation(s): NC00093287

Dear Ms. Chalmers:

Thank you and your staff for the assistance and cooperation extended during the complaint investigation and recertification survey at Hallmark Women's Clinic in Fayetteville, NC from October 8, 2014 through October 9, 2014. The investigation was conducted in order to determine the facility's compliance with the North Carolina Rules Governing the Certification of Clinics for Abortions as well as to determine the validity of the complaint(s).

As discussed in the exit conference, 0 of 1 allegations were substantiated. Furthermore, as a result of the investigation, deficiencies were identified with respect to 10A NCAC 14E.0314 Cleaning of Materials and Equipment.

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 State Plan, 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) 218-9458.

Sincerely,

Lynn Ethridge, RN, BSN
Nurse Consultant
Acute and Home Care Licensure and Certification Section

Enclosures: CMS 2567 Statement of Deficiencies

