

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110748 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/26/2018 |
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| NAME OF PROVIDER OR SUPPLIER NORTH DURHAM WOMEN'S HEALTH, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 400-B CRUTCHFIELD ST DURHAM, NC 27704 |
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| (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 | <p>Initial Comments</p> <p>An unannounced recertification survey was conducted September 25 - 26, 2018. The facility was found to be in compliance with NC State licensing rules for the operations of abortion clinics. No violations of the rules were identified.</p> | E 000 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____