



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director

Via Electronic Mail

August 06, 2021

Patrick Summers, Director of Strategic Initiatives, CEO
Planned Parenthood Of Central North Carolina
1765 Dobbins Road
Chapel Hill, NC 27514

Re: State Licensure Survey

Dear Dear Mr. Summers,

Thank you and your staff for the assistance and cooperation extended during the survey at Planned Parenthood Of Central North Carolina in Chapel Hill, NC from July 21, 2021 through July 22, 2021. The survey was conducted in order to determine the facility's compliance with the State Rules for Certifications of Clinics for Abortion. As a result of the survey, standard level deficiencies were identified with respect to NC State Rules NCAC 14E.0304(d) Admission and Discharge.

Enclosed please find the State Form, "Statement of Deficiencies and Plan of Correction," containing the cited deficiencies. A plan of correction for the deficiencies should be submitted and 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 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,

Tonya Oakley, RN

Tonya Oakley, RN
Nurse Consultant
Acute and Home Care Licensure and Certification Section

Enclosures: CMS 2567 Statement of Deficiencies

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
ACUTE AND HOME CARE LICENSURE AND CERTIFICATION SECTION

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER