PRINTED: 02/23/2024 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD OF CENTRAL NORTH CARL  (A) ID PREPIX TAGS  TAGS    CA   ID PREPIX TAGS    CA   ID PROVIDER'S PLAN OF CORRECTION SET PRECEDED BY FULL TAGS	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD OF CENTRAL NORTH CARC  (X4) ID PREFIX TAG  IN (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  E 000 Initial Comments  An onsite re-licensure survey and complaint investigaiton was conducted12/20/2023 through 12/21/2023 to determine compliance with the North Carolina Rules Governing the Certifications of Clinics for Abortion. No deficiencies were							С	
PLANNED PARENTHOOD OF CENTRAL NORTH CARI  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  E 000 Initial Comments  An onsite re-licensure survey and complaint investigation was conducted 12/20/2023 through 12/21/2023 to determine compliance with the North Carolina Rules Governing the Certifications of Clinics for Abortion. No deficiencies were			AB0032	B. WING		12	21/2023	
CHAPEL HILL, NC 27514  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  E 000  Initial Comments  An onsite re-licensure survey and complaint investigaiton was conducted 12/20/2023 through 12/21/2023 to determine compliance with the North Carolina Rules Governing the Certifications of Clinics for Abortion. No deficiencies were								
(X4) ID PREFIX TAG    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   DEFICIENCY   DEFICIENCY   COMPLETE DATE	PLANNED PARENTHOOD OF CENTRAL NORTH CAR(							
An onsite re-licensure survey and complaint investigaiton was conducted 12/20/2023 through 12/21/2023 to determine compliance with the North Carolina Rules Governing the Certifications of Clinics for Abortion. No deficiencies were	PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	(EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE		
investigaiton was conducted12/20/2023 through 12/21/2023 to determine compliance with the North Carolina Rules Governing the Certifications of Clinics for Abortion. No deficiencies were	E 000	E 000 Initial Comments						
	E 000	An onsite re-licensure investigaiton was con 12/21/2023 to detern North Carolina Rules of Clinics for Abortion	ducted12/20/2023 through nine compliance with the Governing the Certifications . No deficiencies were	E 000				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE