



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

Pat McCrory  
Governor

Richard O. Brajer  
Secretary

Mark Payne  
Assistant Secretary for Audit and  
Health Service Regulation

March 8, 2016

Honey McNeil, Office Manager  
Planned Parenthood of Winston Salem  
3000 Maplewood Ave Suite 112  
Winston-Salem, NC 27103

Re: Licensure Survey:

Dear Ms. McNeil:

Thank you and your staff for the assistance and cooperation extended to the survey team during the licensure survey at Planned Parenthood of Winston Salem in Winston-Salem, NC from January 28, 2016 through January 29, 2016. The survey was conducted in order to determine the facility's compliance with the State Rules Governing the Certification of Abortion Clinics, specifically, Rules 10 NCAC 3E, Section .0300.

As discussed in the exit conference, deficiencies were identified with respect to .0305-Medical Records; .0306-Personnel Records; .0307-Nursing Services; .0310-Emergency Back-Up Services; .0314-Cleaning of Materials and Equipment and .0315-Housekeeping.

Enclosed please find the "STATE FORM" 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
- (c) The date by which all corrective actions will be completed and the monitoring

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,

*Starlene Jones*

Starlene Jones, RN  
Nurse Consultant  
Acute and Home Care Licensure and Certification Section

Enclosures: STATE FORM



Acute and Home Care Licensure and Certification Section

<http://www.ncdhhs.gov/dhsr/>

Phone: (919) 855-4620 v Fax: (919) 715-3073

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