



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

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

April 30, 2018

Adreka Witherspoon, Office Manager
A Woman's Choice of Greensboro
2425 Randleman Rd
Greensboro, NC 27406

Re: State Licensure Survey

Dear Ms. Witherspoon,

Thank you and your staff for the assistance and cooperation extended during the state licensure survey at A Woman's Choice of Greensboro in Greensboro, NC from April 10, 2018 through April 11, 2018. The purpose of conducting the survey was to evaluate the facility's compliance with the North Carolina Certification of Clinics for Abortions. As discussed at the exit conference, state licensure deficiencies were identified with respect to .0305 Medical Records (two areas) and .0312 Medications and Anesthesia.

Enclosed please find the 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:

- *The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited;*
- *The procedure for implementing the acceptable plan of correction for the specific deficiency cited;*
- *The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;*
- *The title of the person (no names please) responsible for implementing the acceptable plan of correction.*
- *The date by which all corrective action 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 form CMS 2567, with the plan of correction added, **must be returned to this office, SIGNED AND DATED (bottom of first page), 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,

Demetria Craig, RN
Nurse Consultant
Acute and Home Care Licensure and Certification Section

Enclosures: State Form - Statement of Deficiencies

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

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