



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

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

July 17, 2018

Angela Looper , Director Patient Care Services
A Preferred Women's Health Center
3320 Latrobe Drive
Charlotte, NC 28211

RE: State Licensure Survey

Dear Ms. Looper:

Thank you and your staff for the assistance and cooperation extended to the Acute Care team during the State Licensure Survey conducted June 19, 2018 through June 19, 2018. The purpose of conducting the survey was to evaluate the facility's compliance with the North Carolina Rules for Licensing North Carolina Rules for Licensing Abortion Clinics.

As discussed in the exit conference, there were no deficiencies cited as a result of the survey. Should you have questions concerning the investigation, please do not hesitate to call me at (919) 855-4620.

Sincerely,

Joyce Spinicchia, RN
Nurse Consultant
Acute and Home Care Licensure and Certification Section

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
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AB0055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2018
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NAME OF PROVIDER OR SUPPLIER A PREFERRED WOMENS' HEALTH CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3320 LATROBE DRIVE CHARLOTTE, NC 28211
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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 on site survey was conducted on June 19, 2018 in order to determine compliance with North Carolina Rules Governing The Certification of Clinics For The Performance of Abortions. No deficiencies were cited.</p>	E 000		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____