

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110748 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/17/2020 |
|--|---|---|---|

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|---|---|
| NAME OF PROVIDER OR SUPPLIER NORTH DURHAM WOMEN'S HEALTH, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 400-B CRUTCHFIELD ST DURHAM, NC 27704 |
|---|---|

| (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 December 16, 2020 through December 17, 2020 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 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



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

December 18, 2020

Jodi Robertson, CEO
North Durham Women's Health, Inc
400-B Crutchfield St
Durham, NC 27704

RE: State Licensure Survey

Dear Ms. Robertson:

Thank you and your staff for the assistance and cooperation extended to the Acute Care team during the State Licensure Survey conducted December 16, 2020 through December 17, 2020. The purpose of conducting the survey was to evaluate the facility's compliance with the 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,

Tonya Oakley, RN

Tonya Oakley, 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

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