

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  180316 <i>Abortion</i>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  12/01/2021
NAME OF PROVIDER OR SUPPLIER  HALLMARK WOMENS CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 491 N CLEVELAND AVE WINSTON SALEM, NC 27101		
(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	Initial Comments  An onsite survey was conducted on December 1, 2021 to determine compliance with the North Carolina Rules Governing the Certifications of Clinics for Abortion. No deficiencies were identified. The State Agency recommends certification effective December 1, 2021.	E 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE