



OCT 04 2022

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

KODY KINSLEY  
SECRETARY

MARK PAYNE  
DIRECTOR

\*sent via electronic mail

August 31, 2022

Kelly Flynn, CEO  
Brenda Spence, Clinic Manager  
bspence@awomanschoiceinc.com  
A Woman's Choice Of Raleigh, Inc  
3305 Drake Circle  
Raleigh, NC 27607  
Re: **Recertification** Survey

Dear Ms. Flynn,

Thank you and your staff for the assistance and cooperation extended during the licensure survey at A Woman's Choice Of Raleigh, Inc in Raleigh, NC on 08/30/2022. The investigation was conducted in order to determine the facility's compliance with the State Rules for Certifications of Clinics for Abortion.

As discussed in the exit conference deficiencies were identified with respect to *.10A NCAC 14E .0302 - Governing Authority*.

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:

- (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 including the person(s) responsible for the monitoring to assure compliance; and
- (c) The date by which all corrective actions 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 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,

*Sabrina Enoch, RN*

Sabrina Enoch, RN  
Nurse Consultant  
Acute and Home Care Licensure and Certification Section  
Enclosures: State Form

**ACUTE AND HOME CARE LICENSURE AND CERTIFICATION SECTION**  
WWW.NCDHHS.GOV/DHSR  
TEL 919-855-4620 • FAX 919-715-3073  
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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER