



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**JOSH STEIN** • Governor

**DEVPUTTA SANGVAI** • Secretary

**MARK PAYNE** • Director, Division of Health Service Regulation

Sent via electronic mail  
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**October 27, 2025**

Paige Johnson, CEO  
Planned Parenthood South Atlantic  
700 S Torrence Street  
Charlotte, NC 28212

Re: State Licensure Survey

Dear Ms. Johnson,

Thank you and your staff for the assistance and cooperation extended during the state licensure survey at Planned Parenthood South Atlantic in Charlotte, NC from August 13, 2025 through August 15, 2025. The survey was conducted in order to determine the facility's compliance with the North Carolina Rules for Licensing. As discussed at the exit conference, state licensure deficiencies were identified with respect to 10A NCAC 13S .0313(e) Post Operative Care.

Enclosed please find 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 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, 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,

*Annette Roberts, RN*

Annette Roberts, 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**

**LOCATION: 1915 Health Services Way, Raleigh, NC 27607  
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[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-4620**

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