

12/1/25
ARV

Division of Health Service Regulation

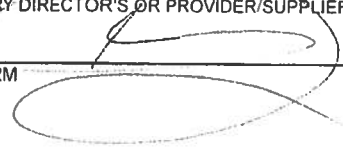
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180291	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2025
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD SOUTH ATLANTIC	STREET ADDRESS, CITY, STATE, ZIP CODE 700 S TORRENCE STREET CHARLOTTE, NC 28212
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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
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E 000	Initial Comments An onsite investigation was conducted on 08/13/2025 through 08/15/2025 to determine compliance with the North Carolina Rules Governing the Licensure of Clinics for Abortion. A deficiency was identified in Post operative Care.	E 000	Planned Parenthood South Atlantic (PPSAT) has implemented a system in order to address the deficiency noted on the inspection report. In accordance with Affiliate Risk Management Services (ARMS) requirements, PPSAT rolled-out an updated version of the Emergency Care Manual in September 2025. All clinical staff at the Charlotte health center completed training on the manual (see attached training attestations). The manual training included review of the documentation requirements for hospital transfers. It should be noted that the specific physician involved in the patient's care on 1/10/25 is no longer an employee of PPSAT and thus did not complete the training. In addition to the Emergency Care Manual training completed in September, the Chief Medical Officer (CMO) and Associate Medical Director (AMD) will complete a targeted training on hospital transfer documentation requirements for all physicians and residents prior to 11/14/25. Emphasis will be placed on the following: 1. Documentation of vital signs/patient status after procedure; 2. Documentation of mode of transportation to the hospital; and 3. Instructions for properly opening Care Path. In accordance with the Policy and Procedure for Complication and Incident Reporting, all hospital transfer events are entered into the Affiliate Incident Management System (AIMS) as required by ARMS. The Risk and Quality Management Director (RQMD) conducts routine review of all incidents in AIMS immediately after they are entered and alerts the CMO to any incidents requiring additional review. In order to ensure timely review of hospital transfers, the Policy and Procedure for Complication and Incident Reporting has been revised to specify that all hospital transfers must be entered into AIMS within 24 hours of patient discharge time by the Health Center Manager (see attached policy).	11/14/25
E 174	.0313(e) Post-Operative Care 10A NCAC 14E .0313 (e) The clinic shall have a defined protocol for triaging post-operative calls and complications. This protocol shall establish a pathway for physician contact to ensure ongoing care of complications that the operating physician is incapable of managing. This Rule is not met as evidenced by: Based on review of policy, medical records and interviews with staff, the facility staff failed to document an assessment of a patient post procedure that required emergent transfer to a hospital in 1 of 1 transfer patients. (Patient #12). The findings include: Review on August 15, 2025, of a policy titled "Protocol for Hospital Transfer from a Health Center" with a revision date of August 19, 2024 revealed "(Named facility) follows the Emergency Care Manual for the management of emergencies in the clinic. When it is determined that the next appropriate step is transfer to a hospital, (named facility) will do the following: All Health Centers: A. When sending a patient from (named facility) to an emergency department (ED), a (named facility) employee (usually the provider) will contact the ED to notify them of the reason for the transfer and provide sign-out to an appropriate staff member within the ED (usually	E 174		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM  DIRECTOR OF PATIENT SERVICES TITLE 11/11/2025 (X6) DATE
6899 X0JW11 If continuation sheet 1 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180291	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2025
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD SOUTH ATLANTIC	STREET ADDRESS, CITY, STATE, ZIP CODE 700 S TORRENCE STREET CHARLOTTE, NC 28212
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E 174	<p>Continued From page 1</p> <p>triage nurse or attending physician). B. The provider will document within the patient's medical record: 1. The name of the institution to which the patient is being transferred, 2. The means of transport to the ED (personal car or EMS), 3. If known, the name and title of the person in the ED to whom they spoke, and 4. Any additional details about the status of the patient signed out to the ED. C. Staff HCM (Health Care Manager) or designee will open an appropriate Care Path (incident reporting) related to the reason for hospital transfer and set next action date to 1 day. E. If the patient needs to be contacted over the weekend for follow-up, the provider or designee will contact the on-call licensed staff member and sign-out the clinical situation, including providing necessary patient contact information ..."</p> <p>Review on August 15, 2025 of a medical record of Patient #12 revealed a 31-year-old with a gestation of 8 weeks 4 days who was scheduled for a surgical abortion on 01/10/2025 at Facility A (Transferring Facility). Review of MD (Medical Doctor) #1 note dated 01/10/2025 at 0838 revealed "Patient had difficulty tolerating procedure. (History) of opioid use, declined sedation. While the resident began procedure, I became concern (sic) of perforation (a hole that can develop by boring or piercing; a puncture); resident felt instrument were intrauterine however no return of POC (products of conception) upon suction. Inability to visualize well on U/S (ultrasound) due to uterine positioning. I had the resident pass a blunt dilator (surgical instrument) and while I could not visualize the uterus, it was clear the dilator was extrauterine (outside of the uterus) because she (Provider) used the suction likely outside of the uterus. Would recommend diagnosis (sic) exp lap (exploratory</p>	E 174	<p>In order to ensure hospital transfer internal reporting requirements are being met, the RQMD will review each hospital transfer incident entered into AIMS to verify compliance with the 24-hour reporting deadline and will notify the Senior Health Center Manager, or designee, of any noncompliance with the reporting deadline. The revised reporting deadline will ensure that manual review may be conducted on each hospital transfer to certify that documentation requirements have been met and appropriate Care Paths have been opened. The RQMD will be responsible for ensuring any noncompliance with hospital transfer documentation requirements is immediately addressed by the CMO or AMD.</p> <p>The incident reporting audit has been added to PPSAT's Annual Risk and Quality Management Plan. The annual plan is overseen by the RQMD in order to ensure compliance.</p>	
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E 174	Continued From page 2 laparotomy-surgical procedure to inspect organs) with completion of D&C (Dilation and curettage-surgical procedure where the cervix is dilated and the uterine lining is scraped or suctioned out) at the hospital-Discussed with pt (patient) and report given to Gyn (Gynecological) team at (Hospital B)." Review of medical record revealed no evidence of time of departure or means of transport. Review on 09/29/2025 of clinical notes from Hospital B (Receiving Facility) revealed Patient #12 was received in the ED at 0937 via EMS (define). Labs were ordered at 0945. Patient #12 received Doxycycline 200 mg po (antibiotic by mouth) at 0946. Patient #12 was evaluated by the ED physician at 0946. At 0947, orders were received for Patient #12 to receive an Exploratory Laparotomy with D&C (surgical procedure to open the abdomen and access and examine the abdominal organs. The procedure also includes Dilation and Curettage that involves widening the cervix and removing tissue from the lining of the uterus). Patient #12's vital signs at 0952 were 97.8 F (normal) 96 Pulse (60-90) 18 Respirations (Normal 18-22) 139/96 Blood pressure (Normal 120/80) and 100% pulse oximetry (Normal) on room air. Subsequent vital signs were documented as: At 1000, pulse 79, 103/87 Blood pressure, and pulse oximetry at 98%. At 1015, vitals were stable at 89 pulse, 135/96 blood pressure, and 97% pulse oximetry. Review of surgeon's findings revealed "Diagnostic lap performed with normal bowel throughout and no evidence of perforation or injury from the ligament of treitz (a fibromuscular band in the abdomen that suspends the duodenum) to the rectum. The uterus perforation was at the anterior aspect of the fundus (top of the uterus). No bowel injury was identified. The case was turned over to the	E 174			

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E 174	<p>Continued From page 3</p> <p>Gyn (Gynecological services). Estimated blood loss was 400 ml (milliliters) from the D&C. Patient #12 was sent home at 1640.</p> <p>Interview on 08/15/2025 at 1145 with MD #2 from Facility A revealed the notes did not reveal the documentation of the vital signs after the procedure or mode of transportation to the hospital. Interview revealed the provider should have opened a Care Path in Epic (electronic medical record). Interview revealed the care path would have ensured investigation into the incident. Interview revealed no incident report was written. Interview revealed the policy was not followed.</p> <p>Interview on 08/15/2025 at 1215 with RN #4 from Facility A revealed there was no documentation of patient's vitals or assessments during the patient's episode.</p> <p>Interview on 08/15/2025 at 1300 with HCM #3 from Facility A revealed no investigation had been conducted on this incident. Interview revealed no further notes were written after the provider note at 0838.</p>	E 174		
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Planned Parenthood South Atlantic

NOV 05 2025

November 1, 2025

Asheville
68 McDowell Street
Asheville, NC 28801
828-252-7928

Chapel Hill
1765 Dobbins Drive
Chapel Hill, NC 27514
919-942-7762

Charleston
200 Rutledge Avenue
Charleston, SC 29403
843-628-4380

Charlotte
700 S. Torrence Street
Charlotte, NC 28204
704-536-7233

Charlottesville
2964 Hydraulic Road
Charlottesville, VA 22901
434-296-1000

Columbia
2712 Middleburg Drive,
Suite 107
Columbia, SC 28104
803-256-4908

Durham
105 Newsome Street, #101
Durham, NC 27704
919-286-2872

Fayetteville
4551 Yadkin Road
Fayetteville, NC 28303
866-942-7762

Greensboro
1704 Battleground Avenue
Greensboro, NC 27408
336-373-0678

Raleigh
100 S. Boylan Avenue
Raleigh, NC 27603
919-833-7526

Roanoke
2207 Peters Creek Road
Roanoke, VA 24017
540-562-3457

Vienna
522 Grand Central Avenue
Vienna, WV 26105
304-295-3331

Wilmington
1925 Tradd Court
Wilmington, NC 28401
910-762-5566

To Whom It May Concern,

Attached please find the AB Inspection state response to the AB inspection held at Planned Parenthood South Atlantic's Charlotte Health Center, located at 700 S. Torrence Street, Charlotte, NC 28212, on August 15, 2025. In addition to the response, you will also find supporting documentation.

Thank you.

Sincerely,
Stephanie B. Smith
Administrative Coordinator for Patient Services



Certificate of Completion

Katherine Lee

has completed
PPSAT 2025 Lab Manual and Emergency Care Manual
Updates

02-SEP-2025
Duration: 00:25



Affiliates Risk Management Services, Inc.

215 Lexington Ave, 12th Floor | New York, NY 10016

The CAL | www.theCAL.org | CALhelp@armsinc.org | 212-261-4363



Certificate of Completion

Laura Paye

has completed
PPSAT 2025 Lab Manual and Emergency Care Manual
Updates

25-AUG-2025
Duration: 00:25



Affiliates Risk Management Services, Inc.

215 Lexington Ave, 12th Floor | New York, NY 10016

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Certificate of Completion

Susan Bliss

has completed
PPSAT 2025 Lab Manual and Emergency Care Manual
Updates

09-OCT-2025
Duration: 00:25



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Certificate of Completion

Tori Polo

has completed
PPSAT 2025 Lab Manual and Emergency Care Manual
Updates

29-SEP-2025
Duration: 00:25



Affiliates Risk Management Services, Inc.

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Origination	12 November, 2020	Owner	Christina Hernandez: Risk & Quality Management Director
Last Approved Date	31 October, 2025	Policy Category	Compliance
Last Revised Date	31 October, 2025		
Next Review	03 June, 2026		

Policy and Procedure for Complication and Incident Reporting

Purpose

It is the policy of Planned Parenthood South Atlantic (PPSAT) to report and track complications and incidents in accordance with guidelines provided by Affiliate Risk Management Services (ARMS) and Planned Parenthood Federation (PPFA). Staff should refer to State-Mandated Abortion Case and Fetal Death Reporting for guidance on state-specific procedures related to complication reporting.

Scope

This policy applies to all clinical complications, medical professional liability incidents, and security incidents at PPSAT.

1. Complication Reporting

Procedures

Clinical complications are recorded for Family Planning and Pregnancy-Related care according to the Pregnancy-Related Complication Log Guidelines and Family Planning Complication Log Guidelines. Complication logs are submitted on a monthly basis to the Risk and Quality Management Director (RQMD) for review. The RQMD will compile all clinical complications on a quarterly basis sorted by provider and/or health center and submit to the Chief Medical Officer (CMO), Associate Medical Director (AMD) and Clinical Director of Family Planning (CDFP) for review.

The CMO, AMD and CDFP will present a summary report of all abortion and family planning quarterly

complications at the quarterly Medical Safety Committee (MSC) meeting. The summary will include a review of total complication rate per service area and any trends requiring discussion or further monitoring.

Hospital Transfer

Complications resulting in a hospital transfer will be captured in the quarterly complication report according to the complication category which prompted the need for a hospital transfer, and will be reviewed as part of the quarterly complication reporting at the MSC meeting. Staff should refer to the Protocol for Hospital Transfer from a Health Center for further guidance on hospital transfer procedures, including state-specific procedures.

2. Incident Reporting

Procedures

All medical professional liability and security incidents are filed through Affiliate Incident Management Services (AIMS). AIMS helps affiliates collect incident data and understand why incidents are occurring, enabling them to deploy the right resources to prevent incidents from happening again. Timely reporting of incidents via AIMS is also necessary in order for an occurrence to be considered for coverage under the national insurance policies.

Medical Professional Liability Incidents

Medical professional liability incident reports are to be submitted by the Health Center Manager (HCM) of the health center where the incident occurred. In the case of an HCM position vacancy (not temporary PTO leave), a back-up staff member will be selected to submit all incident reports for that health center until a new HCM can be hired and on-boarded. Any incidents originating from the Centralized Follow-Up (CFU) department will be submitted by the CFU Administrative Manager.

All Medical Professional Liability Incidents will receive a Level 1 review from the RQMD. The RQMD will assign the CMO to perform a Level 2 review on any incidents which require additional review. Incident trend analysis is included in the quarterly complication report discussion at the MSC meeting.

All events that are determined to be reportable to ARMS must be reported no later than the 10th of the month for the previous month. All hospital transfers must be entered into AIMS within 24 hours of patient discharge time. The RQMD will notify staff if additional high-liability incidents requires immediate reporting in AIMS.

Incident Types

The following medical professional liability incidents require an incident report in AIMS:

- HIPAA Violation: Any unauthorized disclosure of protected health information (PHI).
- Any hospital transfer (refers specifically to an ER transfer via ambulance or personal vehicle; transfer or referral to ER for suspected ectopic/PUL does not require an IR if care provided by PPSAT was appropriate).

• Any procedure, treatment, or medication event resulting in an injury, intervention by an outside provider, or hospitalization. Examples include, but are not limited to:

- o Abortion performed on a non-pregnant patient
- o Adverse medication reaction/Allergic reaction
- o Anesthesia-related event, such as respiratory distress or administration of reversal agents
- o Embedded or migrated implant/IUC that was inserted at the affiliate
- o Incomplete abortion resulting in a D&C/D&C by an outside provider
- o Incomplete or failed removal of a device (IUC/Implant) (any unsuccessful attempt to remove an IUC or Implant should be reported. Reporters should indicate if the device was inserted at an affiliate or an outside provider).
- o Hemorrhage requiring transfusion
- o Laceration
- o Medication error
- o Nerve injury
- o Perforation
- o Pregnancy – continuing/ongoing after an abortion procedure at the affiliate
- o Scarring event (e.g. burn from LEEP or TCA; or at the site of an implant)
- o Thromboembolic event
- o Vaso-vagal reaction/Loss of consciousness

• Delay or failure to assess, diagnose/notify, or treat a condition resulting in an injury, intervention by an

outside provider, or hospitalization. Examples include, but are not limited to:

- o Abnormal cervical pathology
- o Cancer
- o Ectopic pregnancy
- o Hypertension
- o Infection requiring IV antibiotics
- o Rh sensitization after failure to diagnose Rh(-) status or failure to administer Rho(D) Immune Globulin
- o Molar pregnancy
- o Pregnancy
- o STI, that leads to a more serious infection such as PID
- o UTI, that leads to a more serious infection such as pyelonephritis

• Diagnosis or treatment that could be construed as a contributory factor to an injury, required intervention by an outside provider, or required hospitalization.

• Birth control initiated/administered to a pregnant patient.

• Method failure of IUC/Implant/DMPA resulting in an unintended pregnancy.

• Pregnancy following a sterilization procedure (male) that was performed at an affiliate.

• Failure to assess for and/or refer for high-risk conditions (examples of high-risk conditions include: persistent/recurrent urinary complaint not referred to urology for evaluation; any delay or failure to diagnose, treat, or refer for any condition that could result in cancer i.e. breast complaint, abnormal pap, testicular complaint, skin condition, etc.)

• Cancer diagnosis in an established patient.

• Death of a patient.

- Any request for a copy of a patient's medical records by an attorney where there was an event, injury, patient complaint, or where the patient's condition/outcome are not known.
- The service of legal papers including notice of claim, Summons and Complaint, or subpoenas.
- Any written demand for payment of medical or non-medical expenses.

Security Incidents

Security incident reports are to be submitted by the Director of Facilities and Security. The HCM or designee should inform the Director of Facilities and Security of any security incidents requiring reporting. Security incidents do not require an affiliate-level Level 1 review following submission and are not reviewed by ARMS. Security incidents are reported to the PPFA Security team.

Incident Types

The following security incidents require an incident report in AIMS:

- Arson/Attempted Arson: purposely setting, or attempting to set fire, to a building or property
- Bioterrorism Attack: any action claiming to have released or disbursed any biohazardous material or agent or any use of such an agent as a weapon
- Blockade/Obstruction: any blocking action intended to prevent passage into or out of a facility, including driveways
- Bomb Threat: any verbal, written or electronic communication claiming to have placed—or threatening to place—a bomb at a given location
- Bombing/Attempted Bombing: attempting or actually attacking, damaging or destroying property or persons with an explosive, incendiary or chemical device
- Burglary: breaking into any building or vehicle located on Federation/affiliate property to commit theft, some other felony, or misdemeanor
- Chemical Attack: use of a chemical substance at a given location to disrupt business or services or cause harm to individuals
- Death: The murder of an individual(s) because they are associated with PP, or deaths resulting from PP building being attacked
- Death Threat: any verbal, written or electronic communication threatening death to an individual or individuals
- Disruptive Person: a patient, partner or family member or other visitor causing a disturbance by verbal or physical action in a PP facility or on the property.
- Fraud: suspected insurance fraud, identity theft, use of false identity
- Harassment: a communication by phone, mail, email, internet posting or in- person intended to trouble, threaten, worry or torment an individual or entity. Includes "routine" anti-choice communications such as photos and clippings about abortion

- Injury: Physical injury inflicted by another individual (battery)
- Internal Theft: theft of personal or agency property by individuals associated with the location. Include missing deposits, cash and inventory shortages that are suspected or confirmed theft. (use Theft for theft of property by patients, partners, or strangers)
- Invasion: physical entry into a site by two or more members of the opposition for the purpose of seriously disrupting services or business
- Protesters: Picketing, sidewalk counseling, shouting, chalking
- Robbery: theft of goods or property by force or threat of force
- Security Incident in Neighborhood: An incident involving law enforcement in the near vicinity of a PP facility that impacts our facility, staff or patients, or draws us into an investigation
- Stalking: following, threatening, harassing or intimidating staff, volunteers, their families and/or patients in any setting
- Suspicious Calls/Encounters/Inquiries: a suspicious communication by phone, mail, email or in person. E.g. visits that are recorded, entrapment attempts, efforts to obtain proprietary information about our operations, policies and procedures etc.
- Suspicious Package: any object, parcel or package arousing concern or suspicion
- Theft: theft of goods or property (use Internal Theft for theft by staff/volunteers)
- Threat: a communication by phone, mail, email, internet posting or in-person expressing an intent to inflict pain, injury (assault if in-person), evil, or punishment.
- Trespass: presence on private property (grounds, building or office) without legitimate purpose, and/or remaining after being asked to leave
- Vandalism: defacing property, marring walls, breaking windows, tampering with phone lines, etc.
- Weapons Policy Violation: use this category for situations when you are aware that an individual has a weapon in violation of your affiliate policy. Do not use this incident type if they have threatened or assaulted someone with a weapon.
- Other: Any incident not fitting in these categories.

All Revision Dates

31 October, 2025, 16 April, 2024, 12 November, 2020

Attachments

[🔗 Incident Reporting- Frequently Asked Questions \(FAQs\)](#)

Approval Signatures

Step Description	Approver	Date
	Paige Johnson: Chief Executive Officer	03 June, 2025
	Susanna Birdsong: General Counsel and VP of Compliance	17 April, 2025
	Christina Hernandez: Risk & Quality Management Director	08 April, 2025
	Christina Hernandez: Risk & Quality Management Director	08 April, 2025

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