



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt, Director

June 17, 2015

Kelly Smith, Administrator
Planned Parenthood
4551 Yadkin Road
Fayetteville, NC 28303

Re: State Licensure Survey

Dear Ms. Smith:

Thank you and your staff for the assistance and cooperation extended during the state licensure survey at Planned Parenthood in Fayetteville, NC from June 9, 2015. The survey was conducted in order to determine the facility's compliance with the North Carolina Rules for Licensing Abortion Clinic. As discussed at the exit conference, state licensure deficiencies were identified with respect to 10A NCAC 14E .0313 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:

- (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 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,

Lynn Ethridge, RN, BSN
Nurse Consultant
Acute and Home Care Licensure and Certification Section

Enclosures: State Form - Statement of Deficiencies



Acute and Home Care Licensure and Certification Section

<http://www.ncdhhs.gov/dhsr/>

Phone: (919) 855-4620 ■ Fax: (919) 715-3073

Mailing Address: 2712 Mail Service Center • Raleigh, North Carolina 27699-2712

Location: 1205 Umstead Drive (Lineberger Building) ■ Dorothea Dix Hospital Campus ■ Raleigh, N.C. 27603

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