

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AB0059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/02/2020
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD SOUTH ATLANTIC	STREET ADDRESS, CITY, STATE, ZIP CODE 68 MCDOWELL ST ASHEVILLE, NC 28801
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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	<p>Initial Comments</p> <p>An unannounced onsite State Licensure Recertification survey was conducted December 1, 2020 through December 2, 2020. No deficiencies were cited as a result of the survey</p>	E 000		
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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director

December 17, 2020

Katherin Lewis, Health Center Manager
Planned Parenthood South Atlantic
68 McDowell St
Asheville, NC 28801

RE: State Licensure Recertification Survey

Dear Ms. Lewis:

Thank you and your staff for the assistance and cooperation extended to me during the State Licensure Recertification Survey conducted December 1, 2020 through December 2, 2020. The purpose of conducting the survey was to evaluate the clinic's compliance with the North Carolina Rules Governing the Certification of Abortion Clinics.

As discussed in the exit conference, no deficiencies were cited as a result of the survey.

Should you have questions concerning the investigation, please do not hesitate to call me at (919) 855-4620.

Sincerely,

Starlene Jones, RN

Starlene Jones, RN
Nurse Consultant
Acute and Home Care Licensure and Certification Section

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

ACUTE AND HOME CARE LICENSURE AND CERTIFICATION SECTION

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