

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AB0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2021
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NAME OF PROVIDER OR SUPPLIER A WOMAN'S CHOICE OF CHARLOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 421 WENDOVER ROAD CHARLOTTE, NC 28211
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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 onsite survey was conducted on December 14, 2021 to determine compliance with the North Carolina Rules Governing the Certifications of Clinics for Abortion. No deficiencies were identified. The State Agency recommends certification effective December 14, 2021.</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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