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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AB0055	A. BUILDING: _____ B. WING _____	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A PREFERRED WOMENS' HEALTH CEN	3320 LATROBE DRIVE CHARLOTTE, NC 28211

(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
E 000	Initial Comments An onsite survey was conducted on 08/12/2025 through 08/13/2025 in order to determine compliance with the North Carolina Rules Governing the Certification of Clinics for the Performance of Abortions. Deficiency was identified in Cleaning of Materials and Equipment.	E 000		
E 165	.0314 Cleaning of Materials and Equipment 10A-14E .0314 (a) All supplies and equipment used in patient care shall be properly cleaned or sterilized between use for different patients. (b) Methods of cleaning, handling, and storing all supplies and equipment shall be such as to prevent the transmission of infection through their use. This Rule is not met as evidenced by: Based on observations during tours, interviews with staff and review of personnel records, the facility staff failed to provide a sanitary environment by allowing torn covers on the exam table, foot rests, and a chair in the examination room to be used daily by the patients. The findings include: Observation on 08/12/2025 at 1235 during tours revealed the ultrasound room with an exam table covered in paper with bilateral footrests. Observation revealed a tear approximately 4 inches long and 1/4 inch wide in the table cover on the right side of the table, located beside the exam table paper. Observation revealed cracks in both footrest covers. Observation of the black	E 165	E165 1. HOW WILL THE DEFICIENT PRACTICE BE CORRECTED? The footrest covers were replaced during the site visit while NC DHSR was present. The chair in the ultrasound room was being used as a place for patients to place their clothes/belongings during the exam; this chair was replaced with a short stool during the site visit while NC DHSR was present. Since then, this stool has been replaced with a small table with no fabric upholstery. The table cover in the ultrasound room was repaired on 08/14/2025; the items needed for the repair were ordered on 08/13/2025 while NC DHSR was present. An inservice was performed on 08/13/2025 with all clinic staff reviewing infection control for furniture and equipment, with a specific emphasis on upholstered surfaces. A memo was presented to clinic staff during this inservice; all staff members signed the memo, acknowledging their understanding. A copy of this memo has been attached for review. 2. WHAT IS THE PROCEDURE FOR IMPLEMENTING THE ACCEPTABLE PLAN OF CORRECTION? HOW WILL IT BE MONITORED TO ENSURE FUTURE COMPLIANCE? Since the deficiency is a maintenance issue, there is not a specific procedure to implement. The plan of correction is a single action of repairing or replacing the deficient surface. To ensure continued compliance, upholstery/surface checks have been added to our monthly manager quality assurance checklist. These checklists are reviewed with administration during our monthly manager's meeting. A copy of this updated checklist is attached for review.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: executive director | (X6) DATE: corrected 08/18/2025

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E 165	Continued From page 1 chair in the room revealed cracks in the seat cover. Interview on 08/12/2025 at 1240 with HCA (Healthcare advocate) #1 revealed the table, footrests and chair were used daily by patients. Interview on 08/13/2025 at 0925 with HCA #2 revealed the table paper would be placed over the tear in the table to protect the patients. Interview revealed that the tear had been on the table since HCA #2 began working at the facility. Review of personnel file of HCA #2 revealed date of hire was 06/30/2025, a total of 44 days. Interview on 08/13/2025 at 1100 with GM (General manager) #3 revealed the management staff were not aware of the tears on the table, footrests or chair.	E 165	E165 (cont) 3. WHO IS RESPONSIBLE FOR IMPLEMENTATION AND MONITORING? The corrective action was completed by the clinic manager with assistance from APWHC's Clinical General Manager. Staff members assigned to the ultrasound room are responsible for reporting any observed damage to equipment (including upholstery and exposed surfaces) to their manager immediately. The clinic manager is responsible for notifying administration of any repair needs and ensuring that these repairs/replacements occur in a timely manner. Additionally, clinic managers will check all surfaces and upholstery monthly to ensure compliance and confirm this compliance to administration during the monthly manager's meeting. 4. WHAT IS THE EXPECTED DATE BY WHICH ALL CORRECTIVE ACTION WILL BE COMPLETED WITH MONITORING IN PLACE? The repairs to all defective upholstery were completed between 08/13/2025 and 08/14/2025. The staff inservice was performed on 08/13/2025. The management quality assurance checklist was updated on 08/14/2025 and implemented the same day. The next monthly manager's meeting is scheduled for 09/10/2025, where managers will present any findings from their checklist.	