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

Pat McCrory
Governor

Richard O. Brajer
Secretary

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

June 30, 2016

Ms. Judythe Torrington, CEO
Eastowne Ob-Gyn And Infertility
180 Providence Rd #3
Chapel Hill, NC 27514

Re: Licensure Survey

Dear Ms. Torrington,

Thank you and your staff for the assistance and cooperation extended during the licensure survey at Eastowne Ob-Gyn and Infertility in Chapel Hill, NC on June 21, 2016. The survey was conducted to determine the facility's compliance with the State Rules for Certifications of Clinics for Abortion.

As discussed in the exit conference deficiencies were identified with respect to .10A NCAC 14E, .0206 Elements and Equipment, .0306 Personnel Records, .0310 Emergency and Back-Up Services and .0311 Surgical Services. In addition, Please review your process for Licdocaine usage related to pre-drawing the medication and storing the pre-drawn syringes for up to two weeks.

Enclosed please find the 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 State Form, 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,

Nacole Erwin-Inkumsah MSN, RN

Nacole Erwin-Inkumsah MSN, RN
Nurse Consultant
Acute and Home Care Licensure and Certification Section

Enclosures: State Form