



Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

Spring Grove Center • Bland Bryant Building

55 Wade Avenue • Catonsville, Maryland 21228-4663

Larry Hogan, Governor • Boyd K. Rutherford, Lt. Governor • Van T. Mitchell, Secretary

November 23, 2016

Planned Parenthood Of Md - Annapolis Health Ctr  
929 West Street, Ste 305  
Annapolis, MD 21401

**RE: NOTICE OF COMPLIANCE WITH HEALTH  
COMPONENT REQUIREMENTS**

Dear

On November 10, 2016, an administrative review was conducted at your facility by the Office of Health Care Quality to determine if your agency was in compliance with State requirements for a Surgical Abortion Facility.

This survey found that your facility is in compliance with the health component of the requirements.

If you have any questions, please call me at (410) 402-8001.

Sincerely,

Patricia Tomsco Nay  
Executive Director  
Office of Health Care Quality

Enclosure: CMS-2567

cc: File

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  SA000004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/10/2016
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NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD OF MD - ANNAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 929 WEST STREET, STE 305 ANNAPOLIS, MD 21401
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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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A 000	Initial Comments	A 000	<p>A complaint investigation was reviewed for Planned Parenthood of Maryland, Annapolis facility on November 10, 2016. The complaint was anonymous. Complaint reference number: #MD00106828</p> <p>The investigation included reviewing medical documentation for two separate patients on two separate dates. The facility supplied the requested documentation to the Office of Health care Quality (OHCQ). The complaint was found to be unsubstantiated.</p>	
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OHCQ  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_