



STATE OF MARYLAND AND

DHMH

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 Rutherford, Lt. Governor - Van Mitchell, Secretary

July 27, 2015

_____, VP of Clinical Operations
Planned Parenthood of MD – Baltimore Health Center
330 N. Howard Street
Baltimore MD 21201

Dear _____

Enclosed is a list of deficiencies resulting from a health survey that was completed at your facility on July 16, 2015.

Please note that an Acceptable Plan of Correction (POC) for the identified deficiencies must include the following information:

- 1. State how the management team will evaluate the scope of each deficiency cited.**
- 2. State what process changes the management team will make to correct each _____ specific deficiency identified.**
- 3. Define the projected time line for each step in the corrective action plan for each deficiency cited.**
- 4. Define the projected completion date for each deficiency cited.**
- 5. Identify who will be responsible for assuring each step in the plan of correction is implemented.**
- 6. State what specific quality indicators that the management team will monitor and evaluate the effectiveness of the corrective actions.**
- 7. Define what will be the on-going schedule of the quality monitoring activities for each deficiency cited.**

Page Two

IT IS IMPERATIVE THAT YOUR POC CONTAIN THE ABOVE COMPONENTS.

Please complete Forms CMS 2567 as follows:

1. Use the official form provided to you for your response.
2. Your Plan of Correction must be entered in the appropriate column on the right.
3. An authorized representative of your facility must sign and date the form in the designated space provided.

PLEASE RETURN COMPLETED CMS 2567:

**Leon Carlton, Survey Coordinator
Ambulatory Care Programs
Office of Health Care Quality
Spring Grove Center
Bland Bryant Building
55 Wade Avenue
Catonsville, Maryland 21228**

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiency(ies) being disputed, and an explanation of why you are disputing those deficiencies, to Dr. Tricia Nay, Director, Office of Health Care Quality, Bland Bryant Building, Spring Grove Center, 55 Wade Avenue, Catonsville, Maryland 21228. This request must be sent during the same 10 days you have for submitting a PoC for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Please submit a Plan of Correction within 10 calendar days of receipt of this letter. Please be advised that failure to submit an acceptable POC could result in a recommendation to terminate your facility from the Medicare program.

If you have any questions regarding these instructions, please call the undersigned at (410) 402-8040.

**Sincerely,
Barbara
Barbara Fagan
Program Manager
Ambulatory Care
Office of Health Care Quality**

Cc: file

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2015
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF MD - BALTIMORE	STREET ADDRESS, CITY, STATE, ZIP CODE 330 N HOWARD STREET BALTIMORE, MD 21201
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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 recertification survey of survey of Planned Parenthood of Maryland was conducted on July 15 and 16, 2015. The survey included: interview of the staff; an observational tour of the physical environment; observation of reprocessing of surgical equipment; review of the policy and procedure manual; review of clinical records; review of professional credentialing; review of personnel files and review of the quality assurance and infection control programs. The facility included three procedure rooms. A total of five patient clinical records were reviewed. The procedures were performed between July 2014 and June 2015. A key code for the patients and staff was provided to the facility staff. Findings in this report are based on data present at the time of review. The agency's staff was kept informed of the survey findings as the survey progressed. The agency staff was given the opportunity to present information relative to the findings during the course of the survey.	A 000		
A 380	.05 (A)(1)(a) .05 Administration (a) Consulting with the staff to develop and implement the facility's policies and procedures in accordance with §C of this regulation; This Regulation is not met as evidenced by: Based on interview of Staff 10, review of the policy and procedure manual and review of fire	A 380	① The management team reviewed the policy procedures and caption. No patients were affected by this deficiency.	2015

OHCO
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6802

TITLE
VP of Clinical Operations
DATE
8/4/15

If continuation sheet 1 of 2

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/16/2015
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF MD - BALTIMORE			STREET ADDRESS, CITY, STATE, ZIP CODE 330 N HOWARD STREET BALTIMORE, MD 21201		
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A 380	Continued From page 1 drill documentation, the administrator failed to ensure that the policy and procedure for conducting fire drills with staff was implemented. The findings include: Interview of Staff 10 on 7/15/15 at 11:00 am revealed that fire drills with staff are part of the quality assurance program. On 7/16/15 at 11:30 am, Staff 10 stated that fire drills should be conducted at the facility at least annually. Review of the policy and procedure manual revealed the "Fiscal year 2015 Continuous Quality Improvement (CQI) Plan" stated, "Safety and Security Drills- Results and Remediation Plans: Fire Drill." Review of fire drill documentation revealed the last fire drill was conducted at the facility on 1/18/13.	A 380	<p>② a system for tracking of drills will be implemented, a process for timely return of signed paperwork will be implemented.</p> <p>③ The timeline for implementation is 8/31/15</p> <p>④ projected completion date is 8/31/15</p> <p>⑤ will provide oversight for this plan.</p> <p>⑥ management team will evaluate the drill matrix and review of drill paperwork.</p> <p>⑦ matrix and drill document will be reviewed twice a year.</p>		
A9999	Final Comments An exit conference was conducted with administrative staff on July 16, 2015. The survey findings were reviewed. The facility staff was directed to submit a written plan of correction in response to the Maryland State 2567 form and following the attached guidelines, within ten days. Failure to submit an acceptable plan of correction may result in revocation of their license from the Surgical Abortion Facilities program.	A9999			