



STATE OF MARYLAND  
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 K. Rutherford, Lt. Governor - Van T. Mitchell, Secretary*

May 20, 2016

██████████, Administrator  
Germantown Reproductive Health Services  
13233 Executive Park Terrace  
Germantown, MD 20874

RE: NOTICE OF COMPLIANCE WITH HEALTH  
COMPONENT REQUIREMENTS

Dear ██████████;

On May 11, 2, 2016, an administrative review was conducted and on May 20, 2016 a telephone interview was completed with the facility administrator 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) 402-8040.

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:  <b>SA000001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/20/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GERMANTOWN REPRODUCTIVE HEALTH SEF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13233 EXECUTIVE PARK TERRACE GERMANTOWN, MD 20874</b>
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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

In response to complaint #MD00100079, a request for an internal investigation and record review was sent to the Surgical Abortion Facility by staff of the Office of Health Care Quality. Based on review of these, other submitted documents and telephone interview of the administrator, it was determined that the Surgical Abortion Facility was in compliance with COMAR 10.12.01.00- 10.12.01.20 F. and no deficiencies were cited.

OHCQ LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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