



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

November 10, 2015

██████████ Administrator
Potomac family Planning Center
966 Hungerford Dr., Suite 24, Jackson Place
Rockville, MD 20850

Dear ██████████;

Enclosed is a list of State deficiencies resulting from a follow up survey that was completed at your facility on October 19, 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:

Barbara Fagan, Program Manager
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 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: SA000011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/19/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER POTOMAC FAMILY PLANNING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 966 HUNGERFORD DRIVE, #24 ROCKVILLE, MD 20850
--	---

(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
A 000	<p>Initial Comments</p> <p>A follow-up survey to the relicensure survey of 7/21/15 was conducted at Potomac Family Planning Center in Rockville, MD on 10/19/15.</p> <p>The survey included an unannounced on-site visit, an observational tour of the physical environment, interviews, review of policy and procedure manuals, and review of clinical records. No surgical procedures were observed during the survey.</p> <p>The center performs surgical abortion procedures and has two procedure rooms. Select clinical records were reviewed for procedures that had been performed between 09/25/15 and 10/14/15.</p> <p>Findings in this report are based on data present in the administrative records at the time of review. The agency's administrator was kept informed of the survey findings as the survey progressed. The agency administrator was given the opportunity to present information relative to the findings during the course of the survey.</p> <p>A key code for patients, medical staff and employees contained herein was provided to the agency administrator.</p>	A 000		
{A1510}	<p>.15 (A) .15 Physical Environment</p> <p>A. The administrator shall ensure that the facility has a safe, functional, and sanitary environment for the provision of surgical services.</p> <p>This Regulation is not met as evidenced by: Based on observations during a tour of the facility, review of policies and interview, it was determined that the facility staff did not monitor</p>	{A1510}		

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

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/19/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER POTOMAC FAMILY PLANNING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 966 HUNGERFORD DRIVE, #24 ROCKVILLE, MD 20850
--	---

(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
{A1510}	<p>Continued From page 1</p> <p>for and discard expired medications and supplies, did not properly label multi-dose medication vials (MDV) at the time of initial access, and did not secure drugs and prescription pads. The findings include:</p> <p>1. An observational tour of the facility was initiated at 9:30 AM on 10/19/15. The findings were as follows:</p> <p>A. In the Recovery Room:</p> <p>a. Prescription pad in unlocked drawer in desk;</p> <p>b. BD Blunt Fill Needles with Filter, 18 gauge (g), 75 needles, expired 4/15.</p> <p>B. In Procedure Room #1:</p> <p>a. Box of Pitocin (used to stimulate contractions of the uterus), 1 ml vials in unlocked drawer of a metal stand.</p> <p>C. In Procedure Room #2:</p> <p>a. Rigid curved curette 10 mm, 1 curette, expired 02/15;</p> <p>b. Atropine Sulfate (used to decrease secretions in surgical patients), 1, expired 09/01/15.</p> <p>D. Medication storage:</p> <p>a. Naloxone (used to reverse respiratory depression caused by opioids) 10 ml multidose vial, 1 vial, opened and some used, not dated or initialed;</p> <p>b. BD Blunt Fill Needles with Filter, 18 g, 80 needles, expired 04/15.</p> <p>2. Review of policies revealed a policy entitled 'General Policy for Pharmaceutical Services' that stated, in part, "Non-narcotic drugs and medications need to be protected and kept in a</p>	{A1510}	<p>The team, composed of 12/10/15 Medical Director, Administrator Nurse manager + medical assistant reviewed cited deficiencies and determined another review with staff of specific deficiencies was needed to reinforce current policies. In order to reach all employees, it was conducted twice</p> <p>The nurse reinforced the importance of a safe, functional and sanitary environment for the provision of surgical services.</p> <p>Additionally, the medical team made a sweep of Recovery rooms, procedure rooms, drawers, desks cabinets to assure</p>	

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/19/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER POTOMAC FAMILY PLANNING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 966 HUNGERFORD DRIVE, #24 ROCKVILLE, MD 20850
--	---

(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
{A1510}	<p>Continued From page 2</p> <p>generally inaccessible place as a locked drawer, safe or medication closet.</p> <p>Blank prescription pads must be secured in a locked container i.e., drawer or cabinet, safe, medication closet or in constant possession of the prescriber."</p> <p>The policy continued "Multidose vials (MDV), bottles or containers must be dated and initialed at the time of access. Once opened, medication vials may only be used for 28 days.</p> <p>Any medication, liquid and oral solutions, equipment and any and all materials for patient care use with an expiration date will be discarded and replaced upon expiration."</p> <p>3. Interview with the administrator on 10/19/15 at 12:25 PM confirmed the tour findings.</p>	{A1510}	<p>all expired medications and supplies are removed + discarded</p> <p>The anesthesiologist, drs, NAs and nurses were reminded of the protocol for opening & dating + initialing MDV's (multidose vials)</p>	
{A9999}	<p>Final Comments</p> <p>An exit conference was conducted on 10/19/15 and the survey findings were reviewed.</p> <p>The administrator was directed to submit a written plan of correction in response to the 2567 form within ten calendar days. Failure to submit an acceptable plan of correction may result in revocation of the license from the Department of Health and Mental Hygiene Surgical Abortion Facilities program.</p>	{A9999}		