

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	
(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)
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 compliance. No patients were affected by this deficiency.

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

TITLE

(X5) DATE

STATE FORM

6263

VP of Clinical Operations 8/4/15

If continuation sheet 1 of 2

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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 time of 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 matter and review of drill paperwork.</p> <p>⑦ matter 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		