



# MARYLAND Department of Health

*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary*

Administrator  
Abortionclinics Org, Inc  
10401 Old Georgetown Road, Suite 104  
Bethesda, MD 20814

## RE: NOTICE OF SURVEY FINDINGS

Dear Administrator:

On November 19, 2018, a complaint investigation survey was conducted at your facility by the Office of Health Care Quality to determine if your facility was in compliance with State requirements for Surgical Abortion Facilities, Code of Maryland Regulations (COMAR) 10.12.01. This survey did not identify noncompliance with the requirements that were reviewed in relationship to the allegations of the complaint.

If you have any questions, please contact me at 410-402-8055.

Sincerely,

Patricia Tomko Nay  
Executive Director

Enclosures: State Form

cc: License File



Office of Health Care Quality

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>SA00020</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>11/19/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ABORTIONCLINICS ORG, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>10401 OLD GEORGETOWN ROAD, SUITE 104<br/>BETHESDA, MD 20814</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 | <p>Initial Comments</p> <p>A complaint investigation survey of Abortionclinics.org was conducted on November 19, 2018.</p> <p>Complaint number: MD00132857. This complaint was substantiated. However, there were no deficiencies cited.</p> <p>The survey included: interview of the staff, review of patient medical records and review of the policy and procedure manual.</p> <p>A key code for the patients was provided to the facility.</p> <p>Findings in this report are based on data present in the administrative records at the time of the review. The facility staff was kept informed of the investigational findings as the investigation progressed. The agency was given the opportunity to present information relative to the findings during the course of the investigation.</p> <p>Abortionclinics.org is in compliance with COMAR 10.12.01.00- 10.12.01.20 F. for Surgical Abortion Facilities.</p> | A 000 |  |  |
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OHCQ  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_