



STATE OF MARYLAND

DHMH

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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 17, 2015

Administrator

Silver Spring Family Planning

1111 Spring Street, G2

Silver Spring MD 20910

**RE: NOTICE OF COMPLIANCE WITH HEALTH  
COMPONENT REQUIREMENTS**

Dear

On October 23, 2015, a follow up survey was conducted at your facility by the Office of Health Care Quality to determine if your agency was in compliance with State requirements for a Surgical Abortion Facilities.

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,

*Barbara Fagan*  
Barbara Fagan, Program Manager  
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>SA000010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/23/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SILVER SPRING FAMILY PLANNING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1111 SPRING STREET, G2 SILVER SPRING, MD 20910</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 follow up survey to deficiencies cited on August 18, 2015 was conducted at Silver Springs Family Planning on October 23, 2015.</p> <p>The survey included: an on-site visit; interview of staff; review of administrative documentation; review of patient medical records; an observational tour of the facility; observation of surgical instrument reprocessing; review of credentialing and review of the quality assurance program.</p> <p>A key code for the patients was provided to the facility staff.</p> <p>Findings in this report are based on data present in the administrative records at the time of review. The administrative staff was kept informed of the survey findings as the survey progressed. The staff was given the opportunity to present information relative to the findings during the course of the survey.</p> <p>Silver Springs Family Planning is in compliance with the Maryland State COMAR 10.12.01.00 through 10.12.01.9999 for Surgical Abortion Facilities.</p>	{A 000}		
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OHCQ  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_



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*Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Van T. Mitchell, Secretary*

September 14, 2015

Administrator

Whole Woman's Health of Baltimore, LLC

7648 Belair Road

Baltimore, MD 21236

**RE: ACCEPTABLE PLAN OF CORRECTION**

Dear

We have reviewed and accepted the Plan of Correction submitted as a result of a initial survey completed at your facility on July 27, 2015.

Please be advised that an unannounced follow-up visit may occur prior to the standard survey to ensure continual compliance.

If there are any questions concerning this notice, please contact this Office at 410-402-8040.

Sincerely,

Barbara Fagan, Program Manager

Ambulatory Care Programs

Office of Health Care Quality

