MARYLAND
Department of Health

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

Office of Health Care Quality
55 Wade Ave. - Bland Bryant Bldg.
Catonsville, Maryland 21228

Administrator
Planned Parenthood Of Md - Baltimore Health Center
330 North Howard Street
Baltimore, MD 21201

RE: NOTICE OF CURRENT DEFICIENCIES

Dear Administrator:

On August 2 and 6, 2018, a 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 found that your facility was not in compliance with the requirements.

All references to regulatory requirements contained in this letter are found in COMAR Title 10.

I. PLAN OF CORRECTION (PoC)

A PoC for the deficiencies must be submitted within 10 days after the facility receives its State of Deficiencies State Form. Your PoC must contain the following:

- What corrective action will be accomplished for those patients found to have been affected by the deficient practice;
- How you will identify other patients having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;
- Specific date when the corrective action will be completed.
- References to staff or patient(s) by staff identifier only, as noted in the staff and patient rosters. This applies to the PoC as well as any attachments to the PoC. It is

un-acceptable to include a staff or patient's name in these documents since the documents are released to the public.

III. ALLEGATION OF COMPLIANCE

If you believe that the deficiencies identified in the State Form have been corrected, you may contact me at the Office of Health Care Quality, Spring Grove Center, Bland Bryant Building, 55 Wade Avenue, Catonsville, Maryland 21228 with your plan of correction and any written credible evidence of compliance **(for example, attach lists of attendance at provided training and/or revised statements of policies/procedures).**

If you choose and so indicate, the PoC may constitute your allegation of compliance. We may accept the written allegation of compliance **and credible evidence** of your allegation of compliance until substantiated by a revisit or other means.

If, upon the subsequent revisit, your facility has not achieved compliance, we may take administrative action against your license or impose other remedies that will continue until compliance is achieved.

IV. INFORMAL DISPUTE RESOLUTION

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 me, Executive 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.

If you have any questions concerning the instructions contained in this letter, please contact me at 410-402-8055.

Sincerely,

Patricia Nay, MD

Patricia Nay, M.D.
Executive Director

Enclosures: State Form

cc: License File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SA000005	A. BUILDING: _____ B. WING _____	08/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF MD - BALTIMORE HEAL	330 NORTH 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)	(X5) COMPLETE DATE
A 000	Initial Comments A re-licensure survey of Planned Parenthood of Maryland- Baltimore was conducted on August 2 and 6, 2018. The survey included: interview of the staff; an observational tour of the physical environment; observation of a surgical procedure; 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 two procedure rooms. A total of seven patient clinical records were reviewed. The procedures were performed between August 2017 and August 2018. A key code for the patients 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		
A1280	.11 (B)(1) .11 Pharmaceutical Services B. Administration of Drugs. (1) Staff shall prepare and administer drugs according to established policies and acceptable standards of practice.	A1280		

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

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A1280	Continued From page 1 This Regulation is not met as evidenced by: Based on review of the policy and procedure manual, a tour of the facility and interview of staff, the facility staff did not monitor for, and discard expired medications, and did not properly use single dose medication vials and syringes. The findings include: Review of the policy and procedure manual on 8/2/18 at 10:00 am revealed, "All expired or unused medications must be disposed of in accordance with federal, state and local regulations." A tour of the facility on 8/2/18 at 11:00 am revealed the following expired medications: 1. Located in the emergency box: a. Sodium chloride, 5 vials, expired May 1, 2018. 2. Located in the clean utility room: a. Sodium chloride, 7 IV bags, expired March 1, 2018. 3. Located in the recovery room cabinet: a. Lidocaine, 1 vial, expired August 1, 2018. Furthermore, located in the recovery room cabinet was one syringe that contained drops of clear liquid, and a 50 ml single dose vial of Sodium bicarbonate 0.9%. The vial of Sodium bicarbonate had been previously opened and used. Interview of staff on 8/2/18 at 11:00 am revealed that she/he reuses the same syringe multiple times to withdraw Sodium bicarbonate 0.9% from the same 50 ml single dose vial multiple times. The staff stated she/he had used that same syringe with that same single dose vial of Sodium bicarbonate three times so far on 8/2/18.	A1280		

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A1280	Continued From page 2 Syringes and single dose vials of medication may only be used one time for one patient. After a syringe is used one time, it must be discarded. After medication is withdrawn from a single dose vial the first time, any remaining medication in the vial must be discarded with the vial.	A1280		
A1510	.15 (A) .15 Physical Environment A. The administrator shall ensure that the facility has a safe, functional, and sanitary environment for the provision of surgical services. This Regulation is not met as evidenced by: Based on review of the policy and procedure manual and a tour of the facility, the facility staff did not monitor for, and discard expired medical supplies. The findings include: Review of the policy and procedure manual on 8/2/18 at 10:00 am revealed, "At least monthly, a full inventory must be done of all medications and medical devices...When expired medications and medical devices are encountered, the supplies should be properly disposed of." A tour of the facility on 8/2/18 at 11:00 am revealed the following expired medical supplies: 1. Located in the clean utility room: a. Transeptic cleaning solution, 1 bottle, expired June 2018. b. Sani-Cloth germacidal wipes, 1 container, expired July 2018. c. Hydrogen peroxide, 5 bottles, expired February 2018. 2. Located in the ultrasound room: a. Hydrogen peroxide, 1 bottle, expired February 2018.	A1510		

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A1510	Continued From page 3 3. Located in the recovery room cabinet: a. IV catheter, 1 package, expired April 2017. b. Extension set connector, 1 package, expired February 2017. c. Hydrogen peroxide, 1 bottle, expired February 2017.	A1510		