MARYLAND Department of Health

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

Office of Health Care Quality, 55 Wade Avenue, Catonsville, Maryland 21228

November 9, 2018

Administrator
Metropolitan Family Planning Inst Inc
5915 Greenbelt Road
Berwyn Heights, MD 20740

RE: NOTICE OF CURRENT DEFICIENCIES

Dear Administrator:

On August 28 and September 4, 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.

II. 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.

III. 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 Tomsko Nay, M.D.
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
	SA000016	A. BUILDING: ______ B. WING ______	09/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METROPOLITAN FAMILY PLANNING INST INC	5915 GREENBELT ROAD BERWYN HEIGHTS, MD 20740

(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 licensure survey of Metropolitan Family Planning Inst. was conducted on August 28 and September 4, 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 six patient clinical records were reviewed. The procedures were performed between March 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		
A 420	.05 (A)(1)(e)(i) .05 Administration (e) Ensuring that all personnel: (i) Receive orientation and have experience sufficient to demonstrate competency to perform assigned patient care duties, including proper infection control practices;	A 420		

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A 420	Continued From page 1 This Regulation is not met as evidenced by: Based on review of the policy and procedure manual and review of staff personnel files, the administrator did not ensure the clinical staff received orientation, to include skills competency demonstration, and proper infection control practice for four of six staff reviewed. The findings include: Review of staff personnel files on 8/28/18 at 1:30 pm and 9/4/18 at 10:30 am revealed no documented evidence that four staff members received orientation, to include skills competency demonstration, upon hire. Additionally, there was no documented evidence that two staff members received infection control training as part of the orientation process.	A 420		
A 600	.05(C)(5) .05 Administration (5) Infection control for patients and staff; This Regulation is not met as evidenced by: Based on patient observations and interview of the physician, it was determined that the staff failed to ensure that measures to prevent infection were practiced at the facility. These measures included failure to perform hand hygiene and failure to perform hand hygiene properly. The findings include: 1. Observation of the patient medication process on 8/28/18 at 1:50 pm revealed the staff member unlocked the medication closet. The staff member withdrew a basket from the closet with pills bottles. The staff member opened the bottle of Aleve and poured three pills into the cap of the	A 600		

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A 600	Continued From page 2 bottle. The staff member then picked one of the pills out of the cap with his/her bare hands and placed the pill back into the bottle. The staff member did not perform hand hygiene before pouring the medication or before picking the pill out of the medication cap. 2. Observation on 8/28/18 at 3:25 pm the staff member entered the patient room. The staff member turned on the water and washed his/her hands with soap and water. The staff member then turned the handles of the sink off with wet hands, re-contaminating his/her hands. 3. Observation on 8/28/18 at 3:55 pm the staff member turned on the water and washed his/her hands with soap and water. The staff member then turned the handles of the sink off with wet hands re-contaminating his/her hands. Interview of the staff member on 8/28/18 at 4:20 pm revealed the staff member was not aware of the infection control breaches.	A 600		
A 810	.06(D)(1) .06 Personnel D. The administrator shall establish a procedure for the biennial reappointment of a physician which includes: (1) An update of the information required in §B of this regulation; and This Regulation is not met as evidenced by: Based on review of the policy and procedure manual and review of the staff credentialing files, the administrator failed to adequately credential and reappoint physicians to the facility for two of two physicians reviewed. The findings include:	A 810		

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A 810	Continued From page 3 Review of the policy and procedure manual on 9/4/18 at 12:00 pm revealed, "The physician must have appropriate clinical privileges for the specific procedure to be performed and for the administration of sedation and analgesia." Review of two physician credentialing files on 8/28/18 at 12:30 pm revealed documented letters from the office administrator, "In response to your recent request for information on the above practitioner, we are writing to confirm that he has privileges in good standing at Metropolitan Family Planning, in that there are/were no restrictions on the scope of his privileges." However there was no documented evidence in the two staff files of delineation of privileges (specific procedures permitted to be performed at the facility).	A 810		
A1250	.10 (B)(5) .10 Hospitalization (5) Appropriate training for staff in the facility 's written protocols and procedures. This Regulation is not met as evidenced by: Based on review of staff personnel files and interview of staff, the administrator failed to ensure clinical staff were trained in the procedure for the transfer of patients to a nearby hospital in the event of a patient medical emergency for four of four staff reviewed. The findings include: Review of staff personnel files on 8/28/18 at 1:30 pm and 9/4/18 at 10:30 am revealed no documented evidence that four staff members were trained in the transfer of patients to a hospital in the event of a patient medical emergency.	A1250		

Office of Health Care Quality

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A1250	Continued From page 4 Interview of staff on 9/4/18 at 11:30 am revealed that she/he acknowledged that there was no documented evidence that these staff received training in the transfer of patients to a hospital in the event of a patient medical emergency.	A1250		
A1500	.14 (B) .14 Patients' Rights and Responsibilities B. Confidentiality of medical records and the right to approve or refuse release of records to any individual outside the facility, except as provided by federal or State law. 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 administrator failed to ensure the confidentiality of patient medical records. The findings include: A tour of the facility on 8/28/18 at 10:30 am revealed there were four stacking filing cabinets located in an office room. The filing cabinets were unlocked and contained patient medical records. The patient medical records were not maintained to ensure confidentiality. Interview of staff on 8/28/18 at 10:30 am revealed that the filing cabinets containing patient medical records were not locked during the day, or at the end of the day. Only the door to the office was locked at the end of the day. The filing cabinets are locked only when the office is closed due to staff vacations.	A1500		

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A1510	Continued From page 5	A1510		
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 observations during a tour of the facility, it was determined that the administrator did not ensure that a safe and functional environment was maintained for the provision of surgical services. The findings include: A tour of the facility on 8/28/18 at 10:30 am revealed that a suction machine was located in a procedure room. There was no documented evidence that this suction machine had been checked for preventative maintenance. Preventative maintenance is required on all medical equipment on an annual basis to ensure the equipment is operational, calibrated and safe.	A1510		