



STATE OF MARYLAND
DHMH

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

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

March 26, 2013

Administrator
Hillcrest Clinic, Inc.
5602 Baltimore National Pike
Suite 600
Baltimore, MD 21228

RE: NOTICE OF CURRENT DEFICIENCIES

Dear

On February 12, 2013, 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 identification number 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 Dr. Patricia Nay, Acting 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 Joyce Janssen, Acting Chief Nurse at 410-402-8018 or fax 410-402-8213.

Sincerely,



Barbara Fagan
Program Manager

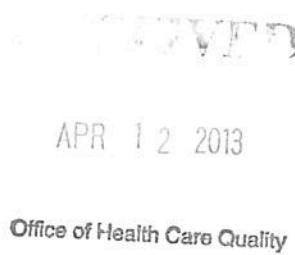
Enclosures: State Form
cc: License File

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA00002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/12/2013
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NAME OF PROVIDER OR SUPPLIER HILLCREST CLINIC, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5602 BALTIMORE NATIONAL PIKE, SUITE 600 BALTIMORE, MD 21228
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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>An initial survey of Hillcrest Clinic, Inc. was conducted on February 12, 2013. The facility includes three procedure rooms. The survey included: an on-site visit; an observational tour of the physical environment; observation of one surgical procedures; observation of the instrument cleaning/sterilization process; interview of the facility's administrator/registered nurse, technician's, registered nurses and physician; review of the policy and procedure manual; review of the personnel files; review of quality assurance and review of professional credentialing.</p> <p>A total of six clinical records were reviewed. The surgical procedures that had been performed January 2013 and February 2013 were reviewed.</p>	A 000		
A 610	<p>.05(C)(6) .05 Administration</p> <p>(6) Pertinent safety practices, including the control of fire and mechanical hazards;</p> <p>This Regulation is not met as evidenced by: Based on interview of the administrator, review of the policy and procedure manual it was determined that the administrator failed to develop a policy and procedure for safety practices. The findings include:</p> <p>Review of the policy and procedure manual on February 12, 2013 revealed that the administrator failed to develop a policy and procedure for pertinent safety practices that include the control of fire and mechanical hazards.</p> <p>Interview of the administrator (G) on February 12, 2013 at 12:30 PM revealed the administrator was</p>	A 610	<p><i>see attached</i></p>	

OHCQ	TITLE	(X6) DATE
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Office of Health Care Quality

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A 610	Continued From page 1 not aware the policies had not been developed.	A 610		
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 interview of the administrator/registered nurse and review of personnel files, it was determined that the administrator failed to provide emergency training for patient transfers to the hospital for nine of nine employees. The findings include. Review of personnel files for staff members G, H, J, K, M, N, O, P, and Q revealed that there is no documentary evidence that the members received training for emergency patient transfer's to the hospital. Interview of the administrator (G) on February 12, 2013 at 12:30 PM revealed the administrator acknowledged that no training had been provided.	A1250	<i>see attached</i>	
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. This Regulation is not met as evidenced by: Based on a tour of the facility, interview of the administrator and review of policy and procedures, it was determined that the administrator failed to implement their policy and	A1280	<i>see attached</i>	

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A1280	Continued From page 2 procedures for the use and storage of medications. The findings include: A tour of the facility performed on February 12, 2013 at 3 PM revealed in a cabinet in procedure room two was a syringe with ten milliliters of a clear liquid solution. Interview of the administrator (G) at 3:10 PM revealed the administrator does not know what the clear solution is. The CRNA (certified registered nurse anesthetist) was here and may have drawn the solution in the syringe and put the syringe in the cabinet. Review of the policy and procedure for use and storage of medications revealed, "All clinic personnel must observe proper storage and labeling requirements for all medications during the performance of their daily tasks and shall demonstrator safety in regard to the potency of medications administered as evidenced by: labeling of all medications prepared with the date, time of preparation, employees initials name and dose of the medication."	A1280		
A1430	.13 (B)(5) .13 Medical Records (5) Discharge diagnosis. This Regulation is not met as evidenced by: Based on review of medical records and interview of the administrator/registered nurse, it was determined that the administrator failed to ensure that the patient's medical records included a discharge diagnosis for two of four patient records reviewed. The findings include: Review of Patients #2, and 3 medical records revealed there was no evidence that a discharge diagnosis was documented in the medical	A1430	<i>see attached</i>	

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A1430	Continued From page 3 records. Interview of the administrator (G) on February 12, 2013 at 12:30 PM revealed that a discharge diagnosis was not documented in the patient medical records.	A1430		
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 interview of the administrator/registered nurse and observations, it was determined that the administrator failed to implement infection control policies and failed to ensure that measures to prevent infection were practiced at the facility. These measures included failed to ensure the use of chemical indicators in each sterilized package of sterilized instrument. The findings include. During a tour on February 12, 2013 at 11:15 AM revealed that fifty-four wrapped surgical instrument packs did not include internal steam indicator strips to ensure sterilization of the surgical instruments. Interview of the administrator/registered (G) nurse on February 12, 2013 at 11:15 AM revealed that internal indicator strips are not included in the wrapped surgical packs to assure the sterilization of the surgical instruments. The administrator/registered nurse were not aware that chemical indicators needed to be used inside the instrument packets.	A1510	<i>see attached</i>	

April 5, 2013

HILLCREST CLINIC, INC.
PLAN OF CORRECTION
FOR CURRENT DEFICIENCIES

A610 .05(C)(6) .05 Administration

(6) Pertinent safety practices, including the control of fire and mechanical hazards

- A policy has been written for fire evacuation, bomb threat, clinic invasion, and other emergency evacuations.
- Every patient that enters the clinic has the potential to be affected by this policy.
- A fire drill was done on March 26, 2013. Attendance was taken and all staff who participated signed the attendance log. Employees F, I, K, P, and Q, were not present that day. We will have additional drills when they are scheduled to work. All staff was given the written policy.
- We will have monthly reviews and/or drills. Attendance will be taken and recorded. All staff in attendance will sign individual logs to be placed in their individual files.
- This was done on March 26, and will be done monthly.
- See attached policies and logs.

A1250 .10 (B)(5) .10 Hospitalization

(5) Appropriate training for staff in the facility's written protocols and procedures

- On Tuesday, April 9, 2013 there will be a meeting and drill for emergency transfer of patients. All employees who are present will sign individual log sheets to be placed in their files.
- Every patient who enters the clinic has the potential to be affected by this policy.
- Drills will be held on a quarterly basis.
- Training was done in December, 2012 and an attendance log was kept, but was not put into individual files. Henceforth, logs will be kept in all individuals' files.
- This will be completed on April 9, 2013.
- See attached policies.

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.

- The policy has been updated to include proper labeling of all pre-drawn medications. The new policy will be reviewed by all medical staff.
- Every patient who enters the clinic has the potential to be affected by this policy.
- A policy has been rewritten to include date, time of preparation, dose, and initials on labels for all medications. This policy will be reviewed with all medical staff on a quarterly basis. No one will be permitted to draw up drugs that hasn't had proper training. A training log will be signed and kept in individual files.
- A nurse will be assigned daily to insure that all drugs are labeled and disposed of properly. A copy of the policy and procedure for use and storage of medications will be given to each employee.
- This will be implemented as of April 5, 2013.
- See attached policies.

A1430 .13 (B)(5) .13 Medical Records

(5) Discharge diagnosis

- As of April 9, 2013 a discharge diagnosis will be included on all patients' charts.
- Every patient who is seen at Hillcrest Clinic has the potential to be affected.
- All charts are reviewed at the end of each day by the nursing staff.
- The chart format will be changed to include the discharge diagnosis.
- We are currently waiting for clarification from the state as requested on April 4, 2013.

A1510 .15 (A) .15 Physical Environment

A. The administrator shall ensure that the facility has a safe, functional, and sanitary environment of the provision of surgical services.

- The policy was reviewed and rewritten. All instruments will contain an indicator strip which will be placed on all wrapped instrument packs.
- Every patient who enters the clinic has the potential to be affected by this policy.
- The policy will be revised to include that “all wrapped and sterilized instruments will have indicator strips placed in the wrapping, directly on the instruments.” All instruments were rewrapped and resterilized properly. Medical personnel have been informed by employee G not to use any instrument not having a strip indicating it is sterile.
- Employee L will check all packs for dates and pull outdated packs to be rewrapped and resterilized. This will be on a rotating basis. Employee L will sign off on a checklist that this was done weekly. Employee M will oversee this.
- This was completed on January 14, 2013.
- See attached policy.



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Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor - Joshua M. Sharfstein M.D., Secretary

April 29, 2013

Administrator

Hillcrest Clinic, Inc.

5602 Baltimore National Pike, Suite 600

Baltimore, MD 21228

RE: ACCEPTABLE PLAN OF CORRECTION

Dear Ms.

We have reviewed and accepted the Plan of Correction submitted as a result of an initial survey completed at your facility on February 12, 2013.

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,

Patricia Tomsko Nay, MD, CMD, CHCQM,
FAAFP, FAIHQ, FAAHPM
Acting Executive Director and Medical Director

cc: License File