



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

Planned Parenthood Of Md - Annapolis Health Ctr

929 West Street, Ste 305

Annapolis, MD 21401

RE: NOTICE OF CURRENT DEFICIENCIES

Dear

On February 19, 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.

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Web Site: www.dhmh.maryland.gov



- 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.

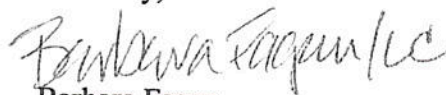
If, upon the subsequent revisit, your facility has not achieved compliance, we may take administrative action against your license or impose other remedies that will continue until compliance is achieved.

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 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 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: SA000004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2013
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF MD - ANNAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 929 WEST STREET, STE 305 ANNAPOLIS, MD 21401
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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 Planned Parenthood of Maryland-Annapolis Health Center was conducted on February 19, 2013. Survey activities included the following: interview of the clinical staff; observational tour of the facility's physical environment; observation of the facility's sterilization equipment reprocessing; policy and procedure review; review of the facility's patient clinical records; review of the physicians credentialing; review of employee personnel files; review of the facility's Quality Assurance program and review of the facility's infection control program. The facility has two procedure rooms.</p> <p>A total of five patient clinical records were reviewed. The clinical patient records reviewed had procedures done between October 2012 and February 2013.</p>	A 000		
A1510	<p>.15 (A) .15 Physical Environment</p> <p>A. The administrator shall ensure that the facility has a safe, functional, and sanitary environment for the provision of surgical services.</p> <p>This Regulation is not met as evidenced by: Based on observation of instrument reprocessing sterilization and interview of clinical staff, it was determined that the facility failed to ensure the policies and procedures were implemented and followed, to ensure instrument reprocessing equipment was properly sanitized. The findings include:</p> <p>1. Observation on 2/19/13 at 12 noon of the instrument reprocessing room revealed that the autoclave machine was leaking water onto a shelf below the machine. Safety checks should be</p>	A1510		

OHCQ

TITLE

(X4) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6888

VW4K11

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/19/2013
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF MD - ANNAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 929 WEST STREET, STE 305 ANNAPOLIS, MD 21401		
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A1510	Continued From page 1 performed for leaks and there is no documentation to support leak testing or maintenance is being done. 2. Interview on 2/19/13 at 12:30 PM of the facility's director revealed that the facility space is shared and the other entity is responsible for taking care of the autoclave. The director further stated that she did not have any documentation for spore testing or maintenance of the machine.	A1510			

Plan of Corrections for Planned Parenthood-Annapolis Health Center

A 1510

1. Routine spore testing on this autoclave. Sterilization indicators are placed in every pack that is sterilized. Biannual preventative maintenance is also completed. These records are current but were inaccessible at the time of the site visit. Since preventative maintenance, spore testing and sterilization indicators had been done, we feel that patients were not affected by this deficiency.
2. Since no patients were affected, there is no need to attempt to identify additional patients that may have been affected.
3. In order to ensure proper sterilization of equipment, PPMD will:
 - a. Take the autoclave out of service and have the leaking autoclave serviced by the medical equipment contractor. (in process)
 - b. Review with appropriate staff the conditions of proper autoclave functioning and how to identify problems with an autoclave.
 - c. Review with all appropriate staff the procedure for handling an identified problem with an autoclave.
 - d. Continue annual preventative maintenance on the autoclaves.
4. The health center will have one designated staff member who will review the spore testing activity, autoclave logs and annual maintenance reports.
5. Completion date: May 1, 2013. This is dependent upon the timeline of the medical equipment contractor. Autoclave will be kept out of service until maintenance completed.



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

April 30, 2013

Planned Parenthood Of Md - Annapolis Health Ctr
929 West Street, Ste 305
Annapolis, MD 21401

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 February 19, 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 Tomsco Nay, MD, CMD, CHCQM, FAAFP,
FAIHQ, FAAHPM
Acting Executive Director and Medical Director