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 Building
Catonsville, MD 21228
410 402 8040

October 17, 2018

Administrator
Planned Parenthood of Maryland
- Baltimore Health Center
330 North Howard Street
Baltimore, MD 21201

RE: ACCEPTABLE PLAN OF CORRECTION

Dear Administrator:

We have reviewed and accepted the Plan of Correction submitted as a result of a Re-licensure survey completed at your facility on August 6, 2018.

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

Please maintain this document on file as proof of an Office of Health Care Quality survey. A request for this document will be handled as a Public Information Request with a response time of up to 30 days. If there are any questions concerning this notice, please contact this Office at 410-402-8040.

Sincerely,

Patricia Nay, MD

Patricia Nay, M.D.
Executive Director

Office of Health Care Quality

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	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	See attached Plan of correction RECEIVED MARYLAND DEPT. OF HEALTH OCT 11 2018 OFFICE OF HEALTH CARE QUALITY	
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:	A1280		

10/9/18

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A1280	Continued From page 1 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. After withdrawing 5 ml of Sodium bicarbonate 0.9% into the syringe, it is injected and mixed into a	A1280		

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A1280	Continued From page 2 multi-dose vial of Lidocaine. The vial of Lidocaine mixed with 5 ml of Sodium bicarbonate 0.9% is then poured into a sterile cup on the sterile field in the procedure room. The physician then draws 20 ml of the mixture of Sodium bicarbonate and Lidocaine for the patient's paracervical block. 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.	A1510		

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A1510	Continued From page 3 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. 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		

Plan of Corrections for Planned Parenthood-Baltimore Health Center

A 1280

1. The management team reviewed medication administration and evaluation of expiration dates with each staff member responsible for handling and administration of medications. The medication that was used multiple times was entered with a clean syringe each time and injected into another clean bottle. The medication vial was discarded at the end of the day. The team has previously explored other options for this medication, but no other options exist. A monthly inventory check is completed for expiration dates. The staff also checks expiration dates prior to administration. While there were expired medications onsite, we are confident that these would have been identified prior to administration.
2. We stopped using the single dose vial for multiple patients on August 2, 2018. We reviewed the policy for checking expiration dates with staff on August 2nd, 2018.
3. This corrective action plan has been completed.
4. Completion date: August 2, 2018.
5. The Regional Director will be responsible for ensuring the corrections remain in place.
6. The medication inventory will be audited for expired medications and single dose vials will only be used with one syringe for one patient.
7. This audit will be completed annually, at minimum.

A 1510

1. The management team reviewed all medical supplies onsite and did not find any other expired supplies. It was determined that most of the expired supplies identified the day of the audit were supplies no longer in use. Since these supplies were not being used, staff overlooked them when doing the monthly inventory and expiration date checks.
2. All supplies that are no longer in use were discarded on August 3, 2018. Policies for reviewing expiration dates during monthly inventory were reviewed with staff on October 2, 2018.
3. This corrective action plan has been completed.
4. Completion date: October 2, 2018.
5. The Regional Director will be responsible for ensuring the corrections remain in place.
6. The medical supply inventory will be audited for expired medications.
7. This audit will be completed annually, at minimum.