

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

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

November 13, 2018

Administrator Whole Woman's Health Of Baltimore, LLC 7648 Belair Road Baltimore, MD 21236

RE: ACCEPTABLE PLAN OF CORRECTION

Dear Administrator:

We have reviewed and accepted the Plan of Correction submitted as a result of a licensure survey completed at your facility on July 11, 2018.

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 410-402-8055.

Sincerely,

Patricia Tomsko May. M.D.

Patricia Tomsko Nay Executive Director

201 W. Preston Street · Baltimore, MD 21201 · health.maryland.gov · Toll Free: 1-877-463-3464 · TTY: 1-800-735-2258

TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATIONNUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		SURVEY
	SA000003	B WING		07/11/2018	
MEOFPROVIDER OR SUPPLIER HOLE WOMAN'S HEALTH OI	F BALTIMORE, L 7648 BEI	DDRESS. CIT	Y, STATE, ZIPCODE	0//1	1/2010
REFIX {EACH DEFICIENCY	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	JULD BE	(XS) COMPLE DATE
 Baltimore was cond 2018. An exit intervi 2018. The center performs procedures. The facility includes The survey included observational tour of observational tour of observation of the p process; observatio process; observatio process; observatio process; observatio observation of instru- process; interview of medical director, re- medical assistants, the policy and proce clinical records; revi- review of quality ass program, and review credentialing. A total of seven patt reviewed. The proce- between February 2 Findings in this repor- at the time of review informed of the surv- progressed. The ag opportunity to prese- findings during the of 	s two procedure rooms. d: an on Site visit; an of the physical environment; batient laboratory (blood draw) on of patient ultrasound on of patient education on of patient discharge on of hand hygiene; ument cleaning/sterilization of the facility's administrator, gistered nurse, counselor's, patient advocates; review of edure manual; review of iew of the personnel files; surance and infection control w of professional ient clinical records were edures were performed		A000 This Plan of Correction is sub required under Federal and S regulation and statues applica abortion care providers. This Correction does not constitute admission of liability on the pa Whole Woman's Health of Ba and such liability is hereby sp denied. The submission of the does not constitute an agreen the facility that the surveyors' or conclusions are accurate, findings constitute a deficience the scope or severity regarding the deficiencies cited are corresponded.	able to Plan of e an art of the litimore, ecifically e plan nent by findings that the ey, or that ng any of	

-	-	_	_	_	
07	TA1		pre.	0	
0	A		11	0	171

 $\left(\right)$

811911

Y54Q11

If continuation sheet 1 ol 7

	\bigcirc		\cap	PRINTED: 07. FORM APF
Office of Health Care Quality STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	(X2)MULTIF A BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SA000003	B WING		07111/2018
NAME OF PROVIDER OR SUPPLIER WHOLE WOMAN'S HEALTH	OF BALTIMORE, L	DRESS CITY AIR ROAD RE, MD 212	, STATE. ZIP CODE	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSSREFERENCEDTO THE APPRO DEFICIENCY)	D BE COMPLETE
This Regulation is Based on patient of control training poli- control training and determined that the infection control po- measures to prevent the facility. These don gloves when of failed to perform has The findings incluor Patients: F, G, H, I 1. Observation of I 11, 2018 at 8:35 A did not perform has gloves. The staff m- ultrasound, remove perform hand hygi room with the patie Observation of pat 2018 at 8:50 AM re donned gloves with The staff member an alcohol pledge, collected the patie member then repe second time. After for two different tea of the slides into th member documen record, then clean applied a band-aid	Inistration If or patients and staff; not met as evidenced by: bservations, review of infection icy, review of staff infection d interview of the staff, it was e staff failed to implement olicies and failed to ensure that int infection were practiced at measures included failed to deaning patient equipment and and hygiene. le. Patient F's ultrasound on July M revealed, the staff member ind hygiene before donning member performed the ed the gloves and did not ene. The staff member left the	A600 A600	A600 It is the policy of Whole Woman Health of Baltimore to establish maintain an infection control pol designed to provide a safe, san patient care, and to help preven development and transmission communicable diseases and inf It is the policy of Whole Woman Health of Baltimore to ensure pr handwashing and hand hygiene techniques are being followed a times. On 08/09/2018 the Clinic Admir and Director of Clinical Services reviewed and modified the curre infection control policy to includ proper hand hygiene prior to do gloves, after the removal of glov before and after direct patient c before and after preforming pat examinations, before and after equipment, before and after con with blood or bodily fluids, befor after using restroom, before and eating food. (Attached) On 08/17/2018 the Clinic Admir started monitoring proper hand technique daily during clinical s by having the all staff members partner and demonstrate appro handwashing technique for 1 w purpose of the monitoring will b ensure that proper hand hygier practiced including hand hygier	and licy itary it the of ections. i's roper at all histrator, sent e: onning ves, ontact, ient cleaning ntact re and d after histrator washing session s peer- priate reek. The be to he is he pre-

8899

Y54011

If continuation

		0		\bigcirc	: PRINTED FORM A		
Office of Health Care Quality							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		SA000003	B WING		07/1	1/2018	
NAME OF F	PROVIDER OR SUPPLIER			STATEZIP CODE			
WHOLE	WOMAN'S HEALTH O	F BALTIMORE, L	AIR ROAD RE, MD 212	36			
(X4)ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEDTO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
A 600	Continued From pa	ige 2	A600	Continued From page 2:			
A 600	 wiped their hands of 2. Observation of P 11, 2018 at 9:30 AM donned gloves with The staff member v an alcohol pledge, collected the patient member then repeations second time. After the for two different tessions of the slides into the member documentare record, then cleans applied a bandaid. their gloves, perform gel. The staff member and the staff member their gloves, perform gel. The staff member and the staff member their pants. 3. Observation of the area on July 11, 20 staff member donner hand hygiene. The discontinued Patient 4. Observation of the area on July 11, 20 staff member place Patient H's upper riplood pressure cuff glove on the right hungloved and withow wipe. The staff kep 	on their pants. Patient's G's blood draw on July M revealed, the staff member rout performing hand hygiene. wiped the patient's finger with pricked the finger and att's blood on a slide. The staff ated the same blood draw a the testing the patient's blood ts the staff member disposed e medical waste. The staff ed in the patient's medical ed the patient's finger and The staff member removed med hand hygiene with hand ber did not allow the gel to dry ber wiped their hands dry on the staff in the recovery room 18 at 11:51 AM revealed the ed gloves without performing staff member then ht I's intravenous port. The staff in the recovery room 18 at 12:10 PM revealed the ed a blood pressure cuff on ght arm. After removing the i the staff member donned a and leaving the left hand drew a germicidal disposable t the wipe in his/her right hand		The monitoring will continue uniconsecutive weeks of zero nega findings is achieved. Afterwards members will be randomly mon on a weekly basis by the Clinic Administrator for a period of not than 6 months to ensure ongoin compliance. After that, random monitoring will continue to occur months. Any infractions observe be prevented or corrected as of The Clinic Administrator comple in-service on 08/16/2018 for all members. The following was re Hand Hygiene and appropriate gloves—to include review of the updated facility handwashing per procedure as well as demonstra completed by staff to ensure all practicing proper technique. Any staff member who fails to co with the points of the in-service further educated and or progress disciplined as indicated. At the quarterly QA meetings, the monitoring of handwashing tech and compliance will be reviewe necessary, an action plan will b by the committee. Any written a plan will be monitored by the Ca Administrator until resolution.	ative s, staff itored t less ng r for 12 ed will oserved. eted an staff eviewed: use of olicy and ations are comply will be ssively he nnique d. If e written action		
	and cleaned the blo the patient use item The staff transferre ungloved hand re-c item. The staff them	bod pressure cuff while holding ins with the ungloved left hand. If the patient used item to the contaminating the patient use in disposed of the germicidal and to follow the manufactures					

Y54011

 \mathcal{F}

Office of Health Care Quality	\bigcirc			PRINTED: 0 FORM A	7/30/2018 PPROVED
	PROVIDER/SUPPLIER/CUA	(X2) MULTIPE CONSTRUCTION A. BUILDING		(X3) DATE S COMPL	
	SA000003	B WING		07/11	/2018
NAME OF PROVIDER OR SUPPLIER		,	STATEZIP CODE		
WHOLE WOMAN'S HEALTH OF BA		AIR ROAD RE, MD 212:	36		
		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEDTO THE APPROF DEFICIENCY)	DBE	(XS) COMPLETE OATE
A600 Continued From page 3		A600			
instructions and to wear germicidal wipes. The s hygiene per manufactur disposal of the wipe. Review of the manufact disinfection wipe label r product wear disposable gowns, face mask or ey thoroughly with soap an Review of the policy ma staff on July 11, 2018 a center follows and train- bloodbome pathogens p hand hygiene annually. files on July 10, 2018 at staff have been trained pathogens training that annually.	staff did not perform hand rers instructions after eturers directions on the revealed, "When using this le protective gloves, ye coverings. Wash hands nd water after handling." anual and interview of the at 12:30 PM reveals the ns the staff using the OSHA procedure that includes . Review of staff training		A790 On 07/10/2018 the Clinic Admir and Director of Clinical Services reviewed and modified the Who Woman's Health of Baltimore Credentialing policy to include: Continuous monitoring of the N Practitioner Data Bank for documentation regarding any cl against employed practitioners. On 09/07/2018 the Director of C Services, and Clinic Administra	ational laims Clinical	
A 790 .06(8)(9) .06 Personnel		A790	enrolled all actively employed		9/7/2018
(9) Data provided by the Data Bank.	e National Practitioner		practitioners in continuous quer report to Whole Woman's Healt Baltimore any claims filed regar employed practitioners. On 09/	th of rding	
This Regulation is not n Based on review of pro files for physicians, revi procedures and intervie determined that three o credentialing files revie not contain National Pra information.	ofessional credentialing riew of policies and ew of the staff, it was		National Practitioner Data Bank were filled in all employed prac credentialing files located in the Administrator's office. The Clin Administrator will run individual Practitioner Data Bank reports place a copy in all employed practitioner's files on an annual	c reports titioners e Clinic ic National and	

OHCQ STATE FORM

Y54011

-

If conlinuation sheet 4 or 7

.

Office of Health Care Qualit\I

 PRINTED: 07/30/2018
FORM APPROVED

	OF DEFICIENCIES	(X1) PROVIDERJSUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPL A BUILDING		(X3) DATE S COMPL	
		SA000003	B WING	124	0711	112018
	ROVIDER OR SUPPLIER					
		7648 BEI	AIR ROAD	STATEZIP CODE		
WHOLE W	OMAN'S HEALTH C		RE, MD 212	36		1
(X4)1D		ATEMENT OF DEFICIENCIES	-10	PROVIDER'S PLAN OF CORRECT		(XS)
PREFIX TAG		YMUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS.REFERENCED TO THE APPROI		COMPLETE DATE
				DEFICIENCY)		
A 790	Continued From pag	ge 4	A790			
	The findings include	9.				
		n's credentialing files revealed,				
		ude information from the				
	against physicians.	er Data Bank regarding claims				
	Review of the polici	ies for personnel revealed,				
	+	verification: All LIP's (Licensed				
		tioner) (as applicable) will be e National Practitioner Data				
		in continuous query."				1
	Interview of the stat	ff on July 10, 2018 at 2:30 PM				
	revealed, the staff v	was not aware the National				
		ank are missing from the				
	credentialing files.					
A 810.	06(D)(1) .06 Person	nel	A810	A810		
	D. The administrate	or shall establish a procedure		Whole Woman's Health of Balti contracts and employs practitio		07/10/2018
		opointment of a physician		who are licensed to practice		
	which includes:	information required in CO of		independently to provide servic	es to	
	this regulation; and	e information required in §8 of		patients wishing to receive med		
	0			services and treatment. Eligibili		
	This Degulation is a	at wat an avide and hur		providing patent care is determ the extent to which the applicar		
		not met as evidenced by: the policies, physician		defined requirements for educa		
		d interview of the staff, it was		licensure, board certification, tra		
	determined that the	scope of procedures		clinical experience, and adequa	÷. 1	
		lical staff privileges were not		malpractice coverage. Whole W	Voman's	
	files reviewed.	center staff for three of three		Health of Baltimore initiates		
				credentialing of all practitioners employment.	upon	
	The findings include	9.		The credentialing is a function of	of the	
	Review of the agen	cy policy revealed, "The		Whole Woman's Health Manag		
		-y panay tarawiawy tho		Company alongside the Clinic		
				Administrator. Biennial verifica		
				all Primary and Secondary Sou		
				requirements is completed. Th includes verification of: Verifica		
				DEA certificate, Verification of S		
				License, Review of Malpractice		
				Insurance coverage, Verificatio		

\bigcirc	
	Continued A810 from page 5:
	State Controlled Substance Registration, Verification of enrollment
	in continuous query in National
	Physician Data Bank, Update Curriculum Vitae, Verification of
	affiliation agreements or admitting privileges with local hospitals,
	Verification of CPR/ Life support training, update personal contact
	information, Complete Back up
	Agreement, Verify CAQH information, Review Photo ID, Review Independent
	Contractor Agreement, Peer Reviews, and Current Immunizations and PPD
	status.
	Any credentialing deficiencies are addressed by the Clinic Administrator
	to the Director of Clinical Services, and the practitioner. The practitioner has 7
	business days to comply with deficiencies.
	On 07/10/2018 the Clinic Administrator,
	and Director of Clinical Services reviewed and modified the Whole
	Woman's Health of Baltimore Credentialing policy to include: A
	biennial review of the practitioner's
	credentialing documentation by the Clinic Administrator to include
	documentation of privileges designated by the Medical Director and Chief
	Executive Officer as well as the scope of procedures that the independent
	contracted practitioner can provide in accordance with Whole Woman's
	Health of Baltimore. (Attached)
	The Clinic Administrator obtained documentation from the Chief
	Executive Officer for privileges and scope of procedures on 07/10/2018. A
	copy of appropriate documentation is located in the providers' files in the
	Clinic Administrator's office.
	The Clinic Administrator will schedule an annual review for each practitioner
	based on their Independent Contract Anniversary date.
Q	

OHCQ STATE FORM

Y54011

If continuation sheet 5 of 7

Office of Health Care Qualihi	0.		\cap	PRINTED: (FORM A	07/30/2018 PPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDERISUPPLIER/CLIA IDENTIFICÁTION NUMBER	(X2) MULTIP A BUILDING	LE CONSTRUCTION	(X3) DATE S COMPL	
	SA000003	B WING		07/11	1/2018
NAME OF PROVIDER OR SUPPLIER			STATEZIP CODE		
WHOLE WOMAN'S HEALTH	OF BALTIMORE, L	AIR ROAD	236		
PREFIX {EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEDTO THE APPRO DEFICIENCY)	D BE	(XS) COMPLETE DATE
Independent Practileast every 2 years verification (verifical specific credential qualification report practitioner) of exp synopsis peer revie and/or any relevan information. Simila privileges, approva vested in the govern recommendations Director and the Cl Review of medical revealed medical s reappraised on the 2012, September 2 Interview of the sta revealed the privile reappraised. A1490, .14 (A) .14 Patient The administrator s develops and imple procedures concer responsibilities, ind A. The opportunity medical treatment; This Regulation is Based on review o and interview of th	of a LIP's (Licensed tioner) privileges will occur at and includes primary source ation by the original source of a to determine the accuracy of a by an individual health care iring or expired credentials, a ew results for the 2 year period t performance improvement r to the original granting of I of subsequent privileges is hing board based on from the Medical Department EO." staff credentialing files taff privileges were last following years: November 11, 28, 2014 and March 17, 2016. Iff on July 10, 2018 at 2:30 PM eges have not been s' Rights and Responsibilities shall ensure that the facility ements written policies and ming patients ' rights and cluding but not limited to: to participate in planning their	A1490	A1490 Whole Woman's Health of Baltimore posted and written documentation of rights afforded under federal and sta and of all rules and regulation gover patient conduct and responsibilities seeking medical treatment. The patie asked to acknowledge receipt of info on patient rights and responsibilities providing their signature on the Who Woman's Health of Baltimore Medic Record. Whole Woman's Health of B informs each patient of these rights language and manner that the patien understands. If a patient is incapable receiving information, exercising his rights, and/or carrying out the patien responsibilities as described in this p patient's personal representative, as recognized under state law will be re for exercising the patient's rights an- his or her responsibilities, subject to limitations in state or federal law. On 08/10/2018 the Clinic Administra Director of Clinical Services reviewe modified the current Patients' Rights Responsibilities policy to include: T has the right to participate in plannin medical treatment. (Attached) On 08/10/2018 the Clinic Administra updated the Medical History Record the patients acknowledged receipt of information on patient rights and responsibilities by providing their sig the Whole Woman's Health of Baltin Medical History Record. (Attached) The Clinic Administrator will review Rights and Responsibilities for accu annually.	f patient the law, ning upon ent is ormation by all History Baltimore in a nt e of or her it's policy, the sesponsible d fulfilling any attor, and d and s and he patient ng his/ her ator l to reflect of gnature on more Patients'	

 \mathcal{X}

OfficeofHe	alth Care Quality	\sim		\bigcirc	PRINTED: 07/30/2018 FORM APPROVED
STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		SA000003	B, WING		07/11/2018
	VIDER OR SUPPLIER	OF BALTIMORE, L 7648 BEL	DDRESS, CITY AIR ROAD DRE, MD 212	, STATE, ZIPCODE	
(X4)ID PREFIX TAG	(EACHDEFICIENC	ATEMENT OF DEFICIENCIES YMUSTBEPRECEDED BYFULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLÉTE
A1490 Cor	ntinued From pa	age 6	A1490		
Tł	ne findings inclu	de.			
Re	eviewofthe patie	entrights statement on Juty 11,			
in	clude the patien	ealed the statement does not thas the opportunity to ning their medical treatment.			
re	terview of staff o vealed that the s phts statement v	n July 11, 2018 at 12 PM taff was not aware that the vas incomplete.			
ſ					
OHCQ STATE FORM			151199	Y54011	If continuation sheet 7 of 7

Y54011

If continuation sheet 7 of 7