



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

April 14, 2016

Ms. Alice Harper, Administrator
Potomac Family Planning Center
966 Hungerford Drive, #24
Rockville, MD 20850

**RE: NOTICE OF COMPLIANCE WITH HEALTH
COMPONENT REQUIREMENTS**

Dear Ms. Harper;

On March 25, 2016 and April 7, 2016, a complaint investigation was conducted at your facility by the Office of Health Care Quality to determine if your agency was in compliance with State requirements for a Surgical Abortion Facility.

This survey found that your facility is in compliance with the health component of the requirements.

If you have any questions, please call Barbara Fagan at (410) 402-8040.

Sincerely,

Patricia Tomsko Nay
Executive Director
Office of Health Care Quality

Enclosure: CMS-2567

cc: File

Office of Health Care Quality

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|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000011 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 04/07/2016 |
|--|---|---|---|

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|---|---|
| NAME OF PROVIDER OR SUPPLIER POTOMAC FAMILY PLANNING CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 966 HUNGERFORD DRIVE, #24 ROCKVILLE, MD 20850 |
|---|---|

| (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 | <p>Initial Comments</p> <p>A complaint investigation survey of Potomac Family Planning Center was conducted on March 25 and April 7, 2016.</p> <p>Complaint number: MD00099969. This complaint was unsubstantiated.</p> <p>The survey included: interview of the staff and a tour of the facility.</p> <p>A key code for the staff was provided to the facility staff.</p> <p>Findings in this report are based on data present in the administrative records at the time of the review. The facility staff was kept informed of the investigational findings as the investigation progressed. The agency staff was given the opportunity to present information relative to the findings during the course of the investigation.</p> <p>Potomac Family Planning Center is in compliance with COMAR 10.12.01.00- 10.12.01.20 F. for Surgical Abortion Facilities.</p> | A 000 | | |

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

TITLE

(X6) DATE