



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
Germantown Reproductive Health Services
13233 Executive Park Terrace
Germantown, MD 20874

RE: NOTICE OF SURVEY FINDINGS

Dear :

On February 11, 12 and 13, 2013, a complaint investigation 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 did not identify noncompliance with the requirements that were reviewed in relationship to the allegations of the complaint.

If you have any questions concerning the instructions contained in this letter, please contact me at 410-402-8018 or fax 410-402-8213.

Sincerely,

Barbara Fagan
Program Manager

Enclosures: State Form

cc: License File

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.maryland.gov



Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/13/2013
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NAME OF PROVIDER OR SUPPLIER GERMANTOWN REPRODUCTIVE HEALTH SEF	STREET ADDRESS, CITY, STATE, ZIP CODE 13233 EXECUTIVE PARK TERRACE GERMANTOWN, MD 20874
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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>A complaint investigation survey of Germantown Reproductive Health Services was conducted on February 11, 12 and 13, 2013. Complaints #s MD00075035 and MD00074798 were investigated. The survey included: interview of the staff, review of the patient's medical record and review of the policy and procedure manual.</p> <p>This survey did not identify noncompliance with the requirements that were reviewed in relationship to the allegations of the complaints.</p>	A 000		
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OHCQ _____ TITLE _____ (X6) DATE _____

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