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
	SA000010	A. BUILDING: _____ B. WING _____	R 10/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER SPRING FAMILY PLANNING	1111 SPRING STREET, G2 SILVER SPRING, MD 20910

(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 follow up survey to deficiencies cited on August 18, 2015 was conducted at Silver Springs Family Planning on October 23, 2015. The survey included: an on-site visit; interview of staff; review of administrative documentation; review of patient medical records; an observational tour of the facility; observation of surgical instrument reprocessing; review of credentialing and review of the quality assurance program. A key code for the patients was provided to the facility staff. Findings in this report are based on data present in the administrative records at the time of review. The administrative staff was kept informed of the survey findings as the survey progressed. The staff was given the opportunity to present information relative to the findings during the course of the survey. Silver Springs Family Planning is in compliance with the Maryland State COMAR 10.12.01.00 through 10.12.01.9999 for Surgical Abortion Facilities.	{A 000}		

OHCQ

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE