

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  SA000004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  07/28/2015
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NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD OF MD - ANNAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 929 WEST STREET, STE 305 ANNAPOLIS, MD 21401
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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 Initial Comments

A 000

A relicensure survey of Planned Parenthood of Maryland- Annapolis was conducted on July 28, 2015.

The survey included: interview of the staff, an observational tour of the physical environment; observation of reprocessing of surgical equipment; review of the policy and procedure manual; review of clinical records; review of professional credentialing; and review of the quality assurance and infection control programs. The clinical staff (Registered Nurses and Technicians) are the same staff that work at the Planned Parenthood of Maryland- Baltimore location. These staff personnel files were reviewed during the relicensure survey conducted at the Baltimore location on 7/16/15. Therefore, the clinical staff files were not reviewed again during this survey at the Annapolis location.

The facility included one procedure room.

A total of five patient clinical records were reviewed. The procedures were performed between October 2014 and July 2015.

A key code for the patients and staff was provided to the facility.

Planned Parenthood of Maryland- Annapolis is in compliance with COMAR 10.12.01.00-10.12.01.20 F. for Surgical Abortion Facilities.

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

TITLE

(X6) DATE