STATE OF M. YLAND
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
Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Van T. Mitchell, Secretary

February 16, 2016

Administrator
Planned Parenthood Metropolitan Wash, DC Silver Spring
1400 Spring Street, Suite 450
Silver Spring, MD 20910

RE: ACCEPTABLE PLAN OF CORRECTION

Dear

We have reviewed and accepted the Plan of Correction submitted as a result of a Recertification survey completed at your facility on August 4, 2015.

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 410-402-8040.

Sincerely,

Barbara Fagan

Barbara Fagan, Program Manager
Ambulatory Care Programs
Office of Health Care Quality

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February 8, 2016

Health Center Manager
Planned Parenthood of Metropolitan Wash DC
1400 Spring Street, Suite 450
Silver Spring, 20901

Dear

On December 4, 2015, a letter outlining State deficiencies was mailed to your facility for a survey conducted on August 4, 2015. We have not received a Plan of Correction for the identified deficiencies.

Please be advised that if we have not received the POC by February 15, 2016, an on-site inspection will be conducted to ensure compliance with regulatory requirements.

If there are any questions, please contact me at (410) 402-8040.

Sincerely,

Barbara Fagan, Program Manager
Ambulatory Care Programs
Office of Health Care Quality

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	SA000013		08/04/2015

NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD METROPOLITAN WA

STREET ADDRESS, CITY, STATE, ZIP CODE: 1400 SPRING STREET, SUITE 450, 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 relicensure survey of Planned Parenthood Metropolitan was conducted on July 31, August 3 and 4, 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; review of personnel files and review of the quality assurance and infection control programs. The facility included two procedure rooms. A total of five patient clinical records were reviewed. The procedures were performed between June 2015 and July 2015. A key code for the patients and staff was provided to the facility staff. Findings in this report are based on data present at the time of review. The agency's staff was kept informed of the survey findings as the survey progressed. The agency staff was given the opportunity to present information relative to the findings during the course of the survey.	A 000	RECEIVED FEB - 8 2016 Office of Health Care Quality	
A 420	.05 (A)(1)(e)(i) .05 Administration (e) Ensuring that all personnel: (i) Receive orientation and have experience sufficient to demonstrate competency to perform assigned patient care duties, including proper infection control practices; This Regulation is not met as evidenced by:	A 420	Effective 9/1/15 all newly hired clinical staff will receive orientation within the first 90 days of their start. Additionally newly hired staff will have to complete a clinical skills observation and assessment.	

OHCQ
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Lab Director — (X6) DATE: 2/1/16

Office of Health Care Quality

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A 420	Continued From page 1 Based on review of staff personnel files and interview of Staff 11, clinical staff did not have experience sufficient to demonstrate competency in assigned patient care duties for two of seven staff reviewed. Staff: 9, 10 The findings include: Review of Staff 9 and 10's personnel files revealed no documented evidence that they performed a skills competency demonstration upon hire. It is essential that new employees participate in a skills competency demonstration, as it is a demonstration of the employee's ability to adequately perform patient care tasks. Interview of Staff 11 on 8/3/15 at 2:00 pm revealed that she acknowledged that there was no documented evidence that these staff performed a skills competency demonstration upon hire.	A 420	Checklist to assess their competency to perform their clinical duties within the first 90 days of their start. The clinical assessment sheet will cover the essential clinical duties performed by the employee. The assessment sheet will be signed by the employee and trainer to acknowledge that the employee has demonstrated proficiency in each category of the assessment unless otherwise specified. Once the assessment sheet has been signed by both the trainer and employee it will be placed inside of the employee's H/R record. Furthermore, a reminder will be set by H/R to ensure that the orientation and skills assessment are completed within 90 days of hire. The employee' direct supervisor is responsible for the employee's training and orientation. A investigation was completed and no patients were harmed as a result of incident A420.	
A1080	.09(A) .09 Emergency Services A. Basic Life Support. Licensed personnel employed by the facility shall have certification in basic life support. A licensed staff individual trained in basic life support shall be on duty whenever there is a patient in the facility. This Regulation is not met as evidenced by: Based on review of staff credentialing files and interview of Staff 11, licensed staff were not certified in basic life support for two of six licensed staff reviewed.	A1080		

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A1080	Continued From page 2 Staff: 2, 3 The findings include: Review of Staff 2's credentialing file revealed that his certification in basic life support expired May 2013. Review of Staff 3's credentialing file revealed that his certification in basic life support expired May 2015. Interview of Staff 11 on 8/3/15 at 2:00 pm revealed that these staff did not have current certification in basic life support.	A1080	Effective 9/1/15 all licensed clinical staff will be required to be CPR certified. Additionally all licensed clinical staff will be required to maintain current CPR certification to remain employed at PPMW. Human Resource Director will be responsible for ensuring that all licensed staff start employment at PPMW with a current CPR certification on file. Additionally H/R will audit employee records quarterly to be sure this isn't missed. H/R will notify staff at least 60 days prior to expiration of their CPR certification . An investigation was completed and it was determined that no patients were injured as a result of incident A1080.	
A1250	.10 (B)(5) .10 Hospitalization (5) Appropriate training for staff in the facility 's written protocols and procedures. This Regulation is not met as evidenced by: Based on review of staff personnel files and interview of Staff 11, clinical staff were not trained in the procedure for the transfer of patients to a nearby hospital in the event of a patient medical emergency for two of seven staff reviewed. Staff: 7, 8 The findings include: Review of Staff 7 and 8's personnel files revealed no documented evidence that they were trained in the transfer of patients to a hospital in the event of a patient medical emergency. Interview of Staff 11 on 8/3/15 at 2:00 pm	A1250	Effective 9/1/2015 at the start of employment and then annually there after all clinical staff members will be trained on the procedure for transferring a patient to a nearby hospital in the event of a medical	

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A1250	Continued From page 3 revealed that she acknowledged that there was no documented evidence that these staff received training in the transfer of patients to a hospital in the event of a patient medical emergency.	A1250	emergency. This training will be documented in the employee's H/R record and then annually in the Annual training log.	
A1510	.15 (A) .15 Physical Environment A. The administrator shall ensure that the facility has a safe, functional, and sanitary environment for the provision of surgical services. This Regulation is not met as evidenced by: Based on observation of surgical instrument reprocessing and interview of Staff 7, there was inadequate surgical instrument reprocessing in order to maintain a sanitary environment for the provision of surgical services. The findings include: 1. Observation of surgical instrument reprocessing on 7/31/15 at 10:30 am revealed that dirty surgical instruments were pre-cleaned in a sink with Maxizyme Dual Enzymatic detergent. The manufacturer's instructions on the bottle of Maxizyme Dual Enzymatic detergent stated, "Directions for Use: Add 1 oz. (1 pump yields 1 oz) of concentrate to one gallon of warm water. Soak instruments and equipment after each use, until soil is dissolved and removed. Soak for a minimum of one minute." Interview of Staff 7 on 7/31/15 at 10:30 am revealed that when cleaning dirty surgical instruments with the Maxizyme Dual Enzymatic detergent, she first fills the sink up about half way with water, and then adds 1 or 2 pumps of the Maxizyme Dual Enzymatic detergent to the water.	A1510	H/R in conjunction with the site Center Manager will be responsible for adherence and management of this process. An investigation was conducted and concluded that no patients were affected as a result of incident A1250. Effective 9/1/15 the detergent manufacturer's instruction were reviewed with all staff. The instructions were hung in a visible location for staff to reference when mixing Maxizyme Dual Enzymatic Detergent. Additionally a Gallon container was placed in the lab to properly measure one gallon in to the sink and employee can mix the Maxizyme Dual Enzymatic detergent according to instructions. Moving forward all newly hired staff and staff new to cleaning and sterilizing equipment will be trained and observed before working	

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A1510	Continued From page 4 This mixture of detergent and water is then used to clean the dirty surgical instruments. Staff 7 did not measure the amount of water in the sink to know how much water was in there, in order to mix it with the appropriate amount of Maxizyme Dual Enzymatic detergent. It is essential to follow the manufacturer's instructions to ensure adequate pre-cleaning of dirty surgical equipment with the enzymatic detergent. 2. Observation of surgical instrument reprocessing on 7/31/15 at 10:30 am revealed that surgical instruments were placed in peel packs (packaging used to sterilize pieces of surgical equipment) in preparation to be placed in the autoclave machine (machine used for sterilization). There were two peel packs containing surgical instruments located on the counter next to the autoclave machine. There were no steam indicator strips inside of these two peel packs. Interview of Staff 7 on 7/31/15 at 10:30 am revealed that some staff sometimes use indicator tape on the outside of the peel packs only, and do not put steam indicator strips inside of all the peel packs. It is essential to put a steam indicator strip inside each peel pack to ensure adequate sterilization of the surgical instruments.	A1510	independently in the instrument cleaning room. The Center Manager and the AB Coordinator will be responsible for managing and carrying out this process. Additionally all staff working in the instrument cleaning room has been instructed to use a steam indicator strip inside of every instrument pack before it is put into the autoclave machine. This instruction was also provided on the cleaning and sterilization instruction sheet posted for staff. These procedure will be review quarterly during staff meetings, as well as monthly audits to make sure these steps are being followed. An investigation was completed and no patients were injured as a result of A1510.	
A9999	Final Comments An exit conference was conducted with administrative staff on August 4, 2015. The survey findings were reviewed. The facility	A9999		

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A9999	Continued From page 5 staff was directed to submit a written plan of correction in response to the Maryland State 2567 form and following the attached guidelines, within ten days. Failure to submit an acceptable plan of correction may result in revocation of license from the Surgical Abortion Facilities program.	A9999		