



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
Planned Parenthood Of Md - Baltimore Health Center
330 N Howard Street
Baltimore, MD 21201

RE: NOTICE OF CURRENT DEFICIENCIES

Dear

On February 15, 2013, a 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 found that your facility was not in compliance with the requirements.

All references to regulatory requirements contained in this letter are found in COMAR Title 10.

I. PLAN OF CORRECTION (PoC)

A PoC for the deficiencies must be submitted within 10 days after the facility receives its State of Deficiencies State Form. Your PoC must contain the following:

- What corrective action will be accomplished for those patients found to have been affected by the deficient practice;
- How you will identify other patients having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;
- Specific date when the corrective action will be completed.

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

Web Site: www.dhmh.maryland.gov

- References to staff or patient(s) by staff identifier only, as noted in the staff and patient rosters. This applies to the PoC as well as any attachments to the PoC. It is un-acceptable to include a staff or patient's name in these documents since the documents are released to the public.

III. ALLEGATION OF COMPLIANCE

If you believe that the deficiencies identified in the State Form have been corrected, you may contact me at the Office of Health Care Quality, Spring Grove Center, Bland Bryant Building, 55 Wade Avenue, Catonsville, Maryland 21228 with your plan of correction and any written credible evidence of compliance (for example, attach lists of attendance at provided training and/or revised statements of policies/procedures).

If you choose and so indicate, the PoC may constitute your allegation of compliance. We may accept the written allegation of compliance and credible evidence of your allegation of compliance until substantiated by a revisit or other means.

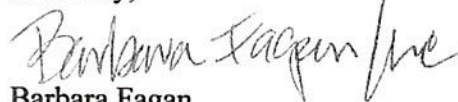
If, upon the subsequent revisit, your facility has not achieved compliance, we may take administrative action against your license or impose other remedies that will continue until compliance is achieved.

IV. INFORMAL DISPUTE RESOLUTION

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiency(ies) being disputed, and an explanation of why you are disputing those deficiencies, to Dr. Patricia Nay, Acting Executive Director, Office of Health Care Quality, Bland Bryant Building, Spring Grove Center, 55 Wade Avenue, Catonsville, Maryland 21228. This request must be sent during the same 10 days you have for submitting a PoC for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

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

Sincerely,



Barbara Fagan
Program Manager

Enclosures: State Form

cc: License File

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/15/2013
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF MD - BALTIMORE	STREET ADDRESS, CITY, STATE, ZIP CODE 330 N HOWARD STREET BALTIMORE, MD 21201
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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 An initial survey of survey of Planned Parenthood of Maryland- Baltimore Health Center was conducted on February 15, 2013. 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 November 2012 and February 2013.	A 000		
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: Based on interview of the regional surgical director and review of staff personnel and training files, it was determined that the administrator failed to ensure the nursing staff had experience and training sufficient to demonstrate competency in the administration and monitoring of I.V. (intravenous) sedation medications for one of three nursing staff reviewed. The findings include: Interview of the regional surgical director on 2/15/13 at 9:30 am revealed the staffs RNs (Registered Nurses) administer I.V. sedation	A 420		

RECEIVED
APR 10 2013
Office of Health Care Quality

OHCQ

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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STATE FORM 6899 LSTC11 If continuation sheet 1 of 4

Office of Health Care Quality

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A 420	Continued From page 1 medications to patients receiving surgical abortion procedures. These medications include Versed and Fentanyl. Review of Staff #9's personnel and training files on 2/15/13 at 12:00 pm revealed no documented evidence that Staff #9 had been trained, and was competent in the administration and monitoring of I.V. sedation medications.	A 420			
A 980	.07(B)(6) .07 Surgical Abortion Services (6) Emergency services; This Regulation is not met as evidenced by: Based on review of staff training records and interview of the risk and quality manager, it was determined that the administrator failed to ensure the implementation of policies and procedures on staff training in the emergency transfer of a patient to the hospital from the facility for one of five staff reviewed. The findings include: Review of Staff #9's training record 2/15/13 at 12:00 pm revealed no documented evidence that Staff #9 was trained on the emergency transfer of a patient to the hospital from the facility. Interview of the risk and quality manager on 2/15/13 at 2:30 pm revealed the facility's policy is to train all staff on the emergency transfer of a patient to the hospital from the facility. The risk and quality manager acknowledged that Staff #9 was not trained on the emergency transfer of a patient to the hospital from the facility.	A 980			
A1080	.09(A) .09 Emergency Services A. Basic Life Support. Licensed personnel employed by the facility shall have certification in	A1080			

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A1080	Continued From page 2 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 and personnel files and interview of the regional surgical director, it was determined that the administrator failed to ensure that licensed staff were certified in basic life support for one of eight licensed staff reviewed. The findings include: Review of Staff #9's personnel file on 2/15/13 at 12:00 pm revealed no documented evidence that Staff #9 had current certification in basic life support. Interview of the regional surgical director on 2/15/13 at 2:00 pm revealed that Staff #9 did not have current certification in basic life support.	A1080			
A1430	.13 (B)(5) .13 Medical Records (5) Discharge diagnosis. This Regulation is not met as evidenced by: Based on patient medical record review and interview of the regional surgical director, it was determined that the administrator failed to ensure that the patient's medical records included a discharge diagnosis for five of five patient records reviewed. The findings include: Review of Patients A, B, C, D and E's medical records on 2/15/13 at 1:00 pm revealed there was no evidence that a discharge diagnosis was documented in the medical records. Interview of the regional surgical director on	A1430			

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A1430	Continued From page 3 2/15/13 at 2:00 pm revealed that a discharge diagnosis was not documented in the patients' medical records.	A1430		
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Plan of Corrections for Planned Parenthood-Baltimore Health Center

A 420

1. Staff member #9 was appropriately trained in the administration of IV sedation but it was not properly documented in her personnel file. Patients were not affected by this deficiency.
2. Since no patients were affected, there is no need to identify additional patients that may have been affected.
3. In order to ensure complete and accurate documentation of training, staff will:
 - a. Provide and document retraining and competency validation for staff member #9.
 - b. Review all essential personnel files for current and accurate documentation of training in IV sedation and monitoring.
 - c. Implement a system of oversight which includes a system of review of personnel files by PPMD staff prior to the staff member being scheduled to function independently.
4. A periodic system of review will be implemented to ensure that necessary documentation of training is complete in the personnel file. This system may include periodic audits of personnel records.
5. Completion date: June 1, 2013

A 980

1. Although the personnel record did not reflect that staff member #9 was appropriately trained in the emergency transfer of a patient to the hospital, this training was completed. Currently, Health center staff participate in monthly emergency drills including emergency transfer. Patients were not affected by this deficiency.
2. Since no patients were affected, there is no need to identify additional patients that may have been affected.
3. In order to ensure complete and accurate documentation of training, staff will:
 - a. Review all essential personnel files for current and accurate documentation of training in emergency transfer protocols.
 - b. Implement a system of oversight which includes a system of review of personnel files by PPMD staff prior to the staff member being scheduled to function independently.
 - c. Documentation of staff participation in monthly emergency drills.
4. A periodic system of review will be implemented to ensure that necessary documentation of training is complete in the personnel file. This system may include periodic audits of personnel records.
5. Completion date: June 1, 2013

A 1080

1. Staff member #9 was never in a situation which required her to perform CPR at our facility. There were other staff members onsite had active CPR certification in the event of an emergency. Patients were not affected by this deficiency.
2. Since no patients were affected, there is no need to identify additional patients that may have been affected.
3. In order to ensure complete and accurate documentation of training, staff will:
 - a. Review all essential personnel files for current and accurate documentation current CPR certification.
 - b. Restructure the tracking system to ensure CPR certification is updated in a timely manner.
4. A periodic system of review will be implemented to ensure that necessary documentation of training is complete in the personnel file. This system may include periodic audits of personnel records.
5. Completion date: June 1, 2013

A 1430

1. The documentation of a discharge diagnosis had no effect on patient outcomes. Patients were not affected by this deficiency.
2. Since no patients were affected, there is no need to identify additional patients that may have been affected.
3. In order to comply with this regulation, PPMD has:
 - a. Added documentation of discharge diagnosis to the medical record. Since the number of possible discharge diagnoses is minimal, checkboxes have been added to the medical record indicating: complete abortion, incomplete abortion and other.
 - b. An in-service with appropriate staff was completed on the use of the revised forms.
4. PPMD performs random chart audits as a part of the regular quality assurance process. The discharge diagnosis will be part of the regularly scheduled chart audits.
5. Completion date: June 1, 2013



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Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor - Joshua M. Sharfstein M.D., Secretary

April 29, 2013

Planned Parenthood of Maryland - Baltimore
330 N Howard Street
Baltimore, MD 21201

RE: ACCEPTABLE PLAN OF CORRECTION

Dear :

We have reviewed and accepted the Plan of Correction submitted as a result of a initial survey completed at your facility on February 15, 2013.

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,

Patricia Tomsko Nay, M.D. CMD, CHCQM
FAAFP, FAIHQ, FAAHPM
Acting Executive Director and Medical Director