



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

**RE: NOTICE OF CURRENT DEFICIENCIES**

Dear

On February 28, 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 substantial compliance with the participation 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 be entered on the enclosed State Form, in the right column. An authorized facility representative must sign and date the form in designated area on first page. Failure to submit an acceptable PoC could result in administrative action against your State license.

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;

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- Specific date when the corrective action will be completed.
- References to staff or patient(s) by identification number 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, Acting Chief Nurse 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:  SA000013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  02/28/2013
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NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD METROPOLITAN WA	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 SPRING STREET, SUITE 450 SILVER SPRING, MD 20910
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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>An initial survey of Planned Parenthood of Metropolitan Washington DC was conducted on February 28, 2013 by representatives of the Office of Health Care Quality.</p> <p>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.</p> <p>The facility included two procedure rooms.</p> <p>A total of five patient clinical records were reviewed. The procedures were performed in February 2013.</p> <p>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 was given the opportunity to present information relative to the findings during the course of the survey.</p>	A 000	 <p>APR 16 2013</p> <p>Office of Health Care Quality</p>	
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A 790	.06(B)(9) .06 Personnel	A 790	<p>1. Registered with NPDB Planned Parenthood of Metropolitan Washington, DC Inc. (PPMW) has registered as an Entity with the National Practitioners Data Bank (NPDB). As of April 9, 2013, registration was approved (see attached). Presently, all information obtained by the NPDB is also collected by Medversant, the company with whom PPMW contracts to provide personnel information that is designated by Planned Parenthood Federation of America.</p>	4.30.13
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OHCQ \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  SA000013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  02/28/2013
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A 790	Continued From page 1 physician, dentist, or podiatrist) for three of three physicians reviewed. The findings include:  Review of Staff #1, 2 and 3's credentialing file on 2/28/13 at 11:30 am revealed that the files contained no evidence of documentation of data provided by the National Practitioner Data Bank. Interview of the administrator on 2/28/13 at 3:00 PM revealed that data provided by the National Practitioner Data Bank had not been collected and documented in the physician's credentialing file.	A 790	<p><u>2. NPDB Credentials in Files</u> Now that PPMW will receive data from the NPDB, the Human Resources Director will ensure all Maryland clinician files include NPDB data in the current status review of professional credentials. This will be completed by 4.30.13. Moving forward, the Human Resources Director will conduct a monthly review of NPDB data.</p> <p><u>3. Ensuring Ongoing Monitoring</u> By the 5<sup>th</sup> of every month, the Human Resources Director or her designee will review NPDB data to ensure all MD clinicians are in compliance with all NPDB criteria. This review will be documented on a NPDB log found in the affiliate's All-Staff Drive under Patient Services.</p>	
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 administrator, 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 revealed there was no evidence that a discharge diagnosis was documented in the medical records. Interview of the administrator on 2/28/13 at 2:00 PM confirmed that a discharge diagnosis was not documented in the patient medical records.	A1430	<p><u>1. Discharge Diagnosis Form Amended</u> PPMW inserted a line on the abortion procedure form with the discharge diagnosis prior to the MD Office of Health Care Quality survey on 2.24.13 (see attached). The patient records examined during the survey predated the introduction of the amended form.</p> <p><u>2. New Forms Required and In Use</u> The form was created on 2.7.13 and used for the first time on 2.15.13. All providers are now required to document a discharge diagnosis in each patient's record. The old forms lacking the discharge diagnosis have been removed and administrative staff and clinicians all have the new forms to use moving forward.</p> <p><u>3. Ensuring Ongoing Monitoring</u> To ensure ongoing compliance in the future, the monthly abortion chart form completeness audit will include an additional indicator - Discharge diagnosis documented.</p> <p><u>4. Note: EHR Documentation</u> PPMW is going to an electronic health record this spring/summer and the post procedure form includes a discharge diagnosis.</p>	2.7.13





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May 1, 2013

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 initial survey completed at your facility on February 28, 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,

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