



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
Lawrence J. Hogan, Jr., Governor - Boyd K. Rutherford, Lt. Governor - Van T. Mitchell, Secretary

05/15/2015

Ms. Ashley Mouktufi, Administrator
Germantown Reproductive Health Services
13233 Executive Park Terrace
Germantown, MD 20874

PROVIDER #SA000001
RE: NOTICE OF COMPLIANCE WITH
HEALTH COMPONENT REQUIREMENTS

Dear Ms. Mouktufi:

On May 11, 2015, a survey was conducted at your facility by the Office of Health Care Quality to determine if your facility was in compliance with the health requirements for Surgical Abortion Facilities.

This survey found that your facility is in compliance with the health component of the requirements.

Enclosed is the CMS form 2567L. If you have any questions, please call me at (410) 402-8040 or by fax at (410) 402-8277.

Sincerely,


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

Enclosure: CMS 2567L

cc: File



Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2015
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NAME OF PROVIDER OR SUPPLIER GERMANTOWN REPRODUCTIVE HEALTH SEF	STREET ADDRESS, CITY, STATE, ZIP CODE 13233 EXECUTIVE PARK TERRACE GERMANTOWN, MD 20874
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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>A relicensure survey was conducted at Germantown Reproductive Health Services on May 11, 2015. An exit interview was conducted on May 11, 2015.</p> <p>The center performs surgical abortion procedures. The facility includes three procedure rooms.</p> <p>The survey included: an on-site visit; an observational tour of the physical environment; observation of cleaning of the procedure room, patient equipment and set up; observation of the patient laboratory (blood draw) process; observation of patient ultrasound process; observation of the registered nurse pre operative assessment and (IV) intravenous start; observation of medication preparation; observation of patient education process; observation of patient discharge process; observation of hand hygiene; observation of instrument cleaning/sterilization process; interview of the facility's administrator, registered nurse's (RN), and medical assistants; review of the policy and procedure manual; review of the personnel files; review of quality assurance and infection control program, and review of professional credentialing. No surgical procedures were observation during this survey.</p> <p>A total of six clinical records were reviewed. The surgical abortion procedures that were performed between November 2014 and April 2015 were reviewed.</p> <p>Findings in this report are based on data present in the administrative records at the time of review. The agency's administrator and registered nurse owner was kept informed of the survey findings</p>	A 000		
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OHCQ
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Office of Health Care Quality

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A 000	Continued From page 1 as the survey progressed. The agency administrator and registered nurse owner was given the opportunity to present information relative to the findings during the course of the survey. A key code for patients, medical staff and employees contained herein was provided to the agency administrator. Germantown Reproductive Health Services is in compliance with the Health Component of Title 10, Department of Health and Mental Hygiene, subtitle 12 Adult Health, 10.12.01 for Surgical Abortion Centers.	A 000		