

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/02/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>21D0715437</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/25/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>GERMANTOWN REPRODUCTIVE HEALTH SVCS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>13233 EXECUTIVE PARK TERRACE GERMANTOWN, MD 20874</b>		
(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) COMPLETION DATE	
D2007	<p>493.801(b)(1) TESTING OF PROFICIENCY TESTING SAMPLES</p> <p>The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods This STANDARD is not met as evidenced by: Based on review of the Rh proficiency test records and interview with laboratory staff person #1 between 09:45 and 11:00 hours, the laboratory did not ensure that all testing personnel were in the rotation to participate in testing of proficiency test samples. Findings:</p> <ol style="list-style-type: none"> <li>1. Laboratory staff person #1 states that herself and a second staff person are not usually given unknown samples to test and check their performance of the Rh testing; and</li> <li>2. The 2014 and 2015 proficiency testing records do not show that laboratory staff person #1 and a second staff person participated in testing unknown samples to check their performance of the Rh testing.</li> </ol>	D2007		12/7/15	
D3009	<p>493.1101(c) FACILITIES</p> <p>The laboratory must be in compliance with applicable Federal, State, and local laboratory requirements. This STANDARD is not met as evidenced by: Based on observation of the state permit displayed in the laboratory at the time of the survey and review of the state licensing records, the laboratory was not in compliance with Federal and State requirements. Findings:</p> <ol style="list-style-type: none"> <li>1. The clinical laboratory state permit on display in the laboratory expired in August 2013; and</li> <li>2. The licensing records of Maryland Health and Mental Hygiene, Office of Health Care Quality show that the laboratory does not have a current medical laboratory permit as required in the Code</li> </ol>	D3009		12/1/15	

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

TITLE

(X6) DATE

10/07/2015

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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D3009	Continued From page 1 of Maryland regulations 10.10.03.01.	D3009		