STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SA000001	A. BUILDING: _____ B. WING _____	C 03/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GERMANTOWN REPRODUCTIVE HEALTH SER	13233 EXECUTIVE PARK TERRACE GERMANTOWN, MD 20874

(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 complaint investigation survey of Germantown Reproductive Health Services was conducted on February 17, 22, 29 and March 2, 2016 Complaint number: MD00098823. This complaint was unsubstantiated. The survey included: interview of the staff, review of the patient's facility medical record, review of the patient's hospital medical record, review of staff credentialing and personnel files and review of the policy and procedure manual. A key code for the staff and patient was provided to the facility. Findings in this report are based on data present in the administrative records at the time of the review. The facility staff was kept informed of the investigational findings as the investigation progressed. The agency was given the opportunity to present information relative to the findings during the course of the investigation. Germantown Reproductive Health Services is in compliance with COMAR 10.12.01.00-10.12.01.20 F. for Surgical Abortion Facilities.	A 000		

OHCQ
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE