STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SA000013	A. BUILDING _____ B. WING _____	08/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD METROPOLITAN WA	1400 SPRING STREET, SUITE 450 SILVER SPRING, MD 20901

(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 000		

A relicensure survey of Planned Parenthood Metropolitan was conducted on July 31, August 3 and 4, 2015.

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 June 2015 and July 2015.

A key code for the patients and staff was provided to the facility staff.

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 staff was given the opportunity to present information relative to the findings during the course of the survey.

A 420	.05 (A)(1)(e)(i) .05 Administration	A 420		

(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:

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A 420	Continued From page 1 Based on review of staff personnel files and interview of Staff 11, clinical staff did not have experience sufficient to demonstrate competency in assigned patient care duties for two of seven staff reviewed. Staff: 9, 10 The findings include: Review of Staff 9 and 10's personnel files revealed no documented evidence that they performed a skills competency demonstration upon hire. It is essential that new employees participate in a skills competency demonstration, as it is a demonstration of the employee's ability to adequately perform patient care tasks. Interview of Staff 11 on 8/3/15 at 2:00 pm revealed that she acknowledged that there was no documented evidence that these staff performed a skills competency demonstration upon hire.	A 420		
A1080	.09(A) .09 Emergency Services A. Basic Life Support. Licensed personnel employed by the facility shall have certification in 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 files and interview of Staff 11, licensed staff were not certified in basic life support for two of six licensed staff reviewed.	A1080		

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A1080	Continued From page 2 Staff: 2, 3 The findings include: Review of Staff 2's credentialing file revealed that his certification in basic life support expired May 2013. Review of Staff 3's credentialing file revealed that his certification in basic life support expired May 2015. Interview of Staff 11 on 8/3/15 at 2:00 pm revealed that these staff did not have current certification in basic life support.	A1080		
A1250	.10 (B)(5) .10 Hospitalization (5) Appropriate training for staff in the facility 's written protocols and procedures. This Regulation is not met as evidenced by: Based on review of staff personnel files and interview of Staff 11, clinical staff were not trained in the procedure for the transfer of patients to a nearby hospital in the event of a patient medical emergency for two of seven staff reviewed. Staff: 7, 8 The findings include: Review of Staff 7 and 8's personnel files revealed no documented evidence that they were trained in the transfer of patients to a hospital in the event of a patient medical emergency. Interview of Staff 11 on 8/3/15 at 2:00 pm	A1250		

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A1250	Continued From page 3 revealed that she acknowledged that there was no documented evidence that these staff received training in the transfer of patients to a hospital in the event of a patient medical emergency.	A1250		
A1510	.15 (A) .15 Physical Environment A. The administrator shall ensure that the facility has a safe, functional, and sanitary environment for the provision of surgical services. This Regulation is not met as evidenced by: Based on observation of surgical instrument reprocessing and interview of Staff 7, there was inadequate surgical instrument reprocessing in order to maintain a sanitary environment for the provision of surgical services. The findings include: 1. Observation of surgical instrument reprocessing on 7/31/15 at 10:30 am revealed that dirty surgical instruments were pre-cleaned in a sink with Maxizyme Dual Enzymatic detergent. The manufacturer's instructions on the bottle of Maxizyme Dual Enzymatic detergent stated, "Directions for Use: Add 1 oz. (1 pump yields 1 oz) of concentrate to one gallon of warm water. Soak instruments and equipment after each use, until soil is dissolved and removed. Soak for a minimum of one minute." Interview of Staff 7 on 7/31/15 at 10:30 am revealed that when cleaning dirty surgical instruments with the Maxizyme Dual Enzymatic detergent, she first fills the sink up about half way with water, and then adds 1 or 2 pumps of the Maxizyme Dual Enzymatic detergent to the water.	A1510		

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A1510	Continued From page 4	A1510		

This mixture of detergent and water is then used to clean the dirty surgical instruments. Staff 7 did not measure the amount of water in the sink to know how much water was in there, in order to mix it with the appropriate amount of Maxizyme Dual Enzymatic detergent.

It is essential to follow the manufacturer's instructions to ensure adequate pre-cleaning of dirty surgical equipment with the enzymatic detergent.

2. Observation of surgical instrument reprocessing on 7/31/15 at 10:30 am revealed that surgical instruments were placed in peel packs (packaging used to sterilize pieces of surgical equipment) in preparation to be placed in the autoclave machine (machine used for sterilization). There were two peel packs containing surgical instruments located on the counter next to the autoclave machine. There were no steam indicator strips inside of these two peel packs.
Interview of Staff 7 on 7/31/15 at 10:30 am revealed that some staff sometimes use indicator tape on the outside of the peel packs only, and do not put steam indicator strips inside of all the peel packs.

It is essential to put a steam indicator strip inside each peel pack to ensure adequate sterilization of the surgical instruments.

A9999	Final Comments	A9999		

An exit conference was conducted with administrative staff on August 4, 2015.

The survey findings were reviewed. The facility

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A9999	Continued From page 5	A9999		

staff was directed to submit a written plan of correction in response to the Maryland State 2567 form and following the attached guidelines, within ten days. Failure to submit an acceptable plan of correction may result in revocation of license from the Surgical Abortion Facilities program.