



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
Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Van T. Mitchell, Secretary

May 27, 2014

**Administrator
Germantown Reproductive Health Services
13233 Executive Park Terrace
Germantown, MD 20874**

Dear

Enclosed is a list of state deficiencies resulting from a complaint investigation that was completed at your facility on April 15 and 16, 2014.

Please note that an Acceptable Plan of Correction (POC) for the identified deficiencies must include the following information:

- 1. State how the management team will evaluate the scope of each deficiency cited.**
- 2. State what process changes the management team will make to correct each specific deficiency identified.**
- 3. Define the projected time line for each step in the corrective action plan for each deficiency cited.**
- 4. Define the projected completion date for each deficiency cited.**
- 5. Identify who will be responsible for assuring each step in the plan of correction is implemented.**
- 6. State what specific quality indicators that the management team will monitor and evaluate the effectiveness of the corrective actions.**
- 7. Define what will be the on-going schedule of the quality monitoring activities for each deficiency cited.**

Page Two

**IT IS IMPERATIVE THAT YOUR POC CONTAIN THE ABOVE COMPONENTS.
Please complete Forms 2567 as follows:**

1. Use the official form provided to you for your response.
2. Your Plan of Correction must be entered in the appropriate column on the right.
3. An authorized representative of your facility must sign and date the form in the designated space provided.

PLEASE RETURN COMPLETED 2567:

**Barbara Fagan, Program Manager
Ambulatory Care Programs
Office of Health Care Quality
Spring Grove Center
Bland Bryant Building
55 Wade Avenue
Catonsville, Maryland 21228**

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. Tricia Nay, 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.

Please submit a Plan of Correction within 10 calendar days of receipt of this letter. Please be advised that failure to submit an acceptable POC could result in a recommendation to terminate your facility from the Medicare program.

If you have any questions regarding these instructions, please call Barbara Fagan at (410) 402-8040.

Sincerely,

**Patricia Tomsco Nay, MD, CMD, CHCQM, FAAFP, FAIHQ, FAAHPM
Executive Director and Acting Medical Director
Office of Health Care Quality
Cc: file**

Office of Health Care Quality

PRINTED: 06/23/2014
FORM APPROVED

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 C 04/16/2014
NAME OF PROVIDER OR SUPPLIER GERMANTOWN REPRODUCTIVE HEALTH SER		STREET ADDRESS, CITY, STATE, ZIP CODE 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 000			
	<p>Surveyor: 01385</p> <p>A complaint investigation survey was conducted at Germantown Reproductive Health Services on April 15 and 16, 2014. An exit interview was conducted on April 16, 2014.</p> <p>The center performs surgical abortion procedures.</p> <p>Complaint number: MD00082935</p> <p>The complaint was unsubstantiated. A deficiency unrelated to the complaint was cited. JUL 21 2014</p> <p>The complaint allegations included patient care.</p> <p>The survey included: an on-site visit; interview of the facility's administrator, registered nurse, medical assistant and physician; review of the policy and procedure manual and review of the personnel files.</p> <p>A total of five clinical records were reviewed. The surgical abortion procedures that were performed March 2014 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 physician were kept informed of the survey findings as the survey progressed. The agency administrator and physician were given the opportunity to present information relative to the findings during the course of the survey.</p> <p>A key code for patients, medical staff and employees contained herein was provided to the agency administrator.</p>		<p>A420</p> <p>Germantown Reproductive Health Services acknowledges that we failed to have proper documentation of training provided to our Medical Assistants. On June 9th, 2014 we received a deficiency (A420) from the Maryland Department of Health and Mental Hygiene. The medical director and clinic administrator held a meeting to discuss the findings and how to proceed with the plan of correction. It was determined that the Clinic Administrator would be responsible for overseeing these changes and assuring the appropriate training is performed since the Medical Assistants report directly to her. It was during that meeting that we also decided that the following changes to our training protocols were necessary;</p> <ol style="list-style-type: none"> 1.) In the Medical Assistants job description portion of our policy and procedural manual we have added "adding medications to intravenous solutions". We have also stated in our policy and procedural manual that the "functions of the Medical Assistant include but are not limited to". (see page 4 of manual) 2.) We have also included "adding medications to intravenous solutions" to our staff training check off forms. (See staff Training Form) 		
A 420	.05 (A)(1)(e)(i) .05 Administration	A 420			

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

TITLE

(X6) DATE

DATE FORM

L311

JUL 21 2014

If continuation sheet 1 of 3

Office of Health Care Quality

PRINTED: 06/23/2014
FORM APPROVED

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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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A 420 Continued From page 1

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:
Surveyor: 01385
Based on interview of the facility administrator
and review of 5 of 6 personnel files, it was
determined that the facility staff failed to
document that all staff were competent to do their
jobs. The findings include:

Employees: 1, 2, 3, 4, 5,

Interview on 4/16/14 at 1:00 pm of the facility
administrator, revealed that 5 of 5 of the Certified
Medical Assistants (CMA) are allowed to inject
Pitocin into IV bags that are administered to the
patients. The Facility administrator stated "we all
put IV Pitocin in the IV bags, I trained all of the
medical assistant's to do bag medications."

Review on 4/16/14 at 1:15 pm of the facility staff
training sheet revealed that for 5 of 6 personnel
records contained N/A for competency and
training, thus reflecting no documentation that
CMAs were trained to inject Pitocin into a
patient's IV (Intravenous therapy) bag.

Review of the facility policy "Health Services
protocol" on 4/16/14 at 2:00 pm revealed that
"The function of the Certified Medical Assistant
include: Taking patient health histories, Taking
vitals, patient education, Laboratory testing,
Sterilize and packing instruments, Phlebotomy,
Assist the physician during procedures, Setting

- 3.) We held a staff training session that included
visual and verbal explanation on techniques for
the safe and sterile addition of medications to
intravenous solutions on 6-16-14 as part of a
staff meeting. (see staff meeting attendance
sheet)
- 4.) Adjustments to our policy and procedural
manual regarding supervised and unsupervised
duties according to the employees scope of
practice.
- 5.) Continued documentation of Medical Assistant
training will be done in the following manner;
upon initial hire (for skills set purposes not to be
performed without supervision), after 90 days
of training, and then annually thereafter. By
doing so will avoid any future deficiency in
training documentation.

We have since provided and documented
training of medical assistants in a matter that
makes us compliant with the DHMH
regulations. To date staff training has been
completed and all finalized adjustments to our
policy and procedural manual will be completed
by 8-1-14.

HCC
STATE FORM

5599

GGL311

If continuation sheet 2 of 3

Administrator, 7-10-14

Office of Health Care Quality

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GERMANTOWN REPRODUCTIVE HEALTH SEF

13233 EXECUTIVE PARK TERRACE
GERMANTOWN, MD 20874

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A 420	Continued From page 2 up rooms, maintaining a clean and safe environment for patients and Upholding HIPPA (Health Insurance Portability and Accountability Act) guidelines, and protecting confidentiality. The Failure of the facility staff to ensure that all staff are competent to do their jobs, placed the patients at risk of having care provided by untrained or unqualified individuals.	A 420		

7/10/14