



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein M.D., Secretary

March 20, 2013

Administrator
Associates In OB/GYN Care, LLC
801 Tollhouse Road, Unit #6
Frederick, MD 21701

RE: NOTICE OF SURVEY FINDINGS

Dear

On March 7, 2013, a complaint investigation survey was conducted at your facility by the Office of Health Care Quality to determine if your facility was in compliance with State requirements for Surgical Abortion Facilities, Code of Maryland Regulations (COMAR) 10.12.01. This survey did not identify noncompliance with the requirements that were reviewed in relationship to the allegations of the complaint.

If you have any questions concerning the instructions contained in this letter, please contact me at 410-402-8018 or fax 410-402-8213.

Sincerely,

Barbara Fagan
Program Manager

Enclosures: State Form

cc: License File

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/07/2013
NAME OF PROVIDER OR SUPPLIER ASSOCIATES IN OB/GYN CARE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 801 TOLLHOUSE ROAD, UNIT #6 FREDERICK, MD 21701		
(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	<p><i>Initial Comments</i></p> <p><i>An onsite complaint investigation (complaint number MD00075785) was performed on March 7, 2013 a 2:50 PM, by the Office of Health Care Quality. Investigative activities included interviews with office manager and administrator, and review of facility documentation.</i></p> <p><i>Based on the investigation of the allegations, there is no evidence to support the allegations.</i></p>	A 000			

OHCQ

TITLE

(X6) DATE

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