

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/10/2016
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF MD - ANNAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 929 WEST STREET, STE 305 ANNAPOLIS, MD 21401
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(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>Initial Comments</p> <p>A complaint investigation was reviewed for Planned Parenthood of Maryland, Annapolis facility on November 10, 2016. The complaint was anonymous. Complaint reference number: #MD00106828</p> <p>The investigation included reviewing medical documentation for two separate patients on two separate dates. The facility supplied the requested documentation to the Office of Health care Quality (OHCQ). The complaint was found to be unsubstantiated.</p>	A 000		

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

TITLE

(X6) DATE