



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Office of Health Care Quality
55 Wade Ave – Bland Bryant Building
Catonsville, MD 21228
410 402 8040

September 24, 2018

Administrator
Potomac Family Planning Center
966 Hungerford Drive, #24
Rockville, MD 20850

RE: ACCEPTABLE PLAN OF CORRECTION

Dear Administrator:

We have reviewed and accepted the Plan of Correction submitted as a result of a re-licensure survey completed at your facility on July 17, 2018.

Please be advised that an unannounced follow-up visit may occur prior to the standard survey to ensure continual compliance.

If there are any questions concerning this notice, please contact me at 410-402-8055.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Tomsco Nay, M.D." with a small "MD" written at the end.

Patricia Tomsco Nay, M.D.
Executive Director
Office of Health Care Quality


Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2018
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NAME OF PROVIDER OR SUPPLIER POTOMAC FAMILY PLANNING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 966 HUNGERFORD DRIVE, #24 ROCKVILLE, MD 20850
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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
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A 000	<p>Initial Comments</p> <p>A licensure survey of Potomac Family Planning Center was conducted on July 16 and 17, 2018.</p> <p>The survey included: interview of the staff; an observational tour of the physical environment; observation of a surgical procedure; 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 six patient clinical records were reviewed. The procedures were performed between September 2017 to July 2018.</p> <p>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.</p>	A 000	<div data-bbox="1019 659 1458 951" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>MARYLAND DEPT. OF HEALTH</p> <p>AUG 24 2018</p> <p>OFFICE OF HEALTH CARE QUALITY</p> </div> <p style="font-size: 2em; margin-top: 20px;">see attached</p>	
A 450	<p>.05 (A)(2)(a) .05 Administration</p> <p>(2) The administrator shall ensure that: (a) The facility's policies and procedures as described in §C of this regulation are: (i) Reviewed by staff at least annually and are revised as necessary; and (ii) Available at all times for staff inspection and reference; and</p> <p>This Regulation is not met as evidenced by: Based on a review of policy and procedure manual and interview of staff, the administrator did not ensure that staff reviewed and revised, as needed, the policy and procedure manual on an</p>	A 450		

OHCQ LABORATORY STATE OF MARYLAND 	REPRESENTATIVE'S SIGNATURE 8/10/18	TITLE administrator	(X4) DATE 8/10/18
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A 450	Continued From page 1 annual basis. The findings include: Review of the policy and procedure manual on 7/16/18 at 11:00 am revealed no documented evidence that it had been reviewed and revised, as needed, by staff on an annual basis. Interview of staff on 7/16/18 at 3:30 pm revealed that she/he acknowledged that there was no documented evidence that the policy and procedure manual had been reviewed and revised, as needed, by staff as needed on an annual basis.	A 450		
A 860	.06(D)(2)(e) .06 Personnel (e) Physician practice patterns as reviewed through the facility 's quality assurance program. This Regulation is not met as evidenced by: Based on review of the physician's credentialing files, review of the policy and procedure manual and interview of staff, the administrator failed to ensure the physicians performance pattern had been assessed through the quality assurance program, as part of the physician's biennial reappointment for three of three physicians reviewed. The findings include: Review of staff credentialing files on 7/16/18 at 12:00 pm revealed no documented evidence that their performance pattern had been assessed as part of their biennial reappointment to the facility.	A 860	<i>see attached</i>	

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A 860	Continued From page 2 Review of the policy and procedure manual on 7/17/18 at 10:30 am revealed that the "Quality Assurance Program" policy and procedure does not include evaluation of the physician's performance pattern as part of the biennial reappointment to the facility. Interview of staff on 7/16/18 at 3:30 pm revealed that physicians do not participate in peer review, or an evaluation process through the quality assurance program as part of their biennial reappointment to the facility.	A 860		
A1280	.11 (B)(1) .11 Pharmaceutical Services B. Administration of Drugs. (1) Staff shall prepare and administer drugs according to established policies and acceptable standards of practice. This Regulation is not met as evidenced by: Based on an observational tour of the facility and interview of staff, the agency staff failed to identify and discard expired medications and supplies. The findings include: During a tour of the facility on 7/17/18 at 10:00 am, the following expired medication was observed in the storage cabinet: a. Pitocin, 2 vials, expired 5/2018. The following expired medication was located in the refrigerator: a. Influenza vaccine, 2 vials, expired 4/2018. Two needles that expired 6/2018 were observed in the emergency cart. Interview of staff on 7/17/18 at 10:00 am revealed	A1280	<i>see attached</i>	

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A1280	Continued From page 3 that she/he acknowledged that the staff failed to identify and discard the expired medications and supplies.	A1280	<i>see attached</i>	
A1490	.14 (A) .14 Patients' Rights and Responsibilities The administrator shall ensure that the facility develops and implements written policies and procedures concerning patients' rights and responsibilities, including but not limited to: A. The opportunity to participate in planning their medical treatment; and This Regulation is not met as evidenced by: Based on review of the policy and procedure manual and interview of staff, the administrator failed to develop and implement policies and procedures regarding patient rights, to include the right of the patient to participate in planning their medical treatment. The findings include: Review of the policy and procedure manual on 7/17/18 at 10:30 am revealed there were no policies and procedures regarding patient rights, to include the right of the patient to participate in planning their medical treatment. Interview of staff on 7/17/18 at 1:00 pm revealed that she/he acknowledged that policies and procedures on patient rights were not developed, to include the right of the patient to participate in planning their medical treatment.	A1490		

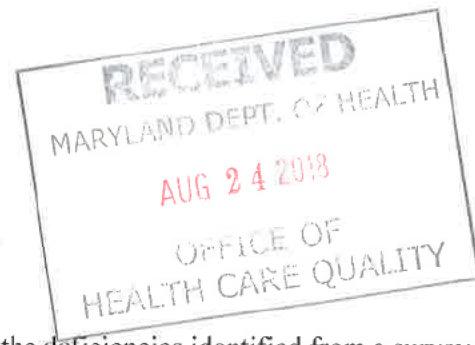


POTOMAC FAMILY PLANNING CENTER

966 Hungerford Drive, Suite 24, Rockville, MD 20850

August 10, 2018

Maryland Department of Health and Human Services
Office of Health Care Quality
55 Wade Avenue
Catonsville, MD 21228



On August 8, 2018, the management team met to discuss each of the deficiencies identified from a survey of the facility on July 17, 2018. The group developed a plan of correction (POC) for each item and determined completion and implementation dates. The team members are:

- Medical Director
- Administrator
- Registered Nurse
- Senior Medical Assistant

Date of Completion 10/01/2018	A 450 .05 (A)(2)(a) .05 Administration The Policy and procedure manual is a document that is in a continuous state of review and revision. The administrator will document annually the policy review/ revisions, as well as document review with employees to be kept in their personnel file. All employees review the policy manual as part of their orientation which is documented in each personnel file. Additionally the review of the manual and staff review by the administrator, will take place at the beginning of each new calendar year (beginning January, 2019). The administrator will meet with staff to formally review the manual for 2018 and make required documentation.
Date of Completion 08/13/18	A 860 .06 (D)(2)(e) .06 Personnel The Administrator will develop CLINICAL PEER REVIEW policy and RANDOM CASE REVIEW FORM to implement as part of the Quality Assurance (QA) for physicians. At the biennial appointment the Medical Director will review: <ol style="list-style-type: none">1. any formal complaints of the physician filed with the facility2. any malpractice claims filed against the practitioner3. any infraction of policy by-laws or procedures4. peer review of at least 5 random patient records.
09/15/18	On odd year (non-biennial), peer review of at least five random medical charts will occur for each physician. The biennial appointment and review will take place for every physician the first six weeks of the year beginning 2019.

<p>Date of Completion 08/15/18</p>	<p>A 1280 .11 (B)(1) .11 Pharmaceutical Services</p> <p>The Registered Nurses are responsible for identifying and discarding expired drugs. The administrator will counsel nurses to be more thorough and diligent when checking medications.</p> <p>The nurse will empty medications and syringes from the rarely used cabinet where the expired ones were found so that such items are in a more central area and not be overlooked. In the future, the influenza vaccine will be available for staff from the date of receipt to designated time prior to expiration at which time it will be discarded.</p>
<p>Date of Completion 09/01/18</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>A 1490 .14(A) .14 Patient's Rights and Responsibilities</p> <p>The "Notice of Privacy Practices" has been modified to "Notice of Privacy Practices and Patient Rights," and it is located on the back of the patient registration form. Every patient is instructed to read it before they register. The notice has been expanded with an additional section, "Your Rights as a Patient", which includes information regarding patient participation in their medical treatment. This will replace the current Notice of Privacy Practices document.</p> <p>The notification will be posted at the front desk.</p> <p>Notice of Privacy Practices and Patient Rights will replace Notice of Privacy Practices on the registration form.</p> <p>Notice of Privacy Practices and Patient Rights will replace the current Notice of Privacy Practice on the Post-Operative hand-out, which is provided to all surgical patients.</p> <p>The Notice of Privacy Practices and Patient Rights will be posted at the front desk.</p>