

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  SA00020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  02/07/2023
NAME OF PROVIDER OR SUPPLIER  Abortionclinics.org			STREET ADDRESS, CITY, STATE, ZIP CODE  10401 Old Georgetown Road, #104 Bethesda MD 20814		
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	<p>INITIAL COMMENTS</p> <p>A complaint investigation survey of Abortionclinics.org was conducted on February 7, 2023.</p> <p>Complaint number:        Some of the allegations were substantiated, and some were not.</p> <p>The survey included: The survey included: interview of the staff; an observational tour of the physical environment; review of the policy and procedure manual; review of patient clinical records; review of staff personnel files and review of the quality assurance program.</p> <p>A total of ten patient clinical records were reviewed.</p> <p>A key code for the staff and patients was provided to the facility.</p> <p>Findings in this report are based on data present in the administrative records at the time of the review. The facility staff was kept informed of the findings as the investigation progressed. The agency was given the opportunity to present information relative to the findings during the course of the investigation</p>				

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

TITLE

DATE

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A0420	<p><b>ADMINISTRATION</b></p> <p>COMAR .05 A. (1) (e) (i)</p> <p>(e) Ensuring that all personnel:</p> <p>(i) Receive orientation and have experience sufficient to demonstrate competency to perform assigned patient care duties, including proper infection control practices;</p> <p>This COMAR is not met as evidenced by:</p> <p>Based on review of the policy and procedure manual, review of staff personnel files and interview of staff, the administrator failed to ensure that clinical staff were competent to perform patient care duties, so that the patient care needs of all patients were met for three of three staff reviewed.</p> <p>The findings include:</p> <p>Review of the policy and procedure revealed, "Training staff is vital to ensure all employees can effectively take care of patients. Training will occur during the initial 90-180 days and reviewed annually thereafter. Once the employee has been trained it is the responsibility of the Clinic Administrator to ensure appropriate staff sign off on training and competency of the employee. "</p> <p>Review of three staff's personnel files revealed that there was no documented evidence that orientation, to include a skills competency assessment, was completed.</p> <p>It is essential that new employees participate in a skills competency assessment, as it is a demonstration of the employee's ability to adequately perform their specific job duties.</p>				

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A0420	Interview of staff on 2/7/23 at 1:00 pm revealed that she/he acknowledged that the staff did not participate in orientation with skills competency assessment.				
A0640	<p>PERSONNEL</p> <p>COMAR .06 A.</p> <p>Qualifications of Physicians and Staff. A facility shall ensure that all physicians and other health professionals who are employees or contractual staff have been appropriately trained and licensed or certified under the Health Occupations Article, Annotated Code of Maryland.</p> <p>This COMAR is not met as evidenced by:</p> <p>Based on review of the policy and procedure manual, interview of staff and review of staff personnel files, the administrator failed to ensure that medication administration was performed by qualified staff.</p> <p>The findings include:</p> <p>Review of the policy and procedure revealed, " Training staff is vital to ensure all employees can effectively take care of patients. Training will occur during the initial 90-180 days and reviewed annually thereafter. Once the employee has been trained it is the employee has been trained it is the responsibility of the Clinic Administrator to ensure appropriate staff sign off on training and competency of the employee. "</p>				

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A0640	<p>Interview of staff on 2/7/23 at 9:30 am revealed that PCTs (Patient Care Technicians) are unlicensed staff. PCTs routinely administer the following PO (by mouth) medications to patients, under the direction and supervision of the RN (Registered Nurse) or Physician: Tylenol (pain management), Ibuprofen (pain management), Flagyl (antibiotic), Misoprostol (induces labor) and Mifiprex (induces abortion).</p> <p>Interview of staff (PCT) on 2/7/23 at 10:15 am revealed that she /he administers the following PO medications to patients: Flagyl, Tylenol, Ibuprofen and Gabapentin (pain management).</p> <p>Interview of staff on 2/7/23 at 11:00 am revealed that PCTs administer the following routine PO medications to patients after they have worked at the facility for quite a period of time, and nurses have worked with them: Flagyl, Tylenol, Ibuprofen and Zofran (treats nausea and vomiting). Nurses have trained the PCTs to administer IM (intramuscular injection) Methergine (controls bleeding) to patients. PCTs administer the Methergine to patients sometimes during procedures when the staff are busy with various tasks during the procedure. The staff member stated that PCTs do not receive any formal training in medication administration.</p> <p>Review of three staff's (PCTs) personnel files revealed that there was no documented evidence that they received training in medication administration.</p> <p>Unlicensed health care workers are not permitted to routinely administer medications to patients in the health care facility.</p>				

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A1270	<p>PHARMACEUTICAL SERVICES</p> <p>COMAR .11 A (2)</p> <p>(2) Develop and implement policies and procedures for pharmacy services in accordance with accepted professional practice.</p> <p>This COMAR is not met as evidenced by:</p> <p>Based on review of the policy and procedure manual, a tour of the facility and interview of staff, the administrator failed to ensure that measures to account for controlled medications were practiced at the facility.</p> <p>The findings include:</p> <p>Review of the policy and procedure manual revealed, "In order to ensure proper counts of narcotics we keep a written daily log count of all medications given to patients. At the beginning and end of every day the registered nurse counts all narcotics and documents the count on the daily log sheet. A second count will be done at the beginning and end of the day by a different staff member who is licensed as a doctor or nurse."</p> <p>A tour of the facility revealed that controlled medications were stored in a locked safe. Review of the controlled substance log from December 1, 2022 to current revealed that an am (morning/beginning of shift) and pm (evening/end of shift) count was not always performed and documented by two licensed staff whenever the controlled medications were accessed.</p>				

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A1270	<p>Interview of staff on 2/7/23 at 10:15 am revealed that she/he acknowledged the controlled medications were not always counted and documented twice daily (am and pm counts) by two licensed staff at the facility when the medication was accessed.</p> <p>The total amount of each controlled medication must be counted, documented, and signed by two licensed health care providers at the facility twice daily (am/beginning of shift and pm/end of shift) whenever those medications are accessed.</p>				
A1380	<p><b>MEDICAL RECORDS</b> <b>COMAR .13 A.</b></p> <p>A. The facility shall maintain a complete, comprehensive, and accurate medical record for a patient.</p> <p>This COMAR is not met as evidenced by:</p> <p>Based on review of the patient clinical records and interview of staff, the staff failed to ensure that documentation was complete in two of ten patient clinical records reviewed.</p> <p>Patients: 2, 7</p> <p>The findings include:</p> <p>Review of Patient 2's clinical record revealed that they received Midazolam (sedative medication) and Fentanyl (pain management medication) during their procedure. There was no documentation of who ordered and administered the medications.</p>				

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A1380	<p>Review of Patient 7's clinical record revealed that they received Fentanyl during their procedure. There was no documentation of who ordered and administered the medication.</p> <p>Interview of staff on 2/7/23 at 11:45 am revealed that she/he acknowledged that documentation was not complete in the patient clinical records.</p> <p>End of report.</p>				