

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

April 10, 2018

Administrator AbortionClinicis.Org.Inc 10401 Old Georgetown Road, Suite 104 Bethesda, MD 20814

**RE: NOTICE OF COMPLIANCE** 

Dear Administrator,

On April 10, 2018 an administrative review was conducted at your facility by the Office of Health Care Quality to determine if your agency was in compliance with state requirements for a Surgical Abortion Facility.

This survey found that your facility is in compliance with the health component of the requirements

If you have any questions please call me at (410) 402-8055

Sincerely, Patricia Tomsko May, May

Patricia Tomsko Nay, M.D.

**Executive Director** 

Office of Health Care Quality

cc: Paul J. Ballard, Assistant Attorney General, Counsel to Office of Health Care Quality

PRINTED: 09/05/2018 FORM APPROVED Office of Health Care Quality STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING SA00020 04/10/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10401 OLD GEORGETOWN ROAD, SUITE 104 ABORTIONCLINICS ORG, INC BETHESDA, MD 20814 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 000 A 000 Initial Comments On April 10, 2018, in response to complaint #MD00125017, an administrative review was conducted 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 10.12.01. This review did not identify noncompliance with the requirements that were reviewed in relationship to the allegation of the complaint.

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

TITLE

(X6) DATE