

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MDFH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/11/2016
NAME OF PROVIDER OR SUPPLIER CARAFEM		STREET ADDRESS, CITY, STATE, ZIP CODE 5530 WISCONSIN AVENUE, SUITE 1200 CHEVY CHASE, MD 20815		
(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>An initial survey of Carafem was conducted on May 11, 2016. The center was fully operational on May 11, 2016.</p> <p>The center performs surgical abortion procedures. The facility includes one operating room.</p> <p>The initial survey included: an on-site visit; an observational tour of the physical environment; review of the instrument cleaning/sterilization process; interview of the facility's vice president, administrator, and medical assistant; review of the policy and procedure manual; review of the personnel files; review of clinical record process; review of quality assurance and infection control program, and review of professional credentialing. There were no surgical procedures performed at this initial survey.</p> <p>A key code for medical staff and employees contained herein was provided to the administrator.</p> <p>Carafem is in compliance with the Health Component of Title ten, Department of Health and Mental Hygiene, subtitle twelve Adult Health, 10.12.01 for Surgical Abortion Centers.</p>	A 000		

OHCQ

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

TITLE

(X6) DATE