

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2016
NAME OF PROVIDER OR SUPPLIER HAGERSTOWN REPRODUCTIVE HEALTH SER		STREET ADDRESS, CITY, STATE, ZIP CODE 160 W WASHINGTON ST, SUITE 100 HAGERSTOWN, MD 21740		
(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 conducted at Hagerstown Reproductive Health Service on March 25, 2016 and April 7, 2016. An exit interview was conducted on April 7, 2016.</p> <p>The center performs surgical abortion procedures. The facility includes two procedure rooms.</p> <p>Complaint number: MD00099967 The complaint was unsubstantiated. The complaint had one allegation</p> <p>The survey included: an on-site visit; an observational tour of the physical environment; observation of the pre-admission process; observation of one patient admission; observation of the patient laboratory (blood draw) process; observation of patient ultrasound process; observation of the registered nurse pre-operative assessment; observation of medication preparation; observation of patient education process; interview of the facility's administrator, registered nurse's, counselor's, and medical assistants; review of the policy and procedure manual; and review of staff training. No patient record reviews were performed.</p> <p>Findings in this report are based on data present in the administrative records at the time of review. The administrator was kept informed of the survey findings as the survey progressed. The administrator was given the opportunity to present information relative to the findings during the course of the survey.</p> <p>A key code for medical staff and employees contained herein was provided to the administrator.</p>	A 000		

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

TITLE

(X6) DATE

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A 000	Continued From page 1 Hagerstown Reproductive Health Service 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.	A 000		