



MARYLAND Department of Health

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

Office of Health Care Quality, 55 Wade Avenue, Catonsville, Maryland 21228

November 28, 2018

Administrator
Hagerstown Reproductive Health Services
160 W Washington Street, Suite 100
Hagerstown, MD 21740

RE: ACCEPTABLE PLAN OF CORRECTION

Dear Administrator:

We have reviewed and accepted the Plan of Correction submitted as a result of a survey completed at your facility on August 9, 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 this Office at 410-402-8055.

Sincerely,

Patricia Tomsko Nay, M.D.

Patricia Tomsko Nay
Executive Director

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 08/09/2018
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 relicensure survey was conducted at Hagerstown Reproductive Health Services on August 9, 2018. The center performs surgical abortion procedures. The facility includes two procedure rooms.</p> <p>The survey included: an on-site visit; an observational tour of the physical environment; observation of one surgical procedure; observation of cleaning of the procedure room, patient equipment and set up; 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; observation of patient discharge process; observation of hand hygiene; observation of instrument cleaning/sterilization process; interview of the facility's administrator, registered nurses (RN), counselors and medical assistants; review of the policy and procedure manual; review of the personnel files; review of quality assurance and infection control program, and review of professional credentialing.</p> <p>A total of ten clinical records were reviewed. The surgical abortion procedures that were performed between March and August of 2018 were reviewed.</p> <p>Findings in this report are based on data present in the administrative records at the time of review. The agency's administrator was kept informed of the survey findings as the survey progressed. The agency administrator was given the opportunity to present information relative to the findings during the course of the survey.</p>	A 000			

OHCQ

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

TITLE

(X6) DATE

Office of Health Care Quality

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A 000	Continued From page 1	A 000		
	A key code for patients was provided to the agency administrator.			
A 570	.05(C)(2)(c) .05 Administration (c) Procedures to ensure personnel are free from communicable diseases; This Regulation is not met as evidenced by: Based on review of the policy and procedure manual, review of staff credentialing files, and interview. Tuberculosis (TB) screening and Hepatitis B immunization were not implemented for seven of eight staff reviewed. The findings include: Review of the policy and procedure manual on 8/9/18 at 3:00 PM revealed, "Communicable Disease Policy.....TB TESTING.....Effective June 1, 2015, all employees will be required to undergo a baseline 2-step sequential tuberculin (TST) PPD Mantoux skin tests (1-3 weeks apart) when hired (unless the sequential tests were performed within the last year). When that is the case, documentation must be provided. Thereafter, an annual "signs and symptoms" screening are required--unless there is a change such as a known recent exposure."....."Hepatitis B Vaccine.....will be made (sic) to all new employees at clinic expense. Employees who have had the vaccine series elsewhere must provide documentation or a statement attesting to that fact (which is effectively a refusal of the vaccine from the clinic)." Review of Staff credentialing files on 8/9/18 starting at 12:00 PM revealed no documented	A 570		

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A 570	Continued From page 2 evidence that staff had ever been vaccinated for Hepatitis B, had been offered the Hepatitis B vaccination by the facility or had a two-step tuberculosis screening test. Findings were reviewed with staff during interview on 8/9/18 at 4:00 PM	A 570		
A 600	.05(C)(5) .05 Administration (5) Infection control for patients and staff; This Regulation is not met as evidenced by: Based on observation of a tracer patient, review of policy and procedure manual, and interview of the staff, it was determined that the staff failed to implement infection control policies and failed to ensure that measures to prevent infection were practiced at the facility. These measures include the failure to perform hand hygiene immediately after blood draw. The findings include. Patient: tracer patient Observation of the tracer patients blood draw on 8/9/18 at 11:19 AM revealed, the staff member was using a lancet (used to prick the finger to test blood). The staff member wiped the patient's finger with an alcohol prep pad, pricked the finger and collected the patient's blood on a slide. Staff obtained the needed blood, removed one glove, reached into a clear container to get a Band-Aid out of a multi-use jar, removed the other glove, threw both gloves away, put a band-aid on the patient's finger then grabbed papers to give to the patient. Staff did not perform hand hygiene immediately after removing gloves.	A 600		

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A 600	Continued From page 3 Review of the policy and procedure manual on 8/9/18 at 11:00 AM revealed, " In the Lab..... (Policy)...Blood Testing....Wash or gel sanitize hands. Apply a clean pair of gloves.....For RH testing.....Dispose of used gloves in a red bag. Wash or gel sanitize hands Interview of staff on 8/9/19 at 11:35 am revealed, "I always wash my hands when I get back to the lab after I take the patient to the waiting room." Staff was not aware of the infection control breach.	A 600			
A1270	.11 (A)(2) .11 Pharmaceutical Services (2) Develop and implement policies and procedures for pharmacy services in accordance with accepted professional practice. This Regulation is not met as evidenced by: Based on review of the policy manual and interview, it was determined that the administration failed to develop and implement a policy regarding verbal medication orders. The findings include: Policy review on 08/09/18, starting at 11:00 AM, revealed a facility policy entitled 'General Policy for Pharmaceutical Services' that failed to address verbal orders for the administration of medication. It is the standard of practice that all verbal orders are documented by the RN then signed off by the ordering physician. Interview with the administrator on 08/09/18 at 3:00 PM confirmed the findings.	A1270			

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A1280	Continued From page 4	A1280			
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 observation of a tracer patient, review of the policy and procedure manual, and interview of staff, 1) the facility staff did not use proper technique while dispensing or labeling oral medications and 2) the facility staff did not properly dispose of expired medications and medical solutions. The findings include: 1. Observation of a tracer patient on 8/9/18 at 12:45 PM revealed staff was dispensing oral Ibuprofen 800 mg, one tablet by mouth. Staff dumped the large bottle (Ibuprofen 800 mg) into a small plastic medicine cup and two pills came out. Staff used his/her fingers, not wearing gloves, and put the other pill back into the multi-dose bottle therefore contaminating the other pills. Furthermore, the multi-dose bottle was labeled "date received 3/9/18" instead of when the multi-dose bottle date that it was opened. Review of the policy and procedure manual on 8/9/18 at 11:00 AM revealed, "Multi-dose vials (MDV), bottles or containers must be dated at the time of access." Interview of staff on 8/9/18 at 11:05 am revealed that she/he was unaware of how to properly dispense and label medication for multi-use. 2. Observation of a tracer patient on 8/9/18 at 12:45 PM revealed the following:	A1280			

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A1280	<p>Continued From page 5</p> <p>A. One bottle of Ibuprofen 800 mg 500 x tabs -opened-not dated with expiration date and initials of person who opened it.</p> <p>B. One bottle of Acetaminophen 500 mg x 200 caplets-opened-not dated with expiration date and initials of person who opened it.</p> <p>C. Betadyne squeeze bottle x 1 -opened-not dated with expiration date and initials of person who opened it.</p> <p>D. Monsels solution (Ferris Sub sulfate) x 1 not dated with expiration date and initials of person who opened it.</p> <p>E. Med Chem BAK 1:750 16 fl. oz. x 1 not dated with expiration date and initials of person who opened it.</p> <p>Review of the policy and procedure manual on 8/9/18 at 2:55 PM revealed, "The nurse performs a monthly inspection of medications and essential equipment and it is at this time most expirations as well as packaging corruption will be managed. The monthly check ensures adequate supplies of medication as well as medications kept within the expiration date."</p> <p>Interview of staff on 8/9/18 at 11:05 am revealed that she/he was unaware of how to properly label medication for multi-use.</p>	A1280		