

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/12/2022
NAME OF PROVIDER OR SUPPLIER Potomac Family Planning Center		STREET ADDRESS, CITY, STATE, ZIP CODE 966 Hungerford Drive, Suite 24 Rockville, MD 20850			
(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
	<p>A 000 INITIAL COMMENTS</p> <p>A complaint investigation was completed at Potomac Family Planning Center, located in Rockville, MD on 1/12/2022.</p> <p>Complaint: Substantiated</p> <p>The investigation included: interview of staff, observation of an ultrasound procedure; observation of ultrasound room turn-over; review of the policy and procedure manual and review of infection control practices.</p> <p>Findings in this report are based on data present at the time of review. The agency's staff was kept informed of the survey findings as the survey progressed. The agency staff was given the opportunity to present information relative to the findings during the survey.</p> <p>10.12.01.15 (A) .15 Physical Environment</p> <p>(A) The administrator shall ensure that the facility has a safe, functional, and sanitary environment for the provision of surgical services.</p> <p>This Regulation is not met as evidenced by: Based on review of the manufacturers cleaning recommendation for the ultrasound machine, review of the Centers for Disease Control and Prevention's website, observations, and staff interviews, it was determined that the facility staff failed to disinfect a transducer used for an ultrasound procedure and failed to perform proper hand hygiene.</p>				

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

TITLE

DATE

STATE FORM

6009

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/12/2022
NAME OF PROVIDER OR SUPPLIER Potomac Family Planning Center			STREET ADDRESS, CITY, STATE, ZIP CODE 966 Hungerford Drive, Suite 24 Rockville, MD 20850		
(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	
	<p>On 1/13/2022, the administrator of the facility electronically mailed the manufacturer's instructions to the surveyor. Review of the manufacturer's instructions for the ultrasound machine and transducer were sent by the facility's administrator via electronic mail to surveyor. Review of the manufacturer's instructions for the SDU-450XL Shimadzu Electronic Linear/Convex Diagnostic Ultrasound System revealed that the transducer is to be immersed in Cidex disinfecting solution for at least 30 minutes or more and if the surface of the transducer was contaminated with infectious material such as blood, then the transducer is to be immersed for at least 60 minutes or more; then rinsed well.</p> <p>On 1/12/2022, observation of a laboratory procedure revealed that the staff member performed a finger-stick on a patient to obtain a blood sample, pressed on the patient's finger multiple times to obtain a sufficient amount of blood for the test, reached into a container of cotton balls with the soiled gloves and pulled out cotton balls on 2 different occasions to wipe the patient's finger.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 1/12/2022
NAME OF PROVIDER OR SUPPLIER Potomac Family Planning Center		STREET ADDRESS, CITY, STATE, ZIP CODE 966 Hungerford Drive, Suite 24 Rockville, MD 20850			
(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
	<p>A 000 INITIAL COMMENTS</p> <p>A complaint investigation was completed at Potomac Family Planning Center, located in Rockville, MD on 1/12/2022.</p> <p>Complaint: Substantiated</p> <p>The investigation included: interview of staff, observation of an ultrasound procedure; observation of ultrasound room turn-over; review of the policy and procedure manual and review of infection control practices.</p> <p>Findings in this report are based on data present at the time of review. The agency's staff was kept informed of the survey findings as the survey progressed. The agency staff was given the opportunity to present information relative to the findings during the survey.</p> <p>10.12.01.15 (A) .15 Physical Environment</p> <p>(A) The administrator shall ensure that the facility has a safe, functional, and sanitary environment for the provision of surgical services.</p> <p>This Regulation is not met as evidenced by: Based on review of the manufacturers cleaning recommendation for the ultrasound machine, review of the Centers for Disease Control and Prevention's website, observations, and staff interviews, it was determined that the facility staff failed to disinfect a transducer used for an ultrasound procedure and failed to perform proper hand hygiene.</p>		<p>10.12.01.15(A).15 Physical Environment</p> <p>The usual technique for performing transvaginal ultrasound at Potomac Family Planning Center (the Clinic) is to put gel on the probe (transducer), put the cover over the transducer, put more gel on the cover, and insert into the vagina. After completing the reading, the probe is removed from the patient, the cover is discarded and the probe is wiped down with a disposable germicide wipe. Meanwhile, the exam table is wiped down. Upon closing for the day, the body of the machine is wiped down.</p> <p>The Clinic prioritizes the health and safety of its patients and staff members, and takes serious consideration of sanitation and infection control protocols. The Clinic plans to immediately implement a Plan of Correction regarding the OHCQ findings.</p> <p>The Clinic sought guidance from an outside source. The Clinic is an accredited member of the National Abortion Federation (NAF), which sets standards for all Planned Parenthood and independent abortion providers in the United States and Canada.</p>		

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

TITLE

DATE

STATE FORM

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/14/2021
NAME OF PROVIDER OR SUPPLIER Potomac Family Planning Center		STREET ADDRESS, CITY, STATE, ZIP CODE 966 Hungerford Drive, suite 24 Rockville, MD 20850			
(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	
	<p>A 000 INITIAL COMMENTS</p> <p>A licensure survey of Potomac Family Planning Center, located in Rockville, MD, was conducted on 12/13/2021 and 12/14/2021.</p> <p>The survey included an observational tour of the physical environment; observation of a surgical procedure; observation of surgical instrument reprocessing; review of the policy and procedure manual; review of clinical records; review of professional credentialing; review of personnel file; review of the quality assurance and infection control programs and staff interviews.</p> <p>The facility includes 2 procedure rooms and specializes in gynecological surgery. A total of 5 clinical records were selected to be reviewed for procedures performed between 3/2021 and 8/2021.</p> <p>Findings in this report are based on data present at the time of review. The agency's staff was kept informed of the survey findings as the survey progressed. The agency staff was given the opportunity to present information relative to the findings during the survey.</p> <p>A860 .06 (B)(9) .06 Personnel</p> <p>B. Credentialing of Physicians. The facility shall collect, review, and document the following information concerning a physician licensed under Health Occupations Article, Title 14, Annotated Code of Maryland: (9) Data provided by the National Practitioner Data Bank.</p>				

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

TITLE

DATE

STATE FORM

6599

Executive Administrator 2/17/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/14/2021
NAME OF PROVIDER OR SUPPLIER Potomac Family Planning Center		STREET ADDRESS, CITY, STATE, ZIP CODE 966 Hungerford Drive, suite 24 Rockville, MD 20850			
(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	
	<p>This Regulation is not met as evidenced by: Based on review of the physician credentialing files, it was determined that the administrative staff failed to ensure that all aspects of physician re-appointments to the medical staff were completed.</p> <p>The findings include:</p> <p>On 12/13/2021, review of physician credentialing files revealed that 1 out of 2 physicians did not have documented evidence that the National Practitioner Data Bank was obtained at the time of re-credentialing. The National Practitioner Data Bank was dated 9/10/2019, however, the physician was reappointed on 6/2/2021.</p> <p>The administrator was made aware of the findings.</p> <p>A1280 .11 (A)(2) .11 Pharmaceutical Services</p> <p>A. The surgical abortion facility shall: (2) Develop and implement policies and procedures for pharmacy services in accordance with accepted professional practice.</p> <p>This Regulation is not met as evidenced by: Based on review of the facility's policy and procedures, observation, and staff interview, it was determined that an unlicensed staff member had access to controlled medications, controlled medications were not counted on surgical days and expired medications were found.</p>		<p>A.860.06 (B) (9) .06 Personnel The National Practitioner Data Bank (NPDB) is obtained biennially as is the physician re-credentialing. In the future the two will be done at the same time.</p> <p>On 1/13/22, the physician in question was re-credentialed. No reports were on file as of that reporting date</p> <p>A 1280.11 (A) (2) .11 Pharmaceutical Services Currently there are no controlled medications in use. A former physician used Midazolam but that medication was discontinued upon his subsequent retirement and death 3 years ago. The Midazolam has since been wasted by the Medical Director. Should controlled medications ever be put into use in the future, only licensed personnel will follow the correct format of access and count, record keeping. The expired medications, Ondansetron and 2 bags of</p>	<p>2/14/22</p> <p>2/14/22</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/14/2021
NAME OF PROVIDER OR SUPPLIER Potomac Family Planning Center		STREET ADDRESS, CITY, STATE, ZIP CODE 966 Hungerford Drive, suite 24 Rockville, MD 20850			
(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	
	<p>The findings include:</p> <p>Review of policy entitled "Controlled Substance Accountability, Administration and Wasting" revealed, in part: "Only licensed medical personnel such as; physician and/or nurse, may witness and perform a narcotic count."</p> <p>On 12/13/2021, during a tour of the facility, observation revealed that an unlicensed staff member accessed the locked box containing Midazolam, a controlled medication and there was no documented evidence that Midazolam was counted daily.</p> <p>On 12/13/2021, observation revealed the following expired medications:</p> <p>a. In the emergency cart two vials of Ondansetron 4 mg/2ml expired 8/2021; and a multi-dose vial of atropine 8 mg/20 ml was opened and not dated.</p> <p>b. In procedure room #1 two 250 ml intravenous bags of lactated ringers expired 5/2020.</p> <p>c. In procedure room #2 a container of Monsel's solution expired on 5/12/2019.</p> <p>On 12/13/2021 at 11:00 am, interview with the administrator revealed that unlicensed staff had access to the controlled substances.</p>		<p>lactated ringers with expired dates were disposed. The Monsel's expired solution was discarded and replaced with a new solution.</p> <p>The staff will be reminded of the importance of dating medications upon opening.</p>	2/13/22	