

Survey Event ID Number: <b>S52-0002</b>	Provider Number: <b>SAF-002 (Pending)</b>	Date Survey Completed: <b>November 14, 2023</b>
Name and Address of Provider: <b>Women's Health Center of Maryland, 17202 McMullen Highway, SW, Cresaptown, MD 21502</b>		
State Tag	<b>Statement of Deficiencies</b>	
Initial Comments	<p>An initial survey of Women's Health Center of Maryland was conducted on November 14, 2023.</p> <p>The survey included interview of the staff; a tour of the facility; review of the policy and procedure manual; review of a sample patient clinical record; review of professional credentialing; review of personnel files; and review of the quality assurance program.</p> <p>The facility included two procedure rooms.</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 was given the opportunity to present information relative to the findings during the course of the survey.</p>	
State Tag 52S-0115  COMAR 10.12.01.05A(1)  .05 Administration.  A. Administrator.  (1) Each facility shall have an administrator, who is responsible for the daily operation of the facility, including but not limited to:  (a) Consulting with the staff to develop and implement the facility's policies and procedures required under §C of this regulation;  (b) Organizing and coordinating the administrative functions of the facility;  (c) Coordinating the provision of services that the facility provides;	<p>This COMAR is not met as evidenced by:</p> <p>Based on review of the policy and procedure manual, review of staff credentialing and personnel files and interview of staff, the administrator failed to ensure that clinical staff were competent to perform patient care duties, so that the patient care needs of all patients were met for three of four staff reviewed.</p> <p>Staff: 1, 3, 4</p> <p>The findings include:</p> <p>Review of the policy and procedure manual revealed, "General orientation programs and annual training include information on safety, security, emergency response, medical equipment for appropriate staff, hazardous materials and waste, infection control, CPR, and other topics requested by the Safety Committee. Departmental orientation, conducted by each department for all employees includes general and department specific safety issues."</p> <p>Review of Staff 1's credentialing file revealed no documented evidence that they received orientation that included infection control training.</p>	



<p>(d) Training the staff on the facility's policies and procedures and applicable federal, State, and local laws and regulations; and</p> <p>(e) Ensuring that all personnel:</p> <p>(i) Receive orientation and have experience sufficient to demonstrate competency to perform assigned patient care duties, including proper infection control practices;</p> <p>(ii) Are licensed or certified by an appropriate occupational licensing board to practice in this State, if required by law; and</p> <p>(iii) Perform or delegate duties and responsibilities in accordance with standards of practice as defined by the Health Occupations Article, Annotated Code of Maryland.</p>	<p>Review of Staff 3 and 4's personnel files revealed no documented evidence that they received orientation that included infection control training and a skills competency assessment. It is essential that new employees participate in orientation, to include a skills competency assessment, as it is a demonstration of the employee's ability to adequately perform patient care tasks.</p> <p>Interview of the Administrator on 11/14/23 at 1:00 pm revealed that they acknowledged there was no documented evidence that these staff members received orientation that included infection control training and a skills competency assessment.</p>
<p>State Tag 52S-0230</p> <p>COMAR 10.12.01.10B</p> <p>B. Procedures for emergency transfer to a hospital shall include, at a minimum:</p> <p>(1) Written protocols and procedures related to emergency transfer procedures;</p> <p>(2) A mechanism for notifying the hospital of a pending emergency case;</p> <p>(3) A mechanism for arranging appropriate transportation to the hospital;</p> <p>(4) Protocols for transmitting a copy of the patient's medical record to the hospital; and</p>	<p>This COMAR is not met as evidenced by:</p> <p>Based on review of the policy and procedure manual, review of staff credentialing and personnel files and interview of staff, the administrator failed to ensure that staff were trained in emergency transfer of a patient to a hospital for four of four staff reviewed.</p> <p>Staff: 1, 2, 3, 4</p> <p>The findings include:</p> <p>Review of the policy and procedure revealed, "General orientation programs and annual training include information on safety, security, emergency response..."</p> <p>Review of Staff 1, 2, 3 and 4's credentialing and personnel files revealed no documented evidence that they received training on emergency transfer of a patient to a hospital.</p> <p>Interview of the Administrator on 11/14/23 at 1:00 pm revealed that they acknowledged there was no documented evidence that</p>



(5) Appropriate training for staff in the facility's written protocols and procedures.	these staff members received training on emergency transfer of a patient to a hospital.
State Tag 52S-0280  COMAR 10.12.01.15A  .15 Physical Environment.  A. The administrator shall ensure that the facility has a safe, functional, and sanitary environment for the provision of surgical services.	<p>This COMAR is not met as evidenced by:</p> <p>Based on review of the policy and procedure manual, a tour of the facility and interview of staff, the administrator failed to ensure that the autoclave (machine used to sterilize surgical instruments) was effective in sterilizing surgical instruments.</p> <p>The findings include:</p> <p>Review of the policy and procedure manual revealed, "The WHC safety program includes the following: Maintaining and supervising all grounds and equipment."</p> <p>A tour of the facility revealed that there were two autoclaves on-site at the facility. There was no documented evidence that spore testing (performed to test the efficacy of an autoclave) had ever been done on either of the two autoclaves. There was no equipment or mechanism at the facility to perform spore testing on the autoclaves.</p> <p>The CDC (Centers for Disease Control) recommend weekly use of biological indicators (spore testing) to ensure the efficacy of an autoclave machine in the sterilization process.</p> <p>Interview of the Administrator on 11/14/23 at 3:00 pm revealed that they have not performed spore testing in either of the two autoclaves. The facility did not have the equipment or a mechanism in place to perform spore testing.</p>