



# MARYLAND Department of Health

Larry Hogan, Governor • Boyd Rutherford, Lt. Governor • Dennis Schrader, Secretary

---

## Office of Health Care Quality

Spring Grove Center • Bland Bryant Building  
55 Wade Avenue • Catonsville, Maryland 21228-4663

December 6, 2017

Administrator  
Abortionclinics Org, Inc  
10401 Old Georgetown Road, Suite 104  
Bethesda, MD 20814

### RE: NOTICE OF SURVEY FINDINGS

Dear \_\_\_\_\_ :

On November 21, 2017, a complaint investigation was conducted by the Office of Health Care Quality to determine if your facility was in compliance with State requirements for Surgical Abortion Facilities, Code of Maryland Regulations (COMAR) 10.12.01. This survey did not identify noncompliance with the requirements that were reviewed in relationship to the allegations of the complaint.

If you have any questions concerning the instructions contained in this letter, please contact me at 410-402-8018 or fax 410-402-8213.

Sincerely,

Patricia Tomsko Nay, M.D.  
Executive Director

Enclosures: State Form

cc: License File

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  SA00020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/21/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  ABORTIONCLINICS ORG, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10401 OLD GEORGETOWN ROAD, SUITE 104 BETHESDA, MD 20814
--	---

(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>On November 21, 2017, in response to complaint #MD00118872, an investigation was conducted by the Office of Health Care Quality to determine if your facility was in compliance with State requirements for Surgical Abortion Facilities, Code of Maryland Regulations (COMAR) 10.12.01.</p> <p>This review did not identify noncompliance with the requirements that were reviewed in relationship to the allegations of the complaint.</p>	A 000		
-------	---	-------	--	--

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

TITLE

(X6) DATE