

March 19, 2013

Administrator
Associates In OB/GYN Care, LLC
3506 N Calvert Street, Suite 110
Baltimore, MD 21218

RE: NOTICE OF SURVEY FINDINGS

Dear

On February 19, 20 and 21, 2013, a complaint investigation survey was conducted at your facility 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 information contained in this letter, please contact me at 410-402-8018 or fax 410-402-8213.

Sincerely,

Barbara Fagan
Program Manager

Enclosure: State Form

cc: License File

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/21/2013
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NAME OF PROVIDER OR SUPPLIER ASSOCIATES IN OB/GYN CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3506 N CALVERT STREET, SUITE 110 BALTIMORE, MD 21218
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(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
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A 000	<p><i>Initial Comments</i></p> <p><i>On February 19, 20 and 21, 2013, a complaint, (#MD00075699), was investigated at this facility by representatives the Office of Health Care Quality. Based on review of the patient's medical record and interview of staff, the allegations could not be substantiated. There were no deficiencies identified as a result of the investigation of this complaint.</i></p>	A 000		
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OHCQ

TITLE

(X6) DATE

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