Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SA00002	A. BUILDING: _____ B. WING _____	C 03/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLCREST CLINIC, INC	5602 BALTIMORE NATIONAL PIKE, SUITE 600 BALTIMORE, MD 21228

(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	Initial Comments On March 3 and 4, 2016, a complaint investigation survey (# MD00099377) was conducted at the former site of the Hillcrest Clinic in Catonsville, MD. The complaint, dated 03/03/16, was substantiated. The complaint, dated 03/11/16, was unsubstantiated. No deficiencies were cited because the Hillcrest Clinic was not operational at the time of the investigations. Findings in this report are based on data present at the time of the review. The facility's administrator was kept informed of the survey findings as the survey progressed. The facility was given the opportunity to present information relative to the findings during the course of the survey.	A 000		

OHCQ

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE