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
	SA000001	A. BUILDING: _____ B. WING _____	C 04/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GERMANTOWN REPRODUCTIVE HEALTH SEF	13233 EXECUTIVE PARK TERRACE GERMANTOWN, MD 20874

(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 A complaint investigation survey was conducted at Germantown Reproductive Health Services on April 15 and 16, 2014. An exit interview was conducted on April 16, 2014. The center performs surgical abortion procedures. Complaint number: MD00082935 The complaint was unsubstantiated. A deficiency unrelated to the complaint was cited. The complaint allegations included patient care. The survey included: an on-site visit; interview of the facility's administrator, registered nurse, medical assistant and physician; review of the policy and procedure manual and review of the personnel files. A total of five clinical records were reviewed. The surgical abortion procedures that were performed March 2014 were reviewed. Findings in this report are based on data present in the administrative records at the time of review. The agency's administrator and physician were kept informed of the survey findings as the survey progressed. The agency administrator and physician were given the opportunity to present information relative to the findings during the course of the survey. A key code for patients, medical staff and employees contained herein was provided to the agency administrator.	A 000		
A 420	.05 (A)(1)(e)(i) .05 Administration (e) Ensuring that all personnel: (i) Receive orientation and have experience	A 420		

OHCQ

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

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A 420	Continued From page 1 sufficient to demonstrate competency to perform assigned patient care duties, including proper infection control practices; This Regulation is not met as evidenced by: Based on interview of the facility administrator and review of 5 of 6 personnel files, it was determined that the facility staff failed to document that all staff were competent to do their jobs. The findings include: Employees: 1, 2, 3, 4, 5, Interview on 4/16/14 at 1:00 pm of the facility administrator, revealed that 5 of 5 of the Certified Medical Assistants (CMA) are allowed to inject Pitocin into IV bags that are administered to the patients. The Facility administrator stated "we all put IV Pitocin in the IV bags , I trained all of the medical assistant's to do bag medications." Review on 4/16/14 at 1:15 pm of the facility staff training sheet revealed that for 5 of 6 personnel records contained N/A for competency and training, thus reflecting no documentation that CMAs were trained to inject Pitocin into a patient's IV (Intravenous therapy) bag. Review of the facility policy "Health Services protocol" on 4/16/14 at 2:00 pm revealed that "The function of the Certified Medical Assistant include: Taking patient health histories, Taking vitals, patient education, Laboratory testing, Sterilize and packing instruments, Phlebotomy, Assist the physician during procedures, Setting up rooms, maintaining a clean and safe environment for patients and Upholding HIPPA (Health Insurance Portability and Accountability Act) guidelines, and protecting confidentiality.	A 420		

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A 420	Continued From page 2 The Failure of the facility staff to ensure that all staff are competent to do their jobs, placed the patients at risk of having care provided by untrained or unqualified individuals.	A 420		
A9999	Final Comments An exit conference was conducted with the office manager on April 16, 2014. The survey findings were reviewed. The office manager was directed to submit a written plan of correction in response to the State of Maryland 2567 form, following the attached guidelines, within ten calendar days. Failure to submit an acceptable plan of correction may result in revocation of licensure from the Department of Health and Mental Hygiene Surgical Abortion Facilities program.	A9999		