

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SA000011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER POTOMAC FAMILY PLANNING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 966 HUNGERFORD DRIVE, #24 ROCKVILLE, MD 20850
---	---

(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>A complaint investigation survey of Potomac Family Planning Center was conducted on March 25 and April 7, 2016.</p> <p>Complaint number: MD00099969. This complaint was unsubstantiated.</p> <p>The survey included: interview of the staff and a tour of the facility.</p> <p>A key code for the staff was provided to the facility staff.</p> <p>Findings in this report are based on data present in the administrative records at the time of the review. The facility staff was kept informed of the investigational findings as the investigation progressed. The agency staff was given the opportunity to present information relative to the findings during the course of the investigation.</p> <p>Potomac Family Planning Center is in compliance with COMAR 10.12.01.00- 10.12.01.20 F. for Surgical Abortion Facilities.</p>	A 000		

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

TITLE

(X6) DATE