PRINTED: 03/26/2013

NAME OF PROVIDER OR SUPPLIER: PLANNED PARENTHOOD OF MD - ANNAPOLIS STREET ADDRESS, CITY, STATE, 2IP CODE 924 WEST STREET, 3TE 305 ANNAPOLIS, MD 21401 CO 10 PRETIX FROUDER'S PLAN OF CORRECTION FROUDER'S TREET ADDRESS, CITY, STATE, 2IP CODE 924 WEST STREET ADDRESS OF TO STAN FROUDER'S PLAN OF CORRECTION FROUDER'S TREET ADDRESS OF TO SAN ADDRESS OF TREET ADDRESS OF TO SAN FROUDER'S PLAN OF CORRECTION FROUDER'S S				(X2) MULTIPL A. BUILDING:		(X3) DATE SURVEY COMPLETED 02/19/2013			
PLANNED PARENTHOOD OF MD - ANNAPOLIS (X4) ID PREFIX ENAPPOLIS MD 21401 A 000 Initial Comments An Initial survey of Planned Parenthood of Maryland-Annapolis Health Center was conducted on February 19, 2013. Survey activities included the following: interview of the clinical staff, observational patient clinical records review of the facility's stenilization equipment reprocessing; policy and procedures done between October 2012 and February 2013. A 1510 A 1510 A 15 (A) .15 Physical Environment A 1510 This Regulation is not met as evidenced by: Based on observation of instrument reprocessing equipment may instrument reprocessing sterilization and interview of clinical staff, it was determined that the facility has a safe, functional and instrument reprocessing equipment was properly sanitized. The findings include: 1. Observation on 2/19/13 at 12 noon of the instrument reprocessing equipment was properly sanitized. The findings include: 1. Observation on 2/19/13 at 12 noon of the instrument reprocessing recomment as shell full that administrator shall ensure that the facility is determined that the facility and the facility is properly sanitized. The findings include: 1. Observation on 2/19/13 at 12 noon of the instrument reprocessing recomment was properly sanitized. The findings include:								02/	
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An initial survey of Planned Parenthood of Maryland-Annapolis Health Center was conducted on February 19, 2013. Survey activities included the following: interview of the clinical staff; observational tour of the facility's physical environment; observation of the facility's sterilization equipment reprocessing; policy and procedure review, review of the facility's patient clinical records; review of the physicians credentialing; review of employee personnel files; review of the facility's custify Assurance program and review of the facility's infection control program. The facility has two procedure rooms. A total of five patient clinical records were reviewed. The clinical patient records reviewed had procedures done between October 2012 and February 2013. A1510 A	(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY	IS Full	ID PREFIX	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	COMPLET	
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	A1510	Maryland-Annapolis conducted on Februactivities included the clinical staff; observed physical environments terilization equipments procedure review; reclinical records; review review of the facility and review of the facility and review of the facility. A total of five patient reviewed. The clinical had procedures done February 2013. 15 (A) .15 Physical in A. The administrator has a safe, functional for the provision of site of the provision of site of the provision and intendent in the folicies and procedure in a quipment was proper include: 1. Observation on 2/1 instrument reprocess autoclave machine with physical was proper actional processes autoclave machine with the folicies and processes autoclave machine with the folicies and procedure.	Health Center was vary 19, 2013. Survene following: interview ational tour of the faint; observation of the faint; observation of the faint; observation of the ent reprocessing; poleview of the physicians of employee persons Quality Assurance cility's infection control has two procedure colinical records were at patient records revel between October 2. Environment Shall ensure that the latest and sanitary envirous services. The first were implemented to ensure were implemented in of instrument reprocession of the first was at 12 noon of the latest as leaking water onto the first leaking	w of the cility's e facility's elicy and patient innel files; program rooms. e viewed 2012 and e facility onment by: occassing it was re the ed and ing rodings the hat the to a shelf	A1510				

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

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If continuation sheet 1 of 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		SA000004		B. WING		02	/19/2013			
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DDRESS, CITY, STATE, ZIP CODE,						
PLANNED PARENTHOOD OF MD. ANNABOLIS 929 WEST					T.STREET, STE 305 LIS, MD 21401					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE			
A1510	Continued From pa	ge 1		A1510			İ			
	performed for leaks documentation to si maintenance is bein	and there is no upport leak testing of ag done.								
	facility's director rev shared and the othe taking care of the au stated that she did r	/13 at 12:30 PM of the ealed that the facility or entity is responsible atoclave. The director have any docume maintenance of the r	space is e for r further entation	. (
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Plan of Corrections for Planned Parenthood-Annapolis Health Center

A 1510

- Routine spore testing on this autoclave. Sterilization indicators are placed in every pack that is sterilized. Biannual preventative maintenance is also completed. These records are current but were inaccessible at the time of the site visit. Since preventative maintenance, spore testing and sterilization indicators had been done, we feel that patients were not affected by this deficiency.
- 2. Since no patients were affected, there is no need to attempt to identify additional patients that may have been affected.
- 3. In order to ensure proper sterilization of equipment, PPMD will:
 - a. Take the autoclave out of service and have the leaking autoclave serviced by the medical equipment contractor. (in process)
 - b. Review with appropriate staff the conditions of proper autoclave functioning and how to identify problems with an autoclave:
 - c. Review with all appropriate staff the procedure for handling an identified problem with an autoclave.
 - d. Continue annual preventative maintenance on the autoclaves.
- 4. The health center will have one designated staff member who will review the spore testing activity, autoclave logs and annual maintenance reports.
- 5. Completion date: May 1, 2013. This is dependent upon the timeline of the medical equipment contractor. Autoclave will be kept out of service until maintenance completed.

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