



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

Spring Grove Center • Bland Bryant Building

55 Wade Avenue • Catonsville, Maryland 21228-4663

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

September 27, 2007

Ms. Helen McGrain, Administrator
White Marsh Surgery Center
4924 Campbell Blvd., Suite 250
Nottingham, MD 21236

RE: NOTICE OF COMPLIANCE WITH HEALTH
COMPONENT REQUIREMENTS

Dear Ms. McGrain:

On September 6, 2007, an initial certification survey was conducted at your agency by the Office of Health Care Quality to determine if your agency was in compliance with Federal participation requirements for Ambulatory Surgery Center requirements participating in the Medicare and/or Medicaid programs. The survey was done for State licensure requirements also.

This survey found that your facility in compliance with the Health Component of the Conditions of Participation for 42 CFR §416.40-49 for Ambulatory Surgery Centers and COMAR 10.05.01 and 10.05.05 for Freestanding Ambulatory Care Facilities.

Please sign and date the enclosed CMS form, 2567L, and return it to me to complete the survey documentation. If you have any questions, please call me at (410) 402-8040 or by fax at (410) 402-8213.

Sincerely,

Barbara Fagan, Program Manager
Office of Health Care Quality

Enclosure: CMS 2567L

cc: File

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/27/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MDWMSC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2007
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WHITE MARSH SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4924 CAMPBELL BLVD SUITE 250 NOTTINGHAM, MD 21236
---	---

(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) COMPLETION DATE
Q 000	<p>INITIAL COMMENTS</p> <p>An initial survey of White Marsh Surgery Center was conducted on September 6, 2007.</p> <p>The survey included: an observational tour of the physical environment; interview of the facility's administrative staff; review of the policy and procedure manual; review of a sample clinical record; review of professional credentialing; review of personnel files and review of the quality assurance and infection control programs.</p> <p>The facility included one operating room and two procedure rooms.</p> <p>Findings in this report are based on data present in the administrative records at the time of review. The agency's administrative staff was kept informed of the survey findings as the survey progressed. The agency was given the opportunity to present information relative to the findings during the course of the survey.</p> <p>White Marsh Surgery Center is in compliance with the Health Component of the Conditions of Participation for 42-CFR 416.40 through 42-CFR 416.49 for Ambulatory Surgical Centers.</p>	Q 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Debra McGowan RN</i>	TITLE <i>Nurse W Manager</i>	(X6) DATE <i>10/2/07</i>
--	-------------------------------------	---------------------------------

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.