

LICENSURE SURVEY PROCESSING CONTROL SHEET
 NON LONG TERM CARE UNIT (NLTC)
 PHONE: (614) 387-0801 FAX: (614) 387-2763

SURVEY HEALTH ENTRANCE	DATE: 7-10-12
SURVEY HEALTH EXIT	DATE: 7-10-12
LSC EXIT	DATE:
MAILED/TURNED IN	DATE: 7-11-12
FISCAL YEAR	12-31

PSR TO BE A DESK AUDIT? Yes No

Action (circle): INITIAL ANNUAL COMPLAINT(s) **PSR (Onsite/Desk Audit)**

COMPLAINT(S) # _____

TYPE (circle): ASC ESRD HCS HOSPICE

KOFJ12

LICENSE# 0596AS

FACILITY NAME: FOUNDER'S WOMEN'S HEALTH CENTER

ADDRESS: 1243 E. BROAD ST.

CITY/COUNTY/ZIP: COLUMBUS FRANKLIN 43205

Surveyor Initials	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited
DL	21957	C-234			✓					
LHm	29546									

NLTC/Lic Cert Entered (Date/Initials) CERT 7-11-12 10/60 10/45 CONDI 5/30 PSR LIC 10/30 PSR 5/15 PSR

Draft To Supervisor By OA (Date/Initials) 7-11-12 LTR. Signed (Date/Initials) 7/17/12 m

SOD MAILED (Date/Initials) _____

2567 2567B 1601 1601B LTR GUIDE 1602 1666/CMS LOG CALENDAR ACO Lic Cert
 To ACTS (Date/Initials) _____

POC Due 5 Days or 10 Days _____ LOG CALENDAR ACO Lic Cert
 POC Approved (Date/Initials) _____ File To Pending Drawer (Date/Initials) _____

File To Review (Date/Initials) 7-16-12 LOG Lic Cert

670 Completed (Date/Initials) 7-17-12 All Final Info Entered Into Lic Cert (Date/Initials) _____

LIC LTR CMS NO DEF. LTR TO MAINT _____

File To Central Office (Date/Initials) _____ LOG ACO Lic Cert

NOTES: CLOSED IN ASPEN DATE/Initials _____

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 0596AS	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 7/10/2012
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Name of Facility FOUNDER'S WOMEN'S HEALTH CENTER THE	Street Address, City, State, Zip Code 1243 EAST BROAD STREET COLUMBUS, OH 43205
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>C0104</u> Reg. # <u>O.A.C. 3701-83-03 (F)</u> LSC _____	Correction Completed 07/10/2012	ID Prefix <u>C0122</u> Reg. # <u>O.A.C. 3701-83-08 (D)</u> LSC _____	Correction Completed 07/10/2012	ID Prefix <u>C0123</u> Reg. # <u>O.A.C. 3701-83-08 (E)</u> LSC _____	Correction Completed 07/10/2012
ID Prefix <u>C0126</u> Reg. # <u>O.A.C. 3701-83-08 (H)</u> LSC _____	Correction Completed 07/10/2012	ID Prefix <u>C0139</u> Reg. # <u>O.A.C. 3701-83-10 (B)</u> LSC _____	Correction Completed 07/10/2012	ID Prefix <u>C0152</u> Reg. # <u>O.A.C. 3701-83-12 (C)</u> LSC _____	Correction Completed 07/10/2012
ID Prefix <u>C0157</u> Reg. # <u>O.A.C. 3701-83-13 (A)</u> LSC _____	Correction Completed 07/10/2012	ID Prefix <u>C0201</u> Reg. # <u>O.A.C. 3701-83-16 (B)</u> LSC _____	Correction Completed 07/10/2012	ID Prefix <u>C0214</u> Reg. # <u>O.A.C. 3701-83-17 (I)</u> LSC _____	Correction Completed 07/10/2012
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency <u>KE</u>	Reviewed By <u>YK</u>	Date: <u>7-17-12</u>	Signature of Surveyor: <u>Don Leonard RW/aw</u>	Date: <u>7/10/12</u>
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 3/14/2012	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0596AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/10/2012
NAME OF PROVIDER OR SUPPLIER FOUNDER'S WOMEN'S HEALTH CENTER THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1243 EAST BROAD STREET COLUMBUS, OH 43205		
(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
{C 000}	Initial Comments DL/LHm Post Survey Review for the Licensure Compliance Inspection from 03/14/12 Administrator: Judith Nolan County: Franklin Number of OR's: 4 Services Provided: Surgical and Medical Abortions License Current: Yes License Expiration Date: March 2012 The following violation is issued as a result of the post survey review of the licensure compliance inspection completed on 07/10/12.	{C 000}		
{C 234}	O.A.C. 3701-83-19 (E) Transfer Agreement The ASF shall have a written transfer agreement with a hospital for transfer of patients in the event of medical complications, emergency situations, and for other needs as they arise. A formal agreement is not required in those instances where the licensed ASF is a provider-based entity of a hospital and the ASF policies and procedures to accommodate medical complications, emergency situations, and for other needs as they arise are in place and approved by the governing body of the parent hospital.	{C 234}		

Ohio Department of Health

TITLE

(X6) DATE

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

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0596AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/10/2012
NAME OF PROVIDER OR SUPPLIER FOUNDER'S WOMEN'S HEALTH CENTER THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1243 EAST BROAD STREET COLUMBUS, OH 43205		
(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
{C 234}	Continued From page 1 This Rule is not met as evidenced by: THIS IS A RE-CITE This Rule is not met as evidenced by: Based on staff interview it was determined this facility failed to have a written transfer agreement with a hospital for transfer of patients in the event of medical complications, situations or other medical needs. This facility was not a provider based entity of a hospital. This facility performed a total of 640 procedures since January 1, 2012. Findings include: Interview with staff A on 07/10/12 at approximately 3:00 PM reveals this facility is still waiting on the hospital legal department to finalize a transfer agreement and send it to them.	{C 234}		

PATIENT TRANSFER AGREEMENT

Original Contract

This Agreement is entered into as of this 31st day of May, 2012 (the

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 11.50	0265
Certified Fee	\$2.75	03
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 16.55	05/31/2012

Sent To Cheryl Greene, MD, MS, NE-BC

Street, Apt. No.,
or PO Box No. 11 S. Grant Ave.

City, State, ZIP+4 Columbus, OH 43215

PS Form 3800, August 2006 See Reverse for Instructions

bioHealth Corporation solely on behalf of Grant
Principal place of business at 180 East Broad Street,
Anderson's Women's Health Center ("ASF") with its
180 E. Broad St. Columbus, Ohio 43205.

include all previously executed trauma transfer

to a tertiary surgical facility and

and the need to time transfer a patient to Grant for appropriate
trauma care. Such transfers are in the best interest of the

patient. Grant is a general acute care hospital which has, as of the date of
this Agreement, a Level I Trauma Center by the American College of
Surgeons, and is able, willing and qualified to accept and provide patient care services to
trauma patients;

WHEREAS, Grant is a general acute care hospital that may from time to time
transfer a trauma patient to Hospital for appropriate treatment services when it is
determined such transfers are in the best interest of the patient; and

WHEREAS, the parties have determined that it would be in the best interest of
patient care and would promote the optimum use of these health care institutions to
enter into an agreement to facilitate the care and transfer of patients between Grant and
ASF as appropriate, such that the party transferring the patient would be the referring
ASF ("the Referring ASF") and the party accepting the transfer would be the receiving
hospital ("the Receiving Hospital").

NOW, THEREFORE, the parties agree as follows:

Section I.

- (A) Grant Medical Center agrees to maintain twenty-four (24) hour Level I trauma
services to which the Referring ASF may transfer patients requiring such care.
- (B) Both parties agree to assess, accept transfer of, admit and treat, as appropriate
and within the capabilities of Receiving Hospital, those trauma patients who are
referred by Referring ASF. Referring ASF, through its physician(s) treating the
patient to be transferred (hereinafter collectively the "Referring

PATIENT TRANSFER AGREEMENT

This Agreement is entered into as of this 31st day of May, 2012 (the "Effective Date"), by and between OhioHealth Corporation solely on behalf of Grant Medical Center ("Grant"), with its principal place of business at 180 East Broad Street, Columbus, Ohio 43215 and The Founder's Women's Health Center ("ASF") with its principal place of business at 1243 E. Broad St. Columbus, Ohio 43205.

This Agreement shall supersede all previously executed trauma transfer agreements between the parties.

WHEREAS, ASF is an ambulatory surgical facility and

WHEREAS, ASF may from time to time transfer a patient to Grant for appropriate treatment services when it is determined such transfers are in the best interest of the patient; and

WHEREAS, Grant is a general acute care hospital which has, as of the date of this Agreement, been verified as a Level I Trauma Center by the American College of Surgeons, and is able, willing and qualified to accept and provide patient care services to trauma patients;

WHEREAS, Grant is a general acute care hospital that may from time to time transfer a trauma patient to Hospital for appropriate treatment services when it is determined such transfers are in the best interest of the patient; and

WHEREAS, the parties have determined that it would be in the best interest of patient care and would promote the optimum use of these health care institutions to enter into an agreement to facilitate the care and transfer of patients between Grant and ASF as appropriate, such that the party transferring the patient would be the referring ASF ("the Referring ASF") and the party accepting the transfer would be the receiving hospital ("the Receiving Hospital").

NOW, THEREFORE, the parties agree as follows:

Section I.

- (A) Grant Medical Center agrees to maintain twenty-four (24) hour Level I trauma services to which the Referring ASF may transfer patients requiring such care.
- (B) Both parties agree to assess, accept transfer of, admit and treat, as appropriate and within the capabilities of Receiving Hospital, those trauma patients who are referred by Referring ASF. Referring ASF, through its physician(s) treating the patient to be transferred (hereinafter collectively the "Referring

Physician"), is responsible for determining the need for transfer in accordance with the State of Ohio Trauma Care Plan, contacting, and initiating the transfer to Receiving Hospital, and stabilizing the patient (as much as possible under the circumstances) pending transfer. The Referring ASF shall use its best efforts to provide to Receiving Hospital as much advance notice as possible with respect to the request for a transfer.

- (C) Receiving Hospital, after contact by Referring ASF, will, through its emergency medicine physicians, offer advice regarding transportation options, timing of the transfer, pre-transfer stabilization and any additional diagnostic procedures prior to and during transportation.
- (D) Referring ASF shall establish and maintain such policies and procedures as are necessary to facilitate the terms of this Agreement.
- (E) At the time of making a patient transfer request to Receiving Hospital, Referring ASF shall provide to Receiving Hospital the following information (facsimile transmissions, to the extent available, shall be utilized if Receiving Hospital deems such transmissions necessary):
 1. The name of Referring ASF, and the name, title, and position of the person calling on behalf of Referring Hospital;
 2. The name of the Referring Physician;
 3. The reason for transfer;
 4. The patient's name;
 5. The initial diagnostic impression, the patient's medical condition and the basis for the referral;
 6. The name, if known, of the physician to whom the patient is to be referred to at Receiving Hospital; and
 7. Any additional information which Receiving Hospital reasonably requests.
- (F) The Referring Physician shall be responsible for obtaining the consent to the transfer, if legally necessary, and the patient or his/her legal guardian is available and capable to give consent.
- (G) Referring Hospital shall be responsible for ensuring that the following information accompanies a patient transport to Receiving Hospital or is faxed to Receiving Hospital prior to arrival of the patient at Receiving Hospital:

1. A copy of the patient's applicable medical record in the possession of Referring ASF (including, without limitation, written records, lab results, radiographs, patient address, hospital number and age, medications and psychosocial history, when available, and the name, address and phone number of the next of kin);
2. A physician progress note with a narrative summary of the problem to include care, treatment and services provided, the name of the person who was consulted and who accepted the transfer and the reason for transfer (e.g., for further evaluation or intensive care);
3. A nursing sign-off note which includes a brief summary assessment of the condition of the patient, which indicates the presence of an IV or other tubes, and which summarizes the patient's intake and output during the previous twenty-four (24) hours or during emergency department treatment if not an inpatient;
4. A copy of the patient's consent to transfer and transfer of medical records or an explanation as to why such consent could not be reasonably obtained and, if applicable, a physician's certification for transfer; and
5. Such other information as the parties mutually agree is reasonably necessary to properly treat and provide follow-up care to the patient, including, third party payor information.

Referring ASF agrees to supplement the above information as necessary for the maintenance of the patient during transport and treatment upon arrival at Receiving Hospital.

- (H) Referring ASF shall establish and maintain such policies and procedures as are necessary to facilitate the terms of this Agreement.
- (I) Referring ASF shall be responsible for notifying Receiving Hospital of an approximate time of arrival of the transport.
- (J) Every effort shall be made for the Referring Physician to be at Referring ASF when the transport team arrives and to remain at Referring ASF until the team departs in order to ensure complete communication between the health care providers.
- (K) After obtaining appropriate parent or patient consent, Receiving Hospital shall use its best efforts upon request to provide updates to Referring ASF and to the Referring Physician of the patient's condition during hospitalization and of the patient's date of discharge when it becomes known.

Section II. Payment for Services: Referring ASF and Receiving Hospital shall each be responsible only for collecting its own payment for services rendered to the patient.

Section III. Other Services

- (A) **Performance Improvement:** Both parties shall from time to time conduct reviews of the patients transferred pursuant to this Agreement. Both parties will report any suggestions to improve upon the transfer of patients between the two institutions. If an amendment to this Agreement would be appropriate in an effort to improve patient care, both parties will consider such an amendment in good faith, and shall not refuse such amendment unreasonably.
- (B) **Consultative Services:** Referring ASF shall have twenty-four (24) hour a day telephonic access to Grant Medical Center's emergency department physicians via the Emergency Communications Center (ECC) regarding treatment issues associated with potential referrals which may arise at Referring ASF at no cost to Referring ASF.

Section IV. Term, Termination and Amendment

- (A) **Term and Termination:** This Agreement shall be for an initial term of three (3) years, commencing on the Effective Date. Upon expiration of the initial term, this Agreement shall automatically renew for additional one (1) year terms.
- (B) This Agreement may be terminated at anytime by either party, by providing 30 days notice to the party:
- (C) All notices under this Agreement shall be in writing and personally delivered or deposited in the mail if sent prepaid by first class U.S. mail. All notices sent pursuant to Section IV (B) shall be sent by prepaid certified or registered U.S. mail, return receipt requested. All notices which are mailed shall be deemed given on the date of delivery by the U.S. Postal Service. All notices shall be sent to the address of the receiving party as set forth as principal place of business, or at such other address as shall be given in writing to either party by the other.
- (D) **Amendment**
 - 1. This Agreement may be amended at any time by a written amendment signed by the parties hereto.
 - 2. Either party may request modification of this Agreement by written notice in the event of a change in law, regulations, or administrative policies by any governmental entity that materially affects the terms of this Agreement including any changes in reimbursement under Medicare or Medicaid.

Section V. Miscellaneous

- (A) **Access to Records:** Pursuant to the requirements of 42 CFR § 420.300 et seq., each party agrees to make available to the Secretary of Health and Human Services ("HHS"), the Comptroller General of the Government Accounting Office ("GAO") or their authorized representatives, all contracts, books, documents and records relating to the nature and extent of costs hereunder for a period of four(4) years after the furnishing of Services hereunder for any and all Services furnished under this Agreement. In addition, each party hereby agrees to require by contract that each subcontractor makes available to the HHS and GAO, or their authorized representative, all contracts, books, documents and records relating to the nature and extent of the costs thereunder for a period of four (4) years after the furnishing of Services thereunder.
- (B) **Advertising and Public Relations:** Neither party shall use the name of the other party in any promotional or advertising material without the prior review and written approval of the party whose name is to be used.
- (C) **Assignment:** No part of this Agreement, nor any rights, duties or obligations described herein, may be assigned or delegated to any third party by either party without the prior written consent of the other party.
- (D) **Compliance with Laws and Standards:** Both parties shall comply with all federal, state and local laws in carrying out the terms of this Agreement, including but not limited to, the Emergency Medical Treatment and Active Labor Act of 1985 (EMTALA), contained in 42 U.S.C. §1395dd and the Health Insurance Portability and Accountability Act ("HIPAA") of 1996 contained in 42 U.S.C. §1320 (d) and any current and future regulations promulgated thereunder including, without limitation, the Federal Privacy Regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the Federal Security Standards contained in 45 C.F.R. Part 142 (the "Federal Security Regulations"), and the federal standards of electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements", to the extent applicable. Each party agrees not to use or further disclose any protected health information (as defined in 45 C.F.R. §164.501) or individually identifiable health information (as defined in 45 U.S.C. §1320d), other than as permitted by HIPAA requirements and the terms of this Agreement. To the extent applicable under HIPAA, each party shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Secretary of Health and Human Services to the extent required for determining compliance
- (E) **Warranty of Non-Exclusion:** Each party represents and warrants to the other that the party, its officers, directors and employees (i) are not currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs as defined in 42 U.S.C. §1320a-7b(f) (the "federal healthcare programs"), (ii) have not been convicted of a criminal offense related to the provision of healthcare items or services but have not yet been excluded, debarred, or

otherwise declared ineligible to participate in the federal healthcare programs, and (iii) are not, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may result in the party or any such individual being excluded from participation in the federal healthcare programs. This shall be an ongoing representation and warranty during the term of this Agreement and each party shall immediately notify the other of any change in the status of the representations and warranty set forth in this section. Any breach of this section shall give the other party the right to terminate this Agreement immediately for cause.

- (F) **Entire Agreement:** This Agreement represents the entire Agreement of the parties and no other oral or written agreement relative to the issues contained herein shall be binding upon the parties hereto. This Agreement supersedes all prior or contemporaneous oral or written representations, understandings, or agreements concerning the same.
- (G) **Governing Law:** This Agreement shall be interpreted and enforced in accordance with the laws of the State of Ohio.
- (H) **Independent Contractors:** The parties hereto have entered into this Agreement in their capacities as independent contractors. Neither party shall be construed, represented or held to be a partner, associate, agent, employee, joint venturer, or other like relationship of the other party in the performance of its obligations under this Agreement. Neither party, by virtue of this Agreement, shall be found to assume any liability for any debts or obligations of either a financial or a legal nature incurred by the other party to this Agreement.
- (I) **Nonwaiver:** No waiver of any term or condition of this Agreement by either party shall be deemed a continuing or further waiver of the same term or condition or a waiver of any other term or condition of this Agreement.
- (J) **Severability:** In the event any term of this Agreement is found to be unenforceable, in whole or in part, then the offending term shall be construed as enforceable to the maximum extent permitted by law, and the balance of this Agreement shall remain in full force and effect.
- (K) **EMTALA:** Both parties agree that they will transfer patients in compliance with the Emergency Medical Treatment and Active Labor Act of 1985 (42 USC §1395dd).

IN WITNESSETH WHEREOF, the parties hereto have caused this Agreement to be executed in duplicate as of the date first aforesaid.

FOUNDER'S WOMEN'S HEALTH CENTER

GRANT MEDICAL

By: _____

By: _____



OHIO DEPARTMENT OF HEALTH
 DIVISION OF QUALITY ASSURANCE
 BUREAU OF COMMUNITY HEALTH CARE FACILITIES
 NON LONG TERM CARE QUALITY UNIT

FACILITY INFORMATION DOCUMENT

Facility Name	THE Founders Women's Health	NPI:
Address	1243 E. Broad St.	
City/County	Columbus, OH	Zip + 4: 43205
Mailing Address	Same as above	
City/County	Columbus Franklin	Zip + 4: 43205
E-Mail Address	XXXXXXXXXXXXXXXXXXXX info@founderswhc.com	
Administrator Name	JOATH A. Nolan	
Other Information	Telephone: (614) 251-1800 Fax: (614) 251-1126	
	Provider No.: _____ Licensure No.: _____ Medicaid No.: ASF 0596AS	
	Fiscal Intermediary/Carrier: Name/Address/Phone No. na / same	

Facility Type: ASC CAH CORF ESRD HHA HOSPICE PPS PTIP
REHAB RURAL H X-RAY MLP HOSP HCS

ACCREDITED: Yes No Maternity License Expiration Date: _____
 Fiscal Year: 12/31

Action: Certification Licensure PCR/PSR Complaint No. _____ Other _____

FACILITY BEDS	TOTAL	HOSPITAL	HOSPICE	PPS PSYCH	PPS REHAB	MATERNAL BEDS	N/B
Total Beds							
Total Census							

HEALTH SURVEYS

Survey Entry Date: <u>7-10-12</u>	Entrance Time: _____ A.M. P.M.
Day of the Week: M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Week of the Month: 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Survey Exit Date: <u>7-10-12</u>	Exit Time: _____ A.M. P.M.

LSC SURVEYS

Survey Entrance Date:	Entrance Time: _____ A.M. P.M.
Number of Buildings:	Description of Construction Type:
Construction Dates (each bldg):	
Survey Exit Date:	Exit Time: _____ A.M. P.M.

Additional Information On Back

Completed By: <u>Joath A. Nolan</u>	Date: <u>07-10-12</u>
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