



UNITED STATES
DEPARTMENT OF LABOR

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Thank You!

Your Safety and Health Hazard Notice has been forwarded to the OSHA Federal Area Office listed below.

If you identified yourself, you will be contacted by OSHA.

Please call the OSHA Federal Area Office below if you are not contacted.

Complaint Number: 446482

Ohio

Toledo Area Office
Ohio Building
420 Madison Avenue, Suite 600
Toledo, Ohio 43604
(419) 259-7542
(419) 259-6355 FAX

Establishment Name: Women's Medical Center
Site Street: 11250 Lebanon Rd
Site City: Sharonville
Site State: Ohio
Site Zip: 45241

Hazard Description:

THE FACILITY WAS NOT LICENSED BY THE OHIO ENVIRONMENTAL PROTECTION AGENCY AS A GENERATOR OF BIO-WASTE AT THE TIME OF THE TRANSFER WAIVER/VARIANCE. IT WAS NOT LISTED BY OEPA ON DEC. 2, 2010 AS A GENERATOR. THEN IT WAS LISTED AS A LARGE GENERATOR OF BIO-WASTE ON DEC. 8, 2010. THE BUSINESS WAS OPERATING WITHOUT A LICENSE PRIOR TO THAT DATE. THERE ARE AT LEAST 2 OR MORE EMPLOYEES THAT WORK THERE. THIS FACILITY DID NOT SATISFY THE BLOOD PRODUCTS REQUIREMENTS(EXHIBIT F1, F4) IT IS QUESTIONABLE WHETHER THIS BUSINESS COMPLIES WITH FEDERAL LAWS AND REGULATIONS. AN NPI NUMBER SHOULD MATCH ALL INFORMATION PROVIDED TO HEALTH CARE FACILITIES. oac 3701-83-03(D) STATES HCF/ASF "SHALL COMPLY WITH FEDERAL APPLICABLE LAWS." ORC 3702.30(E)(1) STATES THAT NO HEALTH CARE FACILITY SHALL OPERATE WITHOUT A LICENSE ISSUED UNDER THIS SECTION. IF THE STATUS OR FACTS OF A PROVIDER CHANGES, SAID PROVIDER IS REQUIRED TO REPORT IT WITHIN A SET TIME TO PECOS (PROVIDER ENROLLMENT). ALTHOUGH THE ASF (AMBULATORY SURGICAL FACILITY) DOES NOT APPEAR TO HAVE AN NPI NUMBER , IT IS REGISTERED AS A CLIA LAB, 3 OF THE PHYSICIANS PRESENTED TO THE PUBLIC AS PART OF THE ASF HAVE NPI NUMBERS AND THERE ARE INCONSISTENCIES IN RECORDS. (EXHIBITS B1, B2) THIS BUSINESS IS NOT OPERATING AND MAINTAINING RECORDS TO THE REQUIREMENTS OF THE FEDERAL LAWS AND REGULATIONS.

Hazard Location:

SAME AS ABOVE

This condition has previously been brought to the attention of:

* The following government agency: SHARON HEALTH DEPARTMENT

I am a(n) Other:VERY CONCERNED AMERICAN

Do NOT reveal my name to my employer.

Complainant Name: G. GUPTILL
Complainant Telephone Number: NONE
Complainant Mailing Address:

P.O. BOX 51213
BOSTON
Massachusetts
02205

Complainant Email: GUPTIL@ANONMAIL.DE

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U.S. Department of Labor | Occupational Safety & Health Administration | 200 Constitution Ave., NW, Washington, DC 20210
Telephone: 800-321-OSHA (6742) | TTY: 877-889-5627

www.OSHA.gov