

SURVEYOR NOTES WORKSHEET

Facility Name: Lebanon Sp Surgery Surveyor Name: [Signature]  
Provider Number: 211 Surveyor Number: 211 Discipline: HCRS  
Observation Dates: From                      To 10/7/10

0980 A-5  
© HL 411447

*Initial  
Green*

AMBULATORY SURGICAL CENTERS  
ENTRANCE CHECKLIST

- N/A 1. State License
- 2. Charter, Titles of Incorporation or Partnership Agreements.
- 3. Governing Body, (determination of full legal responsibility).
- 4. Medical Staff Bylaws, Rules and Regulations
- 5. Organizational chart. (Copy for initial only)
- 6. Small schematic drawing of facility. (Copy for initial only)
- 7. All committee meeting minutes. (Governing body, Medical staff, Credentials, QA, etc) *Set-up*
- 8. Contracted Services/Transfer Agreement (Copy for initial only)
- 9. Annual Budget and Report. *Set-up*
- Set-up 10. Staffing schedule for past month *projected*
- Set-up 11. Surgery schedule and OR log for past two weeks.
- 12. State Fire Marshall Report. (Initial only)
- 13. Transfer agreement to hospital or evidence all physicians have admitting privileges. *asking for waiver*
- 14. Preventative equipment maintenance records. (Standard and emergency equipment)
- N/A 15. Radiation physicist inspection reports (If x-ray)
- 16. Local fire inspection reports. (Logs of fire alarm testing, fire drills conducted, disaster drills conducted, and evaluation of drills)
- 17. Independent laboratory licensure number and CLIA for facility.
- 18. Evidence of ongoing program to identify and prevent infections and monitoring of staff performance. Infection control tracking and log. Record of all infections in the last year. *to last yr. Set up*
- N/A 19. Quality assurance plan and procedure 9evidence of ongoing assessment of quality and appropriateness and use of findings)
- N/A 20. Record of all transfers to hospital within last year. (Reason, follow-up, etc.)
- N/A 21. Records of all deaths in the last year.
- 22. Generator check log
- 4 23. Number of Operating Rooms *+ 1 procedure Room*
- N/A 24. Administration of blood products
- 25. Ten most commonly performed procedures and their CPT codes.
- N/A 26. Number of patient visits in the last year.
- 27. List of exemptions and approval by governing body.
- 28. List of all physicians with surgical privileges.
- N/A 29. List of all qualified to administer anesthesia.
- N/A 30. Grievance files
- 31. Any other practitioners *not yet estab.*
- 32. Medication error reporting *estab.*
- 33. Scheduled drugs and disposition

F1

SURVEYOR NOTES WORKSHEET

Facility Name: Shaw-Walker Surveyor Name: [Signature]  
Provider Number: 1077 Surveyor Number: 236 Discipline: HCFAS  
Observation Dates: From 10/7/10 To 10/7/10

0980 AS  
SHL 41447

- 34. Malpractice coverage for staff consulting specialists or evidence inform of no coverage
- 35. Any changes in OR, procedure rooms
- 36. Any accrediting agencies for certification/ if so, see last survey report
- 37. Building and occupancy inspection report (Initials only)
- 38. Any waivers or variances *waiting on waiver from Dr. Jackson*
- 39. Evidence surgical procedures reviewed, updated and approved every 12 months.
- 40. Evidence clinical privileges re-approved ~~yearly~~ (licensure) and two year (Certification)
- 41. In - services
- 42. Personnel files. (Any new hires, DON/Manger, CRNA, Technician, Other nurse, Physicians, Medical director)
- 43. Policies and Procedures:
  - a. Administrative/Operational (Hours operation)
  - b. Personnel (Training, orientation, job descriptions, communicable disease, staff working under ETOH)
  - c. Patient (Dignity, patient rights, access medical records, right request itemized bill, privacy, right to refuse treatment, obtain emergency assistance after hours, confidentiality of records).
  - d. Nursing (Plans of Care)
  - e. Pharmacy (Storage, control, and accountability of drugs)
  - f. Laboratory
  - g. X-ray
  - h. Medical Records (Confidentiality, retention)
  - i. Infection control (Sterilizing, isolation, protocols for surgical procedures, clothing/equipment, disposal hazardous waste, TB/airborne disease, universal precautions)
  - j. Emergency (Including resuscitative techniques)
  - k. Housekeeping
  - l. Care of Anesthesia Equipment
  - m. Transfer of Patient (Including discharge to hospital)
  - n. Ambulance Protocol
  - o. Advance Directives
  - p. Patient satisfaction and complaints
  - q. Disaster plan
  - r. Blood/Blood products
  - s. Equipment (Inspection and preventive maintenance)
  - t. Temperature and humidity
  - u. Malignant hyperthermia
  - v. QA
  - w. Governing Body/Mission statement

FZ

Exhibit F:

## Commentary on ODH Survey

### INCOMPLETE, INACCURATE OR INCONSISTENT ANSWERS

Surveyor Notes Worksheet dated 10/7/2010

Facility name: Lebanon Rd Surg Ctr

Ambulatory Surgical Centers Entrance Checklist

5. Organizational chart. The organizational chart should have identified more physicians associated in the ASF; specifically Dr. Neil Richard Strickland who is identified on the location signage, website and forms, including Consent to Surgery; and Dr. Ronald Norman Yeomans who is identified on the forms, including Consent to Surgery. The Organizational Chart should show the relationship of the physicians to the practice. The Organizational Chart should have shown the position of Certified Registered Nurse Anesthetist. The facility website specifies "Certified Registered Nurse Anesthetists administer deep sedation or general anesthesia" (Exhibit E4) and "general anesthesia which is available for a modest additional fee at our Cincinnati and Dayton locations". (Exhibit E25) The license application includes a Building Plan that shows a "post anesthesia recovery" room. (Exhibit G) If these positions were indicated on the Organizational Chart, then the ODH Surveyor erred in questions 10,13,28,29,31,34,40,42,and possibly others.

13. Transfer Agreement to hospital or evidence all physicians have admitting privileges. This is checked as satisfied with the comment "asking for waiver". The privileges of Dr. Martin Haskell is at Jewish Hospital Cincinnati. The privileges of Dr. Roslyn Kade is at Christ Hospital Cincinnati. Both of these facilities are distant from the ASF and may be sufficient for Emergency Care. There are no privileges submitted for Dr. Neil Richard Strickland and Dr. Ronald Norman Yeomans. The approval letter for the waiver/variance dated 10-21-2010, condition 3, requires "the continued provision of timely and quality back-up emergency care by the physicians who provide services at this ASF". However, Dr. Kade's admitting privileges for Family Medicine(Exhibit D6, #4) has a requirement that she "will provide a copy of a written agreement with an Obstetrician and Gynecologist or OB/GYN Group at Christ Hospital Cincinnati confirming willingness to provide consultative, emergency, and operative obstetric care". There is no documentation of that agreement; no documentation that such agreement would extend to a patient of Dr. Haskell; and, based on the condition placed on Dr. Kade's privileges in Family Medicine, she may not be able to treat patient emergencies on her own standing, much less back-up Dr. Haskell for such.

17. Independent laboratory licensure number and CLIA for facility. The CLIA Certificate for this facility is in the name of "Womens Med+ Center", rather than "Lebanon Road Surgery Center". The building signage is in the name "Womens Med Center". The SHD believes that a CLIA facility should be required to operate with consistency in business name.

19. Quality Assurance Plan and procedure evidence of ongoing assessment of quality and appropriateness of use findings. A new facility should be expected to show a Quality Assurance Plan approved and in place.
20. Record of all transfers to hospital within last year. ODH Surveyor marked N/A. A new facility should be expected to show the procedure for tracking and maintaining such records.
21. Records of all deaths in the last year. ODH Surveyor marked N/A. A new facility should be expected to show the procedure for tracking and maintaining such records.
22. Generator check log. ODH surveyor left blank. A new facility should be expected to show the procedure for tracking and maintaining such records.
24. Administration of blood products. ODH Surveyor marked N/A. This seems inconsistent with data collected on the ASF's website, which indicates that Rhogam is administered for RH Negative patients. Also, the website lists Ergonovine for bleeding, which is an indication that the ASF could, and should, have blood products on hand for emergency situations. (Exhibit E25)
25. Ten most commonly performed procedures and their CPT codes. ODH Surveyor left blank. A new facility should be expected to show the procedure for tracking and maintaining such records and be able to show the expected CPT codes based on the Business Plan.
27. List of exemptions and approval by governing body. ODH Surveyor left blank. The SHD believes there must be a Governing Body or a Peer Review Committee in place. If there are no exemptions and approvals by such, then there should be a procedure provided and documentation that there are no exemptions.
28. List all physicians with surgical privileges. ODH Surveyor left blank. This is particularly important, since it is one of the foundations of the entire waiver/variance. All physicians should include Dr. Neil Richard Strickland who is believed to be identified on the location signage and website at the time of the survey; and Dr. Ronald Norman Yeomans, who was identified on the ASF's website and has **an inactive Ohio License**. The ASF appears to legally require patients to release Dr Yeomans to perform surgical and anesthesia procedures. Answering this question completely and accurately may have, by itself, delayed the granting of the waiver/ variance, since all physicians did not submit hospital privileges for review.(Exhibit B1, B2)
29. List of all qualified to administer anesthesia. This is marked N/A. The Organizational Chart should have reflected the position of Certified Registered Nurse Anesthetist. The building plans submitted with the License Application show a "post anesthesia recovery" room (see Exhibit G). The ASF's website clearly offers general anesthesia with that job title (see Exhibit E4). This is based on the following:  
ASF website states:  
"WHO WE ARE">CREDENTIALS" indicates that "Certified Nurse Anesthetists administer deep sedation or general anesthesia. (Exhibit E4)  
"FEES>What's included at Women's Med" states "Everything is included except general

anesthesia which is available for a modest additional fee at our Cincinnati and Dayton locations.” (Exhibit E25)

“FORMS>Abortion procedure explanation” states “If having general anesthesia, you must have a responsible person drive you home.” (Exhibit E29)

“Forms>Disclosure of Risks, Benefits & Alternatives” states “Anesthetic Reactions: Anesthetics do not always eliminate pain. In a very small number of surgical abortions local anesthetics cause extremely severe reactions, including rare instances of convulsions, cardiac arrest or prolonged unconsciousness.” (Exhibit E34)

“Consent to Medical Services, Surgery & Anesthesia” states on the second space for patient initials “I have fully told my past and present medical history, including .... reactions I have had to anesthetics...” (Exhibit E35)

It is the belief of the SHD that OAC 3701-83-15(A)(2) states that an ASF includes any facility that administers anesthesia “by an Anesthesiologist or Certified Registered Nurse Anesthetist and the facility functions separately.....”. Therefore, this item on the Survey is material and should have been examined thoroughly, but was not.

30. Grievance files. ODH Surveyor marked N/A. A new facility should be expected to show the procedure for tracking and maintaining such records.

31. Any other practitioners. Once again, the Organizational Chart should have included all positions, including those unfilled at the time of the survey. Clearly, additional physicians and a Certified Registered Nurse Anesthetist were planned, if not already on staff. (Exhibit B1, B2)

33. Scheduled drugs and disposition. The ODH Surveyor checked this item. The ASF’s website names the following drugs: Rhogam injection, RU486, MifePrex, Misoprostol, Nitrous Oxide, Lidocaine, Ergonovine, Dilataria, Doxycycline, Ibuprofen (prescription strength) and Laminaria. (Exhibit E11, E25, E29, E35) This may not be a complete listing of drugs used in this facility. A new facility should be expected to show the procedure for tracking and maintaining such records.

34. Malpractice Coverage for staff consulting specialists or evidence inform of no coverage. The ODH Surveyor left blank. The SHD believes that ORC 3701-83-03(G) was not satisfied prior to the granting of the variance. ORC 3701-83-03(G) states “Each HCF shall either maintain documentation for appropriate liability insurance coverage of the staff and consulting specialists or inform patients that the staff member or consulting specialist does not carry malpractice insurance”. The SHD has reason to believe that hospital privileges require Malpractice Insurance and failure to maintain such may cause such privileges to be withdrawn. However, the ODH would need to know how many physicians are associated with the ASF, identify them by State License, verify the status of each physician’s Malpractice Coverage, verify hospital privileges, and verify whether those privileges require maintaining Malpractice Coverage. Approving the variance based on this response is premature.

36. Any accrediting agencies for certification. If so, see last survey report. ODH Surveyor marked “0”. The SHD believes the ODH should consider the lack of accreditation as a material item.

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37. Building and Occupancy inspection report. ODH Surveyor left blank. The ASF may not have met all Building and Fire codes. Exterior signage was installed without a permit. The ASF appears not to have the required amount of parking by Zoning Code. It is reasonable to believe that the ODH would need to review the occupancy permits in order to verify compliance.

39. Evidence surgical procedures reviewed, updated and approved every 12 months. ODH Surveyor marked N/A. A new facility should be expected to show the procedure for tracking and maintaining such records.

Lebanon Road Medical Building  
Lower Level

