

7/6/2011

DESK AUDIT

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 0969AS	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 6/21/2011
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Name of Facility

AKRON WOMEN'S MEDICAL GROUP

Street Address, City, State, Zip Code

692 EAST MARKET STREET
AKRON, OH 44305

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).

DESK AUDIT

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix C0114 Reg. # 3701-83-07 (A) LSC	Correction Completed 06/21/2011	ID Prefix C0139 Reg. # 3701-83-10 (B) LSC	Correction Completed 06/21/2011	ID Prefix C0152 Reg. # 3701-83-12 (C) LSC	Correction Completed 06/21/2011
ID Prefix C201 Reg. # 3701-83-16 (B) LSC	Correction Completed 06/21/2011	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
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency <i>X</i>	Reviewed By <i>KL</i>	Date: <i>7-6-11</i>	Signature of Surveyor: <i>Cephal Strain RW</i>	Date: <i>6-21-11</i>
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
3/17/2011

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

7/6/2011

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(Y1) Provider / Supplier / CLIA / Identification Number 0969AS	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/17/2011
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Name of Facility

AKRON WOMEN'S MEDICAL GROUP

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AKRON, OH 44305

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix C0105 Reg. # 3701-83-03 (G) LSC	Correction Completed 05/17/2011	ID Prefix C0122 Reg. # 3701-83-08 (D) LSC	Correction Completed 05/17/2011	ID Prefix C0123 Reg. # 3701-83-08 (E) LSC	Correction Completed 05/17/2011
ID Prefix C0125 Reg. # 3701-83-08 (G) LSC	Correction Completed 05/17/2011	ID Prefix C0143 Reg. # 3701-83-11 (A) LSC	Correction Completed 05/17/2011	ID Prefix C243 Reg. # 3701-83-20 (D) LSC	Correction Completed 05/17/2011
ID Prefix C244 Reg. # 3701-83-20 (E) LSC	Correction Completed 05/17/2011	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	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
3/17/2011

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

Approved
desk audit
6/21/11
Rosen

PRINTED: 06/01/2011
FORM APPROVED

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0969AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/17/2011
NAME OF PROVIDER OR SUPPLIER AKRON WOMEN'S MEDICAL GROUP			STREET ADDRESS, CITY, STATE, ZIP CODE 692 EAST MARKET STREET AKRON, OH 44305		
(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 JS County: Summit Administrator: Carol Westfall Post Inspection Revisit To Licensure Inspection Completed 03/17/11 Complaint Investigation Complaint Number OH00060587 Number of Operating Rooms: Two	{C 000}			
C 114	3701-83-07 (A) Patient Care Policies The HCF shall develop and follow comprehensive and effective patient care policies that include the following requirements: (1) Each patient shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and personal care needs; (2) Each patient shall be allowed to refuse or withdraw consent for treatment; (3) Each patient shall have access to his or her medical record, unless access is specifically restricted by the attending physician for medical reasons; (4) Each patient's medical and financial records shall be kept in confidence; and (5) Each patient shall receive, if requested, a detailed explanation of facility charges including an itemized bill for services received.	C 114	All patients of the Akron women's medical group shall be treated with the upmost respect and dignity if patient feels they have not been treated with upmost respect or dignity they may call Carol Westfall executive director @	attach A B C D E	

Ohio Department of Health

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

STATE FORM

TITLE

(X6) DATE

UN5412

If continuation sheet 1 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0969AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/17/2011
NAME OF PROVIDER OR SUPPLIER AKRON WOMEN'S MEDICAL GROUP			STREET ADDRESS, CITY, STATE, ZIP CODE 602 EAST MARKET STREET AKRON, OH 44305		
(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 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on review of employee personnel files, review of employee job descriptions and staff interview and verification, the facility failed to ensure that each patient was treated with consideration, respect, and full recognition of dignity and individuality. The facility provided care and services for 461 patients between 03/17/11 and 05/17/11.</p> <p>Findings included:</p> <p>On 05/17/11 review of the facility personnel files was completed. Review of the personnel file for Staff G7 revealed employment with the facility began 12/10/04. According to documentation Staff G7's recent performance evaluation was dated 03/30/11. Staff G7 was noted to hold a position which required receptionist, telephone and cashier duties. Review of the most recent performance evaluation revealed Staff G7 had occasional problems with patient interaction and lacked professionalism while interacting with patients.</p> <p>On 05/17/11 Staff C was interviewed regarding the comments noted on the employee evaluation. Staff C verified that Staff G7 occasionally speaks in a curt and short manner to patients during the admission process. Staff C stated the curt and short interaction with patients had been addressed with Staff G7.</p> <p>Review of the job description for Staff G7 indicated that phone counseling was to be done in a calm, supportive and understanding manner. The job description noted the employee was the first contact and the first impression so must be</p>	C 114	<p>1-800-858-8980. Every effort will be made to correct situation. There is also a patient complaint form and log. Enclosed is example A, B, & C which policy on complaints we have also implemented a separate notebook for patient complaints. There have also been placed throughout the clinic signs that if patient is dissatisfied with their treatment to call the executive director, Carol Westfall @ 1,800 858-8980. This way the problem can be handled without patient calling state of Ohio.</p>		

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NAME OF PROVIDER OR SUPPLIER AKRON WOMEN'S MEDICAL GROUP			STREET ADDRESS, CITY, STATE, ZIP CODE 692 EAST MARKET STREET AKRON, OH 44305		
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C 114	Continued From page 2 friendly, helpful and be pleasant. Qualifications for the position noted the staff was to possess warmth and sensitivity. Interview on 05/17/11 with Staff A and B regarding staff assignments in the facility revealed Staff G7 was only assigned to the receptionist, phone and cashier duties. Staff A and B further verified that Staff G7 had been over heard to be short and curt during interaction with patients. This violation substantiated Allegation #1 in Complaint Number OH00060587.	C 114	Staff member G7 was sent to the Cleveland office on 6/14/11 to be retrained by the Cleveland employees. They were training her on professionalism her attitude also she has been moved from being the only employee at the front desk. Someone will be with her to work with the patients and this way her attitude will improve because she will not have so much stress. Also she has alot on a mind about dealing with dissatisfied patients. See examples "D" & "E"	6/15/11	
(C 139)	3701-83-10 (B) Safety & Sanitation The HCF shall be maintained in a safe and sanitary manner. This Rule is not met as evidenced by: RECITE Based on tour of the facility, review of facility maintenance receipts, employee job descriptions, facility policy and procedures and staff interview and verification it was determined the staff failed to ensure the facility was maintained in a safe and sanitary manner. Although the previous safety and sanitary issues identified during the licensure inspection completed 03/17/11, were corrected, observation during the revisit revealed the facility was continues to be not maintained in a safe and sanitary manner. The facility provided care and services for 461 patients between 03/17/11 and 05/17/11. Findings included:	(C 139)		3/31/11 6/15/11 attach E	

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If continuation sheet 3 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0989AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/17/2011
NAME OF PROVIDER OR SUPPLIER AKRON WOMEN'S MEDICAL GROUP		STREET ADDRESS, CITY, STATE, ZIP CODE 692 EAST MARKET STREET AKRON, OH 44305		
(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 138)	<p>Continued From page 3</p> <p>On 05/17/11 between 9:50 A.M. and 10:20 A.M., tour of the facility was completed with Staff A and revealed the following:</p> <ol style="list-style-type: none"> 1. The main waiting area on the upper floor of the facility was observed to have a used can of an energy drink sitting on the floor under a chair. Also observed was a large crumb of a snack food on the floor as well as a discarded clear wrapper. The carpet in the waiting area was noted to have large stained and dirty looking areas. Staff A and B were interviewed regarding the cleaning practices of the facility. A receipt was provided that indicated the upper floor waiting area had the carpet cleaned in April 2011. Review of the job description for the receptionist/telephone/cashier employees revealed that duties included responsibility for the appearance of the waiting rooms. 2. Observation of the lower level of the facility, specifically the main operating room, revealed unlocked cabinets where antibiotics and physician prescription pads were kept. A red instrument cart and ultrasound machine were covered with a layer of dust and powdery white residue. Twenty-six multi-dose bottles of a blood thinning medication and one ampule of a heart medication were sitting on a counter top in the operating room. Five cardboard boxes of extension sets commonly used by the certified registered nurse anesthetist (CRNA) for intravenous sedation during procedures were observed sitting on the operating room floor. Staff A verified the boxes 	(C 138)	<p>Employees will now be required to stay after their shift to clean their appropriate stations for at least 30 minutes. This includes the emptying of Biohazard trash, wiping down all equipment of blood and body fluids from the tables, counters, floors, window sills, wearing proper PPE. Employees shall wipe down all counters & disinfectant wipes. Dosing and filling of all supplies in their workstations.</p>	5/28/11

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{C 139}	Continued From page 5 ordering of medication, prescription blanks, medication administration, and environmental cleaning. This violation substantiated Allegation #2 of Complaint Number OH00060587.	{C 139}	see example "G" for employee cleaning of area "H" Employee cleaning log		
{C 152}	3701-83-12 (C) Q A & Improvement Requirements The quality assessment and performance improvement program shall do all of the following: (1) Monitor and evaluate all aspects of care including effectiveness, appropriateness, accessibility, continuity, efficiency, patient outcome, and patient satisfaction; (2) Establish expectations, develop plans, and implement procedures to assess and improve the quality of care and resolve identified problems; (3) Establish expectations, develop plans, and implement procedures to assess and improve the health care facility's governance, management, clinical and support processes; (4) Establish information systems and appropriate data management processes to facilitate the collection, management, and analysis of data needed for quality assessment and performance improvement, and to comply with the applicable data collection requirements of Chapter 3701-83 of the Administrative Code; (5) Document and report the status of quality assessment and improvement program to the governing body every twelve months; (6) Document and review all unexpected	{C 152}	at Akron Women's Medical Group Robin Grimes shall be the head of our QAPI program. She is our laboratory consultant with CLIA. She will look over the following criteria to be sure that we meet the specifications of the system to be renewed the reason for the renew scheduled or focused. She method she will be using to renew the renewal acceptable levels for the renewal	3/31/11 6/11/11 6/11/11	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0969AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/17/2011
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{C 152}	<p>Continued From page 6</p> <p>complications and adverse events, whether serious injury or death, that arise during an operation or procedure; and</p> <p>(7) Hold regular meetings, chaired by the medical director of the HCF or designee, as necessary, but at least within sixty days after a serious injury or death, to review all deaths and serious injuries and report findings. Any pattern that might indicate a problem shall be investigated and remedied, if necessary.</p> <p>This Rule is not met as evidenced by: RECITE</p> <p>Based on review of the facility quality improvement program and review of governing body meeting minutes the facility failed to ensure that a report of the status of the quality assessment and improvement program was provided to the governing body at least every 12 months. The facility provided care and services for 461 patients between 03/17/11 and 05/17/11.</p> <p>Findings included:</p> <p>On 05/17/11 review of the facility's quality assurance program and governing body meeting minutes was completed. Documentation of the quality improvement (QI) program revealed the facility had a program but no documented evidence of ongoing QI projects. There was no documented evidence of QI meetings held in 2010 and to date in 2011.</p> <p>Review of governing body meeting minutes revealed the most recent documented governing</p>	{C 152}	<p>And the date long all are running. She will then hold a quarterly meeting along with the rest of the staff on the results of the QAPI and discuss any changes that need to be made. She will make along with the rest of the staff any changes and then the staff will implement the changes to be sure that all are constantly trying to improve the patient outcomes in a positive way</p> <p>6/15/11</p>		

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(C 152)	Continued From page 7 body meeting was held on 03/31/11. The minutes noted that twenty patient medical records were reviewed for quality assurance and were found to have no errors. Interview of Staff C on 05/17/11 at 1:30 P.M. revealed there was no documentation of QI projects available for review. Staff C revealed changes in the QI program were still in the works and were not yet completed.	(C 152)	Enclosed is our copy of our QAP plan for the first quarter of 2011. See example "I"	6/15/11
(C201)	3701-83-16 (B) Governing Body Duties The governing body shall: (1) At least every twenty-four months review, update, and approve the surgical procedures that may be performed at the facility and maintain an up-to-date listing of these procedures; (2) Grant or deny clinical (medical-surgical and anesthesia) privileges, in writing and reviewed or re-approved at least every twenty-four months, to physicians and other appropriately licensed or certified health care professionals based on documented professional peer advice and on recommendations from appropriate professional staff. These actions shall be consistent with applicable law and based on documented evidence of the following: (a) Current licensure and certification, if applicable; (b) Relevant education, training, and experience; and (c) Competence in performance of the procedures for which privileges are requested, as indicated in part by relevant findings of quality assessment and improvement activities and other reasonable indicators of current competency.	(C201)	All Doctors CMA's and Nurse licenses have been updated and everyone has privileges and is updated and we are now in compliance w/ State Records. See example "J" Physicians Complete Credentialing Packet	3/31/11 6/15/11 att 3

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{C201}	<p>Continued From page 8</p> <p>(3) In the case of an ASF owned and operated by a single individual, provide for an external peer review by an unrelated person not otherwise affiliated or associated with the individual. The external peer review shall consist of a quarterly audit of a random sample of surgical cases.</p> <p>This Rule is not met as evidenced by: RECITE</p> <p>Based on review of physician credentialing information and staff interview and verification, the facility failed to ensure that a review, update, and approval of the surgical procedures that may be performed at the center were maintained in an up-to-date listing of the procedures for the physician's who requested clinical privileges. One of two physician files (Physician #2) was affected. The facility provided care and services for 461 patients between 03/17/11 and 05/17/11.</p> <p>Findings included:</p> <p>On 05/17/11 review of the physician credentialing files was completed. The facility utilized two physicians for the provision of surgical services. Review of both physician credentialing files revealed there was no delineation of requested procedures for one physician. The file for Physician #2 did not contain an updated list of the procedures requested by the physician to be performed in the facility, no review and no approval date for procedures currently performed by the physician.</p> <p>Staff A and B verified the credentialing file for</p>	{C201}	<p>Each quarter a random selection of charts are pulled and checked for accuracy by other physicians</p> <p>Physician #2 has been updated and has been re-credentialled and privileges have been approved</p> <p>Enclosed is a copy Physician #2 credentialing packet that is up to date See example "J"</p>	

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{C201}	Continued From page 9 Physician #2 did not contain an updated list of requested and approved procedures performed in the facility.	{C201}			

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If continuation sheet 10 of 10

Jun 15 2011 01:34pm P011/047

Fax:

**AKRON WOMEN'S MEDICAL GROUP
692 EAST MARKET STREET
AKRON, OHIO 44304
1-800-428-3673**

STATE AMBULATORY SURGERY CENTER LICENSE 0969AS

ADDENDUM PER PHONE CONVERSATION WITH LINDA HEART ON 4/21/2011

ID PREFIX TAG #	REPLY
122	THE ASSOCIATE ADMINISTRATOR VICKI GRIFFIN ALONG WITH THE DIRECTOR OF NURSING BRENDA HARLESS WILL MONITOR JOB DESCRIPTIONS.
123	MONTHLY CONTINUING EDUCATION WILL BE GIVEN TO EVERY EMPLOYEE. A QUIZ WILL BE ADMINISTERED AND GIVEN TO THE EMPLOYEE. THE RESULTS WILL BE PUT IN THEIR EMPLOYEE CHART. THIS WILL BE MONITORED BY THE ASSOCIATE ADMINISTRATOR VICKI GRIFFIN AND THE DIRECTOR OF NURSING BRENDA HARLESS. ALL NEW EMPLOYEES SHALL HAVE JOB TRAINING IN THE AREA IN WHICH THEY WERE HIRED.
125	THE ASSOCIATE ADMINISTRATOR VICKI GRIFFIN AND THE DIRECTOR OF NURSING BRENDA HARLESS SHALL MONITOR ALL EMPLOYEE EVALUATIONS SO THAT THEY ARE DONE IN A TIMELY MANNER.
139	THE DIRECTOR OF NURSING BRENDA HARLESS SHALL MONITOR THE CHANGING OF THE GURNEY COVERS. SEE EXAMPLE "A". ALL MEDICAL EQUIPMENT SHALL BE CLEANED MONTHLY AND THIS WILL BE MONITORED BY THE DIRECTOR OF NURSING BRENDA HARLESS. SEE EXAMPLE "B". ALL SHALL BE MONITORED BY A MONTHLY LOG.
143	THE PLAN OF CORRECTION FOR LEGIBILITY OF HANDWRITING IS AS FOLLOWS: ALL MEDICAL CHARTS SHALL HAVE LEGIBLE HANDWRITING ON ALL PARTS OF THE PATIENT RECORD. IF THE PHYSICIAN OR A NURSE IS UNABLE TO WRITE LEGIBLY THEN THE CHART SHALL BE DICTATED TO THE DIRECTOR OF NURSING BRENDA HARLESS TO WRITE IN A LEGIBLE MANNER AND SIGNED BY THE PHYSICIAN WHO DID THE PATIENTS PROCEDURE. ALL PROBLEM CHARTS SHALL BE PUT IN A RED FOLDER AND KEPT IN THE ASSOCIATE DIRECTORS OFFICE WHERE THE CHART SHALL BE

RELIABLY AVAILABLE. THE ASSOCIATE DIRECTOR VICKI GRIFFIN SHALL MONITOR THAT HOSPITAL RECORDS ARE AVAILABLE TO ALL STAFF.

152

THE BOARD OF DIRECTORS MEETING WAS HELD ON 03/31/2011. ENCLOSED IS COPY OF THE MEETING. THE DIRECTOR OF NURSING BRENDA HARLESS WILL MONITOR THE CREDENTIALING OF ALL PHYSICIANS AND NURSES AND BE SURE THEY ARE UP TO DATE.

243


THERE IS A NEW TEMPERATURE AND HUMIDITY MONITOR IN THE DOWNSTAIRS. ENCLOSED IS THE LOG EXAMPLE "D" WHICH WILL BE MONITORED BY THE DIRECTOR OF NURSING BRENDA HARLESS.

244

PREVENTATIVE MAINTENANCE ON THE BATTERY BACK-UP GENERATOR SHALL HAVE PREVENTATIVE MAINTENANCE DONE ON IT SEMI-ANNUALLY BY THE MAXIM COMPANY. ANY MACHINE THAT DOES NOT PASS THE PREVENTATIVE MAINTENANCE TESTS, SHALL BE TAKEN OUT OF CIRCULATION AND USE UNTIL IT CAN BE REPLACED OR SERVICED. THIS SHALL BE MONITORED BY THE DIRECTOR OF NURSING BRENDA HARLESS. ALSO, THERE IS A LOG TO MONITOR THAT THE MACHINE IS WORKING PROPERLY. EXAMPLE "E".

ENCLOSED ARE EXAMPLES "A" THROUGH "E". IF THERE ARE ANY QUESTIONS PLEASE CALL ME AT OUR OFFICE AT 1-800-428-3673.

THANK YOU



BRENDA HARLESS, RN, DON

**THE AKRON WOMEN'S MEDICAL GROUP
692 EAST MARKET STREET
AKRON, OHIO 44304
1-800-428-3673**

THE AKRON WOMEN'S MEDICAL GROUP IS COMMITTED TO PROVIDING YOU WITH RESPECTFUL CARE AS WE MEET YOUR HEALTH CARE NEEDS. FOR THIS REASON, WE WANT YOU TO HAVE A SUMMARY OF YOUR RIGHTS AS A PATIENT.

You have a right to considerate and respectful care. You have the right to participate in the development and implementation of your plan of care. You will not be denied access to care due to race, creed, color, national origin, sex, age, sexual orientation, disability, or source of payment. You have the right to information about your diagnosis, condition, and treatment in terms that you can understand. You have the right to refuse treatment to the extent permitted by law and to be informed of the possible consequences of the refusal. You are entitled to be free from all forms of abuse or harassment. You have the right to make or have a representative of your choice make informed decisions about your care. You have the right to formulate advance directives and have them followed.

You have the right to have your family or representative of your choice and your own physician notified of your treatment. You have the right to appropriate assessment and management of your case. You are entitled to be free from any forms of restraint or seclusion as a means of convenience, discipline, coercion, or retaliation. Seclusion and restraint for behavior management can only be used in emergency situations. You are entitled to information about rules and regulations affecting your care or conduct.

You can request a change of provider or second opinion if you choose. You have the right to personal privacy and to receive care in a safe environment. You have the right to a prompt and reasonable response to any request for services within the capacity of the health care facility. You have the right to express concerns or grievances regarding your care to the Director of our facility. The confidentiality of your clinical and personal records will be maintained. You have the right to see your medical record within the limits of the law. You have the right to an explanation of all items on your bill.

If you are dissatisfied with any course of your treatment or feel that you have not been treated with the upmost respect and dignity please call Carol Westfall, Executive Director at 1-800-858-8980. Every effort will be made to correct the situation.

Patient Signature

Patient Educator Signature

"A"

AKRON WOMEN'S MEDICAL GROUP

POLICY AND PROCEDURES:

DATE EFFECTIVE 6/20/2002

POLICY: COMPLAINT DEPARTMENT

The Akron Women's Medical group strives to make every patients visit as pleasant as possible. However occasionally a patient may have a complaint about some aspect of their service. The Akron women's medical group will appoint one person to handle complaints. Each department will try to handle the patients concerns at the time that it happens. If this is not possible then one of the RN's will try to help the patients and handle their concerns. Then the patients concerns will be taken up with the Associate Director so that there will be a mutual agreeable outcome.

The chain that the complaint will follow will be:

1. The department that the complaint originated.
2. The Registered Nurses will then try to find a solution to the problem.
3. The Associate director will go over the problem and try to find a solution to the problem.

The complaint form will have the following attached to it. (See example sheet)

1. Date the complaint was received.
2. The patients name and account number
3. A description of the complaint
4. Identity of the facility personnel assigned to the complaint.
5. The findings of the complaint.
6. The resolution of the complaint.

We will try to solve all of our patients concerns and problems at the clinic level this way the State of Ohio will not have to become involved in patient disputes.

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**THE AKRON WOMEN'S MEDICAL GROUP
692 EAST MARKET STREET
AKRON, OHIO 44305
1-800-428-3673**

PATIENT COMPLAINT FORM

DATE: _____

PATIENT NAME: _____

ACCOUNT NUMBER: _____

COMPLAINT
DESCRIPTION: _____

IDENTITY OF PERSONS
INVOLVED: _____

FINDINGS OF
INVESTIGATION: _____

RESOLUTION
: _____

SIGNATURES: _____ DATE: _____

**IF YOU ARE DISSATISFIED
WITH ANY COURSE OF
YOUR TREATMENT OR
YOU FEEL THAT YOU
HAVE NOT BEEN
TREATED WITH THE
UPMOST RESPECT AND
DIGNITY PLEASE CALL
CAROL WESTFALL,
EXECUTIVE DIRECTOR AT
1-800-858-8980. EVERY
EFFORT WILL BE MADE
TO CORRECT THE
SITUATION.**

**THANK YOU. THE STAFF AT
AKRON WOMEN'S MEDICAL GROUP**

AKRON WOMEN'S MEDICAL GROUP		
ORIGINAL DATE 05/28/2011	REVISED DATE	PAGE NUMBER: 1
POLICY NUMBER: MISC	SUBJECT: EMPLOYEE CLEANING OF STATIONS	

PURPOSE: To be sure that all the areas of the clinic are cleaned and disinfected on a daily basis to ensure decontamination of areas.

POLICY: All personnel of the Akron Women's Medical Group are responsible for the area that they are working for the day. The employee shall stay over at least 30 minutes to clean and sanitize their area.

This includes but is not limited to emptying biohazard trash and boxing up and putting in the biohazard room. Removing full sharps containers and placing in biohazard boxes properly and putting in the biohazard room. Removing any blood or body fluids from the floor, counters walls and windowsills, wearing proper protective equipment (gloves, gowns, masks), using proper disinfectant solutions and wipes. Wiping off all counters with the disinfectant wipes. Wiping down all medical equipment with disinfectant wipes. Dusting and filling all supplies in all areas of their work stations.

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1-800-428-3673

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**Akron Women's Medical Group
POLICIES AND PROCEDURES**

TITLE: Quality Assurance Audits	SECTION: 3
Original Version: June 10, 2011	PAGE: 1 OF 3
EFFECTIVE DATE: June 11, 2011	

Purpose:

To monitor each phase of laboratory operations including but not limited to:

- **Pre-analytical**
 - Specimen collection, handling and storage
 - Reagent receipt and storage
 - Personnel training, evaluation and competency
- **Analytical**
 - Instrument calibration and maintenance
 - Quality control performance and evaluation
 - Proficiency testing
 - Testing performance and documentation
- **Post-analytical**
 - Result reporting
 - Patient satisfaction and complaint resolution
 - Panic value reporting

Frequency of audits:

Perform quarterly routine quality assurance (QA) audits each calendar year (Q1: Jan-Mar; Q2: April-June; Q3 July-Sept; Q4: Oct-Dec). Rotate audits to ensure the evaluation of each phase of laboratory operations within a calendar year.

Perform focused QA audits when indicated by unfavorable occurrences or complaints. Any Akron General Medical Group (AWMG) Staff member can request an audit to investigate a situation by contacting the Technical Consultant or Laboratory Medical Director.

Procedure:

1. Prior to beginning the audit, the Technical Consultant or Laboratory Medical Director must complete the first six items of the Quality Assurance Audit Report form (AWMG 11-01) as indicated below with some examples and suggested information:
 - a. System to be reviewed (examples include: Customer Satisfaction, Rh or hemoglobin/hematocrit testing, Sample quality)
 - b. Reason for review: Scheduled or Focused

Akron Women's Medical Group

692 East Market Street
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330-535-9191

**Akron Women's Medical Group
POLICIES AND PROCEDURES**

TITLE: Quality Assurance Audits	SECTION: 3
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- c. **Method of review:** Be specific (examples include but are not limited to: Review of one testing date of records for each tester within the week; Repeat one testing date samples for Rh testing; Interview each testing personnel about indicated action in certain situations such as patient fainting during phlebotomy).
- d. **Minimum acceptable:** Be realistic and specific, but at the same time strive for quality (example: 100% results confirmed by repeat testing; 85% patient evaluations rate laboratory personnel as "good or excellent," no more than 5% rated as "poor")
- e. **Date range reviewed:** Ensure evaluation of laboratory personnel performing testing within each date range unless focus of the audit is on one of the testing personnel
- f. **Reviewer:** Name of individual evaluating the data.

The items must be clear, well defined and complete.

- 2. The Technical Consultant, laboratory personnel, or other designated staff reviews measured parameters, according to the identified date range and documents the review. A worksheet can be created for documentation.
- 3. At the end of the review period, the Technical Consultant or Laboratory Medical Director evaluates all documentation to determine if data meets or exceeds the minimum acceptable level of performance.
- 4. The Technical Consultant or Laboratory Medical Director/designee completes the following QA Audit Report form sections:
 - a. **Measured Parameters:** Summarize the results (A chart or graph often allows the reader to better understand the results).
 - b. **Evaluation of Results:** Define if minimum acceptable level of performance was achieved.
- 5. If minimum acceptable level of performance is not achieved, determine the root cause of the failure using root cause analysis and problem solving techniques such as asking the 5 Whys.

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POLICIES AND PROCEDURES**

TITLE: Quality Assurance Audits	SECTION: 3
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- a. Root cause possibilities may include: report form inadequate, procedure unclear, training inadequate
6. Based on the root cause, determine the corrective action, define follow-up action, and obtain Laboratory Medical Director approval.
 - a. Corrective action possibilities: revise form; revise procedure; retrain staff
 - b. Follow-up action: example - repeat audit in 2 months
7. Document further actions including but not limited to follow-up results and an evaluation of effectiveness of corrective action.
8. The Laboratory Medical Director and the Reviewer must sign the final audit report.
9. Discuss the audit reports with the laboratory testing personnel, Laboratory Medical Director, and Executive Director within 1 month of completion.
10. Maintain the audit reports for a minimum of 5 years.

References:

42 Code of Federal Regulations, 493.1239 Standard; General Laboratory Systems Quality Assessment. 2011, June 9 *Electronic Code of Federal Regulations*. Retrieved from eCFR website, <http://ecfr.gpoaccess.gov>

42 Code of Federal Regulations, Sec. 493.551 Standard; General Requirements for Laboratories. 2011, June 9 *Electronic Code of Federal Regulations*. Retrieved from eCFR website, <http://ecfr.gpoaccess.gov>

Prepared and Approved by/date:

 06/11/2011
Robin Grimes, MBA/HCM, MT(ASCP)SBB,
Technical Consultant

Laboratory Medical Director Approval/date: _____

Raymond Robinson, MD
Laboratory Medical Director

Akron Women's Medical Group

692 East Market Street
Akron, OH 44305
330-535-9191

Akron Women's Medical Group
692 East Market Street
Akron, OH 44305

Quality Assurance Review

System to be reviewed:

Reason for review:

Method of review:

Minimum acceptable

Date range reviewed

Reviewer:

Measured Parameters:

Evaluation of results:

Corrected Action (If required):

Reviewer Signature:

Robin Grimes, MBA/HCM, MT(ASCP)SBB
Technical Consultant

Laboratory Medical Director:

Raymond Robinson, MD
Laboratory Medical Director

cc I^w

Akron Women's Medical Group
692 East Market Street
Akron, OH 44306

Quality Assurance Review First Quarter 2011

System reviewed: Equipment maintenance and quality control

Reason for review: 2011 Quarterly Audit

Method of review: Record Review and Interview

Minimum acceptable: 100%

Date range reviewed: January 2011 – March 2011

Reviewer: Robin Grimes

Measured Parameters: Interview of laboratory testing personnel and review of equipment maintenance and quality control logs.

Evaluation of results: Acceptable completion of periodic and daily equipment maintenance and quality control.

Corrected Action (If required): None

Reviewer Signature:



06.11.2011

Robin Grimes, MBA/HCM, MT(ASCP)SBB
Technical Consultant

Laboratory Medical Director

Raymond Robinson, MD
Laboratory Medical Director

11

STATE WORKLOAD REPORT
 Provider/Supplier Number
 0969AS

 Provider/Supplier Name
 AKRON WOMEN'S MEDICAL GROUP

Type of Survey (select all that apply)

2	D			
---	---	--	--	--

- | | | |
|---------------------------|-------------------------|---------------------|
| A Complaint Investigation | E Initial Certification | I Recertification |
| B Dumping Investigation | F Inspection of Care | J Sanctions/Hearing |
| C Federal Monitoring | G Validation | K State License |
| D Follow-up Visit | H Life Safety Code | L CHOW |
| M Other | | |

Extent of Survey (select all that apply)

0	0			
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- A Routine/Standard Survey (all providers/suppliers)
 B Extended Survey (HHA or Long Term Care Facility)
 C Partial Extended Survey (HHA)
 D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. 03180	05/17/2011	05/17/2011	0.50	0.00	5.00	0.00	2.00	0.50
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours.....

1.00

Total RO Supervisory Review Hours....

0.00

Total SA Clerical/Data Entry Hours....

1.00

Total RO Clerical/Data Entry Hours.....

0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

STATE WORKLOAD REPORTProvider/Supplier Number
0969ASProvider/Supplier Name
AKRON WOMEN'S MEDICAL GROUP

Type of Survey (select all that apply)

2	D			
---	---	--	--	--

- | | | |
|---------------------------|-------------------------|---------------------|
| A Complaint Investigation | E Initial Certification | I Recertification |
| B Dumping Investigation | F Inspection of Care | J Sanctions/Hearing |
| C Federal Monitoring | G Validation | K State License |
| D Follow-up Visit | H Life Safety Code | L CHOW |
| M Other | | |

Extent of Survey (select all that apply)

E				
---	--	--	--	--

- A Routine/Standard Survey (all providers/suppliers)
 B Extended Survey (HHA or Long Term Care Facility)
 C Partial Extended Survey (HHA)
 D Other Survey

DESK AUDIT

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. 07312			0.50	0.00	0.00	0.00	0.00	0.50
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours.....

0.50

Total RO Supervisory Review Hours....

0.00

Total SA Clerical/Data Entry Hours....

0.50

Total RO Clerical/Data Entry Hours.....

0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No