OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

AUG 10 2012

Terrie Hubbard, RN, Owner
Capital Care Network
1160 West Sylvania Avenue
Toledo, Ohio 43612

Re: **Proposed Civil Penalty and Proposed License Revocation**
Facility Name: Capital Care Network
Facility Number: 0763AS

Dear Ms. Hubbard:

The Ohio Department of Health (Department) completed an inspection at Capital Care Network (Capital), located at 1160 West Sylvania Avenue, Toledo, Ohio 43612 on March 27, 2012. The March 27, 2012 inspection revealed that Capital does not 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 as required by Ohio Administrative Code (O.A.C.) 3701-83-19(E). By letter dated April 4, 2012, we notified Capital of this and requested that the facility provide an acceptable plan of correction for the violation signed and dated within ten (10) calendars days of receipt of the April 4, 2012 letter. A copy of the March 27, 2012, inspection report is enclosed and incorporated into this notice by reference. As of the date of this letter, the violation referenced above has not been corrected.

Capital is hereby notified that I propose to impose a civil penalty in the amount of twenty-five thousand dollars ($25,000.00) against it in accordance with R.C. Chapter 119 and R.C. 3702.32 (D)(5) due to a violation of paragraph (E) of O.A.C. 3701-83-19.

Additionally, Capital is hereby notified that I propose to issue an order revoking Capital's health care facility license (ambulatory surgical facility) in accordance with Chapter 119 and R.C. 3702.32(D)(2) due to a violation of paragraph (E) of O.A.C. 3701-83-19.

You may request a hearing before me or my duly authorized representative concerning my proposal to impose a civil penalty and my proposal to revoke Capital's license. Such request **must** be made in writing and received within thirty days of receipt of this letter and should be directed to Kaye Norton, Ohio Department of Health, 246 North High Street, Seventh Floor, Columbus, Ohio 43215. A request is considered timely if it is received by the Department of Health via facsimile, hand delivery, or ordinary United States mail within thirty days of the date of receipt of this letter.

At a hearing you may appear in person or be represented by an attorney. You may present evidence and you may examine witnesses appearing for and against you. You also may present your position, contentions or arguments in writing rather than appear in person for a hearing. If you are a corporation, you must be represented at the hearing by an attorney licensed to practice in the state of Ohio. Please be advised that if you do not request a hearing within thirty days, I may take action in accordance with this notice.

If you have questions concerning the basis of these proposed actions, please contact Kathryn A. Kimmet in the Division of Quality Assurance at (614) 644-6220. Questions pertaining to the hearing process should be directed to Lisa Kathumbi, Senior Legal Counsel, at (614) 466-4882.

Sincerely,

Theodore E. Wymyslo, M.D. Director of Health

Enclosure

Certified Mail Return Receipt Requested: 7002 0860 0006 5905 8965

c: Roy Croy, Chief, Bureau of Community Health Care Facilities and Service
Kathryn A. Kimmet, Chief, Bureau of Regulatory Compliance
Lisa Kathumbi, Senior Legal Counsel, Ohio Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0763AS	A. BUILDING _____ B. WING _____	03/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL CARE NETWORK	1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612

(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 BS/KH Licensure Compliance Inspection Administrator:Terrie Hubbard, RN County: Lucas Number of OR's: 3 Services: Medical and surgical abortions Licence Current: Yes License Expiration Date: 04/30/12 The following violation is issued as a result of the Licensure Compliance Inspection completed on 03/27/12	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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0763AS	A. BUILDING _____ B. WING _____	03/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL CARE NETWORK	1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612

(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: Based on review of facility administrative documentation and staff interview, the facility failed to have evidence of an appropriate written transfer agreement with a hospital for transfer of patients in the event of medical complications, emergency situations, and for other needs. The facility performed a total of 1033 procedures in the past twelve months. Findings include: Request for a hospital transfer agreement on 03/27/12 revealed there was no formal written agreement between the facility and a hospital for the provision of care in the event of medical complications, emergency situations, and for other needs as needed. This finding was confirmed by employee A.	C 234		