

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 03/09/2011
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 CMu/KHo Licensure Inspection Administrator: Judy Nolan County: Franklin Capacity: 4 Operating Rooms The Founder's Women's Health Center was in compliance with the rules for Ambulatory Surgery Facilities at rule #3701-83-03(A) through 3701-83-22 at the time of the licensure inspection completed on 03/09/11.	C 000		

FILE COPY

Ohio Department of Health

TITLE

(X6) DATE

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

STATE WORKLOAD REPORT

Provider/Supplier Number 0596AS	Provider/Supplier Name FOUNDER'S WOMEN'S HEALTH CENTER THE
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Type of Survey (select all that apply)

2				
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- | | | |
|---------------------------|-------------------------|---------------------|
| 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)

A				
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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)
Team Leader ID								
1. 25760	03/09/2011	03/09/2011	0.25	0.00	6.75	0.00	2.00	1.00
2. 27700	03/09/2011	03/09/2011	0.25	0.00	5.50	0.00	4.00	0.25
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

0596A1

Founders Clinic

Fee Schedule Effective 1-4-2011

	LOCAL	V+V	N2O	IV SED
Up to 12 wks 0 days	\$350	\$375	\$400	\$450
12.1-12.6	\$450	\$475	\$500	\$550
13.0-14.6	\$500	\$525	\$550	\$600
15.0-15.6	\$600	\$625	\$650	\$700
16.0-16.6	\$700	or incl.	or incl.	or incl.

*16+ week price includes patient's choice of anesthesia.

* Nitrous Oxide can be administered with IV sedation for an additional \$25

MIFEPREX/RU-486 TO 7w ~~1~~ \$650
 ULTRAM #12 (3 d PAIN MED) \$5

- FOR ALL AB SERVICES, PATIENT PAYS \$100 ON IC DAY, AND THE BALANCE DOP
- DISCOUNTED AB FEES ARE ONLY AVAILABLE ON A CASE-BY-CASE BASIS
- THERE IS NO AUTOMATIC DISCOUNT FOR STUDENTS OR MEDICAID
- RIDE REQUIRED FOR V+V AND IV SED. NO TAXIS ALLOWED

ULTRASOUND EXAMS	\$150	DEPO FWHC	\$60
RHOGAM TO 12.6W	\$60	DEPO from PHARM	\$10
RHOGAM 13.0W +	\$120	3 WK POST-OP	\$10
ANTIBIOTIC COVG	\$5	SAT 3 WK POST-OP	\$20
DIAPHRAGM FIT	\$15	ANNUAL EXAM	\$75
IUD COPPER 10y	\$580 or \$48x12	STD ✓ (GC/CHL)	\$35
IUD MIRENA 5y	\$844 or \$35x24	A&P INCL STD ✓	\$110
IUD INSERT WITH N2O	\$150	6 MO EXAM (PILL ✓)	\$50
IUD REMOVAL	\$75	RHSC VISIT (REPO)	\$50
MEDICAL REG 90+D	\$50	RHSC with STD ✓	\$85
		REPEAT PAP	\$25

- ANNUAL EXAM INCLUDES PAP SMEAR, GYN EXAM, 2 MO PILL/ RING, AND A Rx FOR 4 MONTHS OF BC CHOICE. FIRST-TIME PATIENTS WILL BE URGED BUT NOT REQUIRED TO HAVE GC/CHL SCREEN (AT EXTRA COST). ***Labcorp will send separate bill for processing of normal pap specimen-~~\$25.00~~ - Abnormal Pap Add.7
- PILL ✓ INCLUDES GYN EXAM, 2 MO PILL/RING SAMPLES AND Rx FOR 4 MONTHS OF BC CHOICE.
- IUD INSERTION: PT MUST HAVE CURRENT PAP HERE OR RECORDS TRANSFERRED TO US. STD ✓ STRONGLY ENCOURAGED. PREPAYMENT REQUIRED. TAKES AT LEAST 2 WEEKS TO ORDER. CONTACT NURSING 1 ORDER
- ATB COVERAGE ONLY NECESSARY FOR HARDWARE (INCL HEART VALVE)



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 Founder's Women's Health Center					NPI 1730306556
Address	1243 EAST Broad St.					
City/County	Columbus Franklin				Zip +4: 43205	
Mailing Address	1243 EAST Broad St.					
City/County	Columbus, Franklin				Zip +4: 43205	
E-Mail Address	JVOITH@FoundersWHC.com					
Administrator Name	JVOITH NOLAN					
	Number:	Type:	Eff. Date:	Exp. Date:	Date Began Employment With Facility:	
Other Information	Telephone: (614) 251-1818		Fax: (614) 251-1126			
	Provider No.:		Licensure No.: 0596 AS		Medicaid No.:	
	FISCAL INTERMEDIARY/CARRIER: Name/Address/Phone #					

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

ACCREDITED: Yes No Maternity Lic Exp Date N/A

Fiscal Year Dec. 31st

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>3-9-11</u>	Entrance Time: <u>A.M.</u> P.M.
Day of the Week: M T <u>W</u> Th F Sat Sun	
Week of the Month: 1 <u>2</u> 3 4	
Survey Exit Date:	Exit Time: A.M. <u>P.M.</u>

LSC SURVEYS:

Survey Entry 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>JVOITH NOLAN</u>	Date: <u>03-09-11</u>
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