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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Print: Name) C. Date of Delivery Oil Our Ser
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
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PRINTED: 03/01/2012 FORM APPROVED

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 0286AS 02/22/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2314 AUBURN AVENUE PLANNED PARENTHOOD SOUTHWEST OHIO CINCINNATI, OH 45219 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE. **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) C 000 Initial Comments C 000 DL/AA Licensure Compliance Inspection Administrator: Connie Britton County: Hamilton The entrance conference was held with the administrator at 10:10 AM on 02/22/12. The following violation is a result of the licensure compliance inspection completed on 02/22/12. The facility has performed 2,735 procedures from 01/01/11 to 01/01/12. Three procedure rooms C 242 O.A.C. 3701-83-20 (C) Preventive Maintenance C 242 Planned Parenthood SW Othio Regnon Added our Ultra sound machines to Each ASF shall establish and follow a preventive maintenance program which includes periodic calibration, cleaning and adjustment of all equipment in accordance with manufacturer's instructions. Each ASF using inhalation anesthesia shall develop and follow policies and MAINTENANCE & SAJETY
Inspection Calandar
We had both Ultrasound
Machines Inspected on
Ebruary 27th 2012 Inwhich
Hey both passed (see attacked) procedures for monitoring the anesthesia machine which are consistent with the standards recommended by the American society of anesthesiologists. This Rule is not met as evidenced by: Based on equipment maintenance manual review, observation and staff interview it was determined this facility failed to ensure two ultrasound machines received preventative Ohio Department of Health

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

MEDICHEDIR/LAB DIR

Ohio Dept Health

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD SOUTHWEST OHIO! DYAY D PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES. STITECT ADDRESS, CITY, STATE, JPP CODE 2314 AUBURN AVENUE CINCINNATI, OH 45219 PROVIDERS PLAN OF CORRECTION RECULATORY OR CC DENTIFYING BIFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTION RECULATORY OR CC DENTIFYING BIFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTION REACH CORRECTION APPROPRIATE ONLY TAG PROVIDERS PLAN OF CORRECTION COMMITTEE ONLY TAG PREFIX TAG PROVIDERS PLAN OF CORRECTION COMMITTEE ONLY TAG PROVIDERS PLAN OF CORRECTION COMMITTEE ONLY TAG PREFIX TAG PREFIX TAG PREFIX TAG PROVIDERS PLAN OF CORRECTION COMMITTEE ONLY TAG PREFIX TAG PROVIDERS PLAN OF CORRECTION COMMITTEE ONLY TAG PREFIX TAG PROVIDERS PLAN OF CORRECTION COMMITTEE ONLY TAG PREFIX TAG PROVIDERS PLAN OF CORRECTION COMMITTEE ONLY TAG PROVIDERS PLAN OF CORRECTION COMMITTEE ONLY TAG PREFIX TAG PROVIDERS PLAN OF CORRECTION COMMITTEE ONLY TAG PROVIDERS PLAN OF CORRECTION COMMITTEE ONLY T	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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STATE FORM

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PLANNED PARENTHOOD **SUGERY SIDE** 2314 AUBURN AVE **CINCINNATI OHIO 45219**

YEARLY PREVENTIVE MAINTENANACE, SAFETY AND RECALIBRATION OF EQUIPMENT

YEARLY Inspection schedule:

MAY

ROOM 1

MIDMARK 104 EXAM TABLE' **BERKELEY 20-C SUCTION PUMP GOOSENECK EXAM LIGHT**

ROOM 2

MIDMARK 104 EXAM TABLE' **BERKELEY 20-C SUCTION PUMP GOOSENECK EXAM LIGHT**

ROOM 3

MIDMARK 104 EXAM TABLE' BERKELEY 20-C SUCTION PUMP GOOSENECK EXAM LIGHT ULTRA SOUND SONOLNE - ADARA

GM-6705A2A00

MISC

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BERKLEY SVGP 20-2 S/N 5464

LAB

HEMOCUE S/N 9248-011 249 THERMOLYNE LL16115 RH VIEW BOX S/N 187041131979

ULTRASOUND ROOM

RITTER MODEL D TABLE S/N 403D45X1915 ULTRA SOUND MACHINE SONOLINE PRIMA

INTERVIEW ROOMS 1-5

ABCO BLOOD PRESSURE UNIT

PRECISION MEDICAL EQUIPMENT REPAIR, LLC Michael Gartner BMET

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 0286AS

(Y2) Multiple Construction A. Building

B. Wing

(Y3) Date of Revisi: 4/17/2012

Name of Facility

PLANNED PARENTHOOD SOUTHWEST OHIO REGION

Street Address, City, State, Zip Code

2314 AUBURN AVENUE

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. This report is completed by a state surveyor to snow those denciencies previously reported that have been corrected and the date such corrective action was accomplished. 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

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College of Medicine

Department of Obstetrics and Gynecology University of Cincinnati Medical Center PO Box 670526 Cincinnati OH 45267-0526

231 Albert B. Sabin Way Phone (513) 558-8440 Fax (513) 558-6138

March 2, 2004

Susan M. Momeyer President & CEO Panned Parenthood-Cincinnati Region 2314 Auburn Avenue Cincinnati, Ohio 45219-2802

Dear Susan:

The Department of Obstetrics and Gynecology will continue its agreement to provide medical backup for emergencies that may arise in the course of patient care at Planned Parenthood. These patients should be taken to the University Hospital Emergency Room where our in-house faculty physician will coordinate the necessary care. Our department has 24-hour in-hospital attending coverage by both attending and resident physicians. The appropriate contact person for such emergencies can be found by calling University Hospital Labor and Delivery (594-3999) and asking to be connected to the faculty member who is on call.

If there are any questions or clarifications, please refer them to Dr. Arthur Ollendorff who will act as a liaison between the OB/GYN department and Planned Parenthood.

Sincerely,

Baha Sibai, M.D.

Professor and Director

POC REVIEW

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Correction date within timeframe?	1/3/14					ļ.,	,	 	<u> </u>				
If POC refers to creating new policies/procedures, is a copy included?	1/-/11												
Does the plan address all of the deficient practice?	ί/												
Does the plan address who will monitor for compliance?	V												
Waiver/Variance requested?													
comments: Msk andit approved.													

OHIO DEPARTMENT OF HEALTH



246 North High Street Columbus, Ohio 43215 614/466-3543 www.odh.ohio.gov

Survey of more

John R. Kasich / Governor

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

March 6, 2012

Connie Britton, Administrator Planned Parenthood Southwest Ohio Region 2314 Auburn Avenue Cincinnati, OH 45219

RE: Planned Parenthood Southwest Ohio Region - License: 0286AS Survey Completed on February 22, 2012

Dear Ms. Britton:

The Ohio Department of Health, under the authority of Chapter 3702 of the Ohio Revised and Department Code, inspects Health Care Facilities to determine compliance with the licensure Code, inspects Health Care Facilities to determine compliance with the licensure requirements set forth in Chapter 3701-83 of the Ohio Administrative Code. To attain and maintain licensure, a health care facility must be in compliance with each licensure requirement and not have any violations that jeopardize the patients' health and safety or account and services.

On the date noted above, we completed an inspection of your facility and cited the the three provided violation(s) annotated on the enclosed form. Therefore, in order to recommend your idention(s) annotated agency for licensure, we must receive an acceptable plan of correction signed and dated y for licensure, within ten (10) calendar days after you receive this notice. Failure to provide an acceptable plan of correction may result in denial, revocation, or non-renewal of your license.

This plan of correction must contain the following at a minimum:

What action(s) will be accomplished to correct the situation(s) or condition(s) causing or contributing to the noncompliance.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance/improvement program will be put into place.

HFA 6413 7/11

Planned Parenthood Southwest Ohio Region March 6, 2012 Page Two of Two

The Plan of Correction <u>must</u> be written on the enclosed Statement of Deficiency form.

The projected date of correction must not exceed 30 days from the date of inspection exit date unless approval for an extended period for correction is obtained from this office.

Where documentary evidence of corrective action is appropriate, such evidence should accompany the plan of correction wherever possible. When this is not possible, these documents should be provided not later than the latest correction date submitted in your plan of correction and accepted by this office. Evidence of compliance may include documentation of facility monitoring, in-service training records, consultant reports, work orders, purchase orders, invoices, photographs, or other information that would confirm compliance.

Normally, an onsite revisit will be conducted to verify corrective action has been taken per the plan of correction. However, after our review of the plan of correction and any evidence of compliance, it is possible that an onsite visit will not be required. If this is the case, you will be advised by phone that your plan of correction was accepted and that the appropriate licensure action will be recommended to the licensure administrator.

If you have any questions regarding this notice, please feel free to contact me at (614) 387-0801.

Sincerely,

Wanda L. Iacovetta, R.N.

Non Long Term Care Unit Supervisor

Wanda L. Sacoutta en por

Bureau of Community Health Care Facilities and Services

Division of Quality Assurance

WLI/cc

Enclosure: STATE FORM Licensure

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REPORT OF CONTACT

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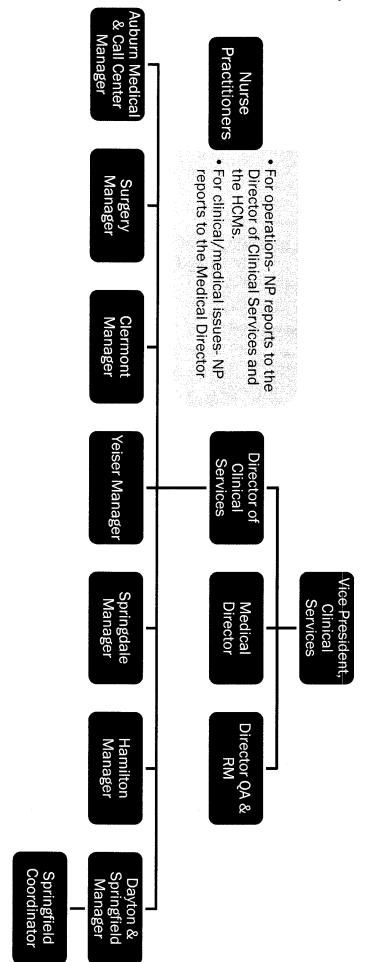
OHIO DEPARTMENT OF HEALTH

DIVISION OF QUALITY ASSURANCE
BUREAU OF COMMUNITY HEALTH CARE FACILITIES
NON LONG TERM CARE QUALITY UNIT

FACILITY INFORMATION DOCUMENT

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ORGANIZATIONAL CHANGES PATIENT SERVICES



Southwest Ohio Region

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Planned Parenthood®



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PLANNED PARENTHOOD SOUTHWEST OHIO REGION

PROCEDURE FOR HANDLING COMPLAINTS

As part of PPSWO's quality assurance activities, we record and monitor complaints of patients or other individuals in order to improve our customer service or adapt our procedures to better meet patients needs or expectations.

- A. If a patient or other individual indicates a wish to make a complaint, either by phone or in person, that person should be transferred to the Center Manager or other person in charge of the center. Complaints will be referred in order of Center Manager, Regional Manager, Director of Patient Services.
- B. A complaint form is completed as fully as possible, including an indication of how the complaint was resolved or will be followed up on.
- C. Staff handling complaints will respond non-defensively, listen objectively, and try to turn the complaint into an opportunity to satisfy the customer.
- D. The manager will assess the validity of the complaint, discuss the situation with appropriate staff and take whatever action seems warranted. Discussion with the Regional Manager, Quality Improvement Manager, or Director of Patient Services may be appropriate. It may also be an opportunity to examine systems and initiate improvements if indicated.
- E. If a complaint regarding services at a center comes directly to administrative staff, the same process will be followed but the matter of accessing implications for center staff or systems will be given to the manager of that center.
- F. If the complaint arrives in the form of a letter, the center manager will follow up with the person making the complaint and forward the letter with the completed complaint form as below.
- G. All complaint reports will be sent to the Director of Patient Services for review. They will be maintained in a file by the Quality Improvement Manager. They will be reviewed immediately for the need to file an occurrence report with PPFA and periodically for patterns or indicators of the need for an audit or a change in protocol or procedure or other system wide action. If an action plan is deemed necessary, the Action Plan document will be completed.
- H. The surgical department will maintain a duplicate file of complaint reports on site to meet the requirements of an Ambulatory Surgical Facility.
- I. The toll free number for patients to call the Ohio Department of Health with a complaint will be posted in the surgical center as required.

PLANNED PARENTHOOD SOUTHWEST OHIO REGION

Patient Complaint/Incident Report Form

This form must be used when you have had an interaction with a patient, which you feel may result in a patient complaint or legal action. All information is treated with strict confidence.

Please describe the details of the incident, including time and date of the incident, the name of the persons involved, and your observations and concerns.

Date of Incident:	Time:	Center/Location	<u> </u>
Patient Name:	Birthdate:		Pt. Number:
Nature of Complaint:			
Intervention or Resolution offered:			
Outcome:			
outcome.			
Date:	Staff Signature & Title:		
Forward	original documents to th	e Director of Patie	ent Services
**************************************		******	*************
		Sent By:	
	attached Action Plan doc		
No further action required	i		