

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0286AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2011	
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD SOUTHWEST OHIO		STREET ADDRESS, CITY, STATE, ZIP CODE 2314 AUBURN AVENUE CINCINNATI, OH 45219		
(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	<p>Initial Comments</p> <p>CMu/LR</p> <p>Re-Licensure Inspection</p> <p>Administrator: Becki Brenner</p> <p>County: Hamilton</p> <p>Capacity: 3 Operating rooms</p> <p>Planned Parenthood Southwest Ohio Region is in compliance with the rules for Ambulatory Surgery Centers at rule 3701-83-03 (A) through 3701-83-22 at the time of the re-licensure inspection completed on 2/24/11.</p>	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 0286AS	Provider/Supplier Name PLANNED PARENTHOOD SOUTHWEST OHIO REGION
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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	02/24/2011	02/24/2011	0.25	0.00	6.50	0.00	5.00	0.25
2. 03245	02/24/2011	02/24/2011	0.25	0.00	6.75	0.00	1.50	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
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Total SA Clerical/Data Entry Hours....	1.00	Total RO Clerical/Data Entry Hours....	0.00
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Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

0286 AS

Copy 2/24/11

MAR 08 2004



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
Planned 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,

A handwritten signature in black ink that reads 'Baha Sibai'.

Baha Sibai, M.D.
Professor and Director

0286 AS
2/24/11
copy

Safety / Security Drill Calendar

JANUARY Suspicious Packages / Mail 	FEBRUARY Disruptive Patient / Visitor 	MARCH Anthrax Threat 	APRIL Fire Drill 
MAY Tornado Sever Weather 	JUNE General Safety 	JULY Medical Emergency  Emergency	AUGUST Bomb Threat 
SEPTEMBER Picketing Protestors Trespassers 	OCTOBER Fire Drill 	NOVEMBER Chemical Attack (Butyric Acid) 	DECEMBER Robbery 



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	Planned Parenthood Southwest Ohio Region ^{NPI} 1376603886				
Address	2314 Auburn Ave				
City/County	Cincinnati, Hamilton County	Zip +4: 45219-			
Mailing Address	2314 Auburn Ave				
City/County	Cincinnati, Hamilton County	Zip +4: 45219-			
E-Mail Address	jnoel@ppsw.o.org				
Administrator Name	Becki Brenner				
	Number:	Type:	Eff. Date:	Exp. Date:	Date Began Employment With Facility:
					6/6/06
Other Information	Telephone: (513) 287-6488 Fax: (513) 287-6490 Provider No.: 36D034651 Licensure No.: 026545 Medicaid No.: 0259125				
	FISCAL INTERMEDIARY/CARRIER: Name/Address/Phone #				
	NA				

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 _____

Planned Parenthood
Federation of
America

Fiscal Year ^{06/30} ~~Oct 2010~~ _____

Accred. expires date Oct. 2013

Action: Certification Licensure PCR/PSR Complaint No. _____ Other: _____

FACILITY BEDS	ASF	Total	Hospital	Hospice	PPS Psych	PPS Rehab	Maternal Beds	N/B
Total Beds	3							
Total Census								

+1 Recovery

HEALTH SURVEYS:

Survey Entry Date: 2/24/11	Entrance Time: 9 A.M. P.M.
Day of the Week: M T W (Th) F Sat Sun	
Week of the Month: 1 2 3 (4)	
Survey Exit Date: 2/24/11	Exit Time: A.M. (P.M.)

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>CPM/SCC</u>	Date: <u>2-24-11</u>
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