LICENSURE SURVEY PROCESSING CONTROL SHEET
NON LONG TERM CARE UNIT (NLTC)
PHONE: (614) 387-0801 FAX: (614) 387-2763

SURVEY HEALTH ENTRANCE	DATE: 8/30/12
SURVEY HEALTH EXIT	DATE: 8/30/12
LSC EXIT	DATE:
MAILED/TURNED IN	DATE: 9/5/12
FISCAL YEAR	12/31

PSR TO BE A DESK AUDIT? ☐ Yes ☐ No NA

Action (circle): INITIAL (ANNUAL) COMPLAINT(s) PSR (Onsite/Desk Audit)

(COMPLAINT(S) #) OH 000 166970

TYPE (circle): (ASC) ESRD HCS HOSPICE

SMZW11

LICENSE# 0600 AS

FACILITY NAME: Women Medical Center of Dayton

ADDRESS: 1401 E. Stroop Rd

CITY/COUNTY/ZIP Kettering / Montgomery / 45429

Surveyor Initials	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited
LR	03245	No licensure violations recommended,								
RJ	03161									

NLTC/Lic Cert Entered (Date/Initials) CERT 9-5-12 cc ☐ 10/60 ☐ 10/45 CONDI ☐ 5/30 PSR LIC _____ ☐ 10/30 PSR ☐ 5/15 PSR

Draft To Supervisor By OA (Date/Initials) 9-5-12 cc LTR. Signed (Date/Initials) 9/7/12 pm

SOD MAILED (Date/Initials) _____

2567 2567B 1601 1601B LTR GUIDE 1602 1666/CMS ☐ LOG ☐ CALENDAR ☐ ACO ☐ Lic Cert
To ACTS (Date/Initials) _____

POC Due 5 Days or 10 Days _____ ☐ LOG ☐ CALENDAR ☐ ACO ☐ Lic Cert
POC Approved (Date/Initials) _____ File To Pending Drawer (Date/Initials) _____

File To Review (Date/Initials) 9-10-12 ☑ LOG ☑ Lic Cert

670 Completed (Date/Initials) 9-6-12 All Final Info Entered Into Lic Cert (Date/Initials) _____

LIC LTR CMS NO DEF. LTR TO MAUST _____ 2012 SEP -5 PM 12:23

File To Central Office (Date/Initials) _____ ☐ LOG ☐ ACO ☐ Lic Cert

NOTES: CLOSED IN ASPEN ☐ DATE/Intials _____

Revised 10/26/07
SURVEY_CONTROL_SHEET.doc

Department of Health and Human Services
Medicare/Medicaid/CLIA Complaint Form

Control Number: SMZW11 (OH00066970)

Part I - To Be Completed by Component First Receiving Complaint (SA or RO)

1. Medicare/Medicaid Identification Number

Facility Name and Address
WOMEN'S MED CENTER OF DAYTON
1401 E. STROOP ROAD
DAYTON, OH 45429

3. Date Complaint Received
0 8 2 7 1 2
M M D D Y Y

4. Receiving Component
1 State Survey Agy.
[1] 2 RO

5. Date Acknowledged
M M D D Y Y

6A. Source of Complaint
1 [4]
2 [ ]
3 [ ]
1 Resident/Patient Family
2 Ombudsman
3 Facility Employee/Ex-Employ
4 Anonymous
5 Other

6B. Total Number of Complainants
0 1

7. Allegations

7.A. Category

1 [0 6]	1 Resident Abuse
2 [ ]	2 Resident Neglect
3 [ ]	3 Resident Rights
4 [ ]	4 Patient Dumping
5 [ ]	5 Environment
	6 Care or Services
	7 Dietary
	8 Misuse of Funds/ Property
	9 Certification/Un- authorized Testing
	10 Proficiency Test
	11 Falsification of Records / Reports
	12 Unqualified Personnel
	13 Quality Control
	14 Specimen Handling
	15 Diagnostic Erroneous Test Results
	16 Fraud/False Billing
	17 Fatality/Transfusion Fatality
	18 Other (Specify) _____
	19 Life Safety Code
	20 State Monitoring

7.B. Findings (To be completed following investigation)

1 [0 2]	01 Substantiated
2 [ ]	02 Unsubstantiated/ Unable to Verify
3 [ ]	
4 [ ]	
5 [ ]	

7.C. Number of Complainants per Allegation

1 [0 1]	
2 [ ]	
3 [ ]	
4 [ ]	
5 [ ]	

8. Action (if multiple actions, indicate earliest action)
[3]
1 Investigate within 2 working days
2 Investigate within 10 working days
3 Investigate within 45 working days
4 Investigate during next onsite
5 Referral (Specify) _____
6 Other Action (Specify) _____
7 None

Part II - To Be Completed By Component Investigating Complaint (SA or RO)

9. Investigated by
[1] 1 State Survey Agency
2 RO
3 Other (Specify) _____

10. Complaint Survey Date
0 8 3 0 1 2
M M D D Y Y

11. Findings (Under 7B Above)
Unsubstantiated

12. Proposed Actions Taken by SA or RO
1: [2 1]
2: [ ]
3: [ ]

1 Recommend Termination (23-day)
2 Recommend Termination (90-day)
3 Recommend Intermediate Sanction
4 POC (No Sanction)
5 Fine
6 Denial of Payment for New Admissions
7 License Revocation
8 Receivership
9 Provisional License
10 Special Monitor
11 Directed POC
12 Limitation of Certificate
13 Suspension of Certificate
14 Revocation of Certificate
15 Injunction
16 Civil Monetary Penalty
17 TA & Training for Unsuccessful PT
18 State Onsite Monitoring
19 Suspension of Part of Medicare Payments
20 Suspension of All Medicare Payments
21 None
22 Other (Specify) _____
23 Enforcement Action

13. Date of Proposed Action
0 8 3 0 1 2
M MD D Y Y

14. Parties Notified and Dates
1 Facility
2 Complainant
3 Representative
4 Other (Specify) _____

Party	Date
1. [1]	0 8 3 0 1 2
2. [ ]	
3. [ ]	

M M D D Y Y

15. Date Forwarded to CMS RO or Medicaid SA (MSA) (Attach HCFA-2567)
M MD DY Y

Part III - To Be Completed By Component Taking Final Close-Out Action (RO/MSA)

16. Date of CMS/MSA Receipt
M M D D Y Y

17. CMS RO/MSA Action
[ ]
1 None
2 Termination (23-day)
3 Termination (90-day)
4 Intermediate Sanction
5 Move Routine Survey Date Forward
6 Limitation of Certificate
7 Suspension of Certification
8 Revocation of Certificate
9 Injunction
10 Civil Monetary Penalty
11 TA & Training For Unsuccessful PT
12 Cancellation of Medicare Approval
13 Other (Specify) _____
14 Enforcement Action

18. Date of Final Action Sign-off
M M D D Y Y

OH000 66970

CHECKLIST FOR COMPLAINT SURVEY

FACILITY Women's Med Center of Dayton

CCN # 360015 SURVEY DATE 8-30-12 COUNTY Montgomery

1) ✓ Golden Rod or Pink Rod

2) ✓ Checklist

3) NA Facility Information Form (FID)

4) NA CMS 1539 (C&T)

5) ✓ CMS 562 Medicare/Medicaid Complaint Form

6) Attached CMS 1682 Complaint Intake Form

7) Attached CMS 1602 Report of Investigation – Complaint Summary

8) Attached Complaint/Incident Investigation Report

9) NA Complainant letter

10) Attached CMS 670 Survey Team Composition

11) NA CMS 2567 Statement of Deficiencies

12) Attached Licensure 2567 (if applicable)

13) ✓ Miscellaneous information

14) ✓ Confidential package

0600 AS
8/30/12
Copy

Reviewed
Printed
7/24/12
AT

7/25/12 em
7/25/12 gp

Women's Med

Medical Policy and Procedure Manual

Copyright 1992, 1993, 1995, 1999, 2000, 2002, 2005, 2006, 2008, 2010, 2011, 2012
Revised May 22, 2012

Women's Med Group Professional Corporation
All rights reserved. These materials may not be reproduced without permission of Women's Med Group Professional Corporation.
Additional copies may be ordered by writing:

Women's Med Group Professional Corporation
P.O. Box 43100
Cincinnati, OH 45243

Copy
OBOOAS
8/30/12

E. Emergency Medical Protocol

1. Initial Response

Upon recognition of a suspected emergency, Nursing Staff summons the Head Nurse, the attending physician and immediately surrounding personnel using any means available (paging system, intercom, telling a nearby employee).

Nursing staffs' priorities are to

a) protect the patient from further injury (make sure the patient will not fall),
b) summon assistance
c) assist the patient according to each staff member's capability
d) assist licensed staff as they arrive

Physicians respond to requests for assistance immediately upon being notified that there is a possible emergency.

However, if a physician has started a surgery, he or she completes the surgery at hand before responding. The physician defers charting the completed surgery until the emergency is under control or has been triaged successfully.

4/12 08-31-2012 01:17:39 p.m. 937

Copy
OLOOAS
8/30/12

2. Attending Physician

The attending physician is responsible for the patient outcome and has the authority and prerogative to direct the care of the patient including choice of physician and/or hospital to which the patient will be transferred. The attending physician has the prerogative to:

a. choose to continue his or her care at another facility or hospital;
b. refer the patient to a consultant of his or her choosing;
c. refer the patient to one of the Center's backup physicians (list and contact information available on the company intranet).

In the event the attending physician wishes to use the Center's backup physicians and in the unlikely event that all the backup physicians are unavailable, the attending physician contacts the Medical Director for assistance in obtaining a receiving physician from the Medical Director's network of physician contacts.

The attending physician performs, directs and/or coordinates the following responses to a medical emergency in order of priority:

a. Declares that a medical emergency or need for transfer exists and has the in charge nurse summoned to the patient care area.
b. Provides immediate support to the emergency until adequate personnel are present and can step back.
c. Directs the medical response and assures that the patient is receiving the appropriate medical care.
d. Directs the in charge nurse to summon appropriate personnel and transport for the patient and assist in the medical response.
e. Unless the attending physician will be continuing the care himself or herself, contacts the physician who will be assuming care of the patient by phone or other verbal means of communication and provides the necessary medical information and history for the receiving physician to appropriately assume care of the patient.
f. Contacts the receiving Emergency Room physician and provides all necessary medical information and history for the

08-31-2012 01:17:47 p.m. 5/12 937

0600 AS
8/30/12
Copy

physician to appropriately care for the patient until the treating physician arrives.

g. Prepares a detailed note for the patient chart of the nature of the emergency, physical findings, the care given, order for transfer and the patient's condition at the time of transport.
h. Directs that a complete copy of the patient's chart be made and given to the ambulance crew to transport to the emergency room with the patient. The chart copy should be placed in an envelope labeled with the patient's name, the receiving hospital's name and receiving physician's name and the reason for the transfer.
i. Provides instructions to the ambulance crew to appropriately care for the patient while in transit, or alternatively accompanies or directs a nurse to accompany the patient in the ambulance if the patient's condition is grave or requires ongoing medical care beyond the scope of the transport crew.
j. Communicates the nature of the emergency and care plan with the family as soon as practical without endangering the patient's safety.

937 01:18:00 p.m. 08-31-2012 6/12

0600 AS
8/30/12
Copy

3. Charge Nurse

The in-charge nurse on duty manages and coordinates the center's response to the emergency, subject to the direction of the attending physician.

In conducting the center's response, the in charge nurse conducts herself in a calm and reassuring manner towards other staff, patients and visitors. When delegating tasks, she instructs each person to whom a task is assigned to act in a calm and professional manner.

The in charge nurse performs the following tasks in this order of priority:

a. Provides immediate support to the emergency until adequate personnel are present that the nurse can step back.
b. Directs personnel to assist in managing the patient's medical care and obtain appropriate equipment as conditions warrant.
c. Upon direction of the attending physician, calls or directs someone to call 911 requesting an ambulance and describing the nature of the emergency.
d. Calls or directs someone to call the in-charge person for the front desk/reception/waiting areas, notifying them of the existence of a medical emergency and that an ambulance has been called.
e. Directs someone to greet the ambulance crew at the surgical area entrance and lead them to the site of the emergency.
f. Directs someone to move patients and visitors in the surgical area into areas where they will not observe the ambulance crew entering or leaving (patient privacy), and to advise them in a calm, reassuring manner that we have an emergency and are expecting an ambulance.
g. Directs such other response of personnel, equipment or resources that will serve the patient's best interest.

7/12 08-31-2012 01:18:08 p.m. 937

Copy
0600 AS
8/30/12

h. Calls or directs someone to call the Medical Director if not present.
i. Talks with the patient's family/visitors and explains the circumstances and plan to them; takes them to wait with the patient if circumstances warrant.
j. Directs the ambulance crew to take the patient to the hospital designated by the attending physician. Insures that the crew has a copy of the patient's medical record with the receiving hospital's name, receiving physician's name and reason for transfer prominently written on the outside of the envelope containing the medical record.
k. If requested by the attending physician, accompanies or directs a nurse to accompany the patient to the hospital with the patient's belongings and a copy of the chart, and to relate to the hospital emergency room personnel the nature of the patient's emergency, circumstances surrounding the emergency and the care given.

8/12 08-31-2012 01:18:19 p.m. 937

Copy
0600 AS
8/30/12

4. Front Desk Charge Person

The person in charge of the front desk/waiting/reception areas, upon learning of a medical emergency, directs and coordinates the following responses in order of priority:

a. Directs someone to wait at the building entrance for the ambulance crew and leads them to the surgical area.
b. Directs someone to move visitors in the waiting reception areas so as to provide an unobstructed path for the ambulance crew; insofar as possible, visitors should be moved to a location out of the view of the entering and exiting ambulance crew; these activities should be conducted in a calm reassuring manner.
c. Directs a Patient Educator or other individual to locate any visitors that accompanied the patient experiencing the emergency and take them to a private room; the Patient Educator explains to them that the patient is involved in an emergency and that a member of the medical/nursing staff will come down and explain the situation after the patient is cared for; the Patient Educator stays with the visitors providing support.
d. Assists in accomplishing the above and directs any other response necessary as circumstances warrant.
e. Assures that one of the patient's visitors accompanies the patient to the hospital.

5. Nursing Staff

After ensuring that any patient under their direct care has been appropriately transferred to the care of another staff member, nursing staff (other RNs, LPNs, Medical Assistants) respond to the site of the emergency and provide assistance as directed by the in charge nurse or physician.

9/12 08-31-2012 01:18:26 p.m. 937

Copy
ObGynAS
8/30/12

5. Post-Operative Depo-Provera

Administer Depo-Provera 150 mg deep IM immediately after surgery when requested by the patient and ordered by the physician.

6. Intra-fetal Digoxin

Physicians may wish to inject Digoxin intra-fetal or intra-amniotic in second trimester abortions at the time of laminaria insertion. Prepare 2.0 mg (4 x 0.50 mg) Digoxin in a 10 ml syringe and provide a 22 GA spinal needle.

7. Vaso-Vagal Response, Fainting

If:

- pulse < 60
- and BP <90/60

notify PHYSICIAN and if ordered by the physician give:

- Atropine 0.4 mg IV push slowly over 1-2 minutes or IM

Check BP and pulse every 5 minutes x 3.

8. Nausea and Vomiting

Vomiting x 2 in short succession at any time, even before surgery. Advise physician and if ordered give:

- Phenergan 25 mg IM - can be repeated in 2 hours or 25 mg Suppository - 1 q 6 hours prn. Patient must have a driver; Phenergan causes severe drowsiness.
- Zofran (ondansetron) ODT 8mg May give 2nd trimester patients 3 tablets each night if severe cramps/nausea/water broke or if she calls with vomiting.

9. Normal Saline Intravenous

When administering intravenous antibiotics post operatively, start Normal Saline 500 ml @ 250 ml/hr. Continue additional Normal Saline 500 ml @ 125 ml/hr until IV discontinued or physician alters rate.

10/12 08-31-2012 01:18:37 p.m. 937

Copy
0600 AS
8/30/12

10. Bleeding

a. Ergonovine or Methergine

- 0.2 mg po prior to discharge after all surgical abortions.
- 0.2 mg q 6 h po #12 after abortions 12 weeks or more or as ordered by the physician.

b. Pitocin IM

10U IM for surgery after laminaria are removed in D&E patients or per physician order.

c. Pitocin IV

If bleeding becomes excessive after surgery (patient soaks through a pad in 60 minutes or less, notify physician and prepare Pitocin 20U (1 ml amps x 2) in 500 ml Normal Saline.

1) Run IV at 250 ml/hr until uterus responds and bleeding becomes minimal for 30 minutes.
2) Cut rate in half if uterus remains firm and bleeding is minimal (check uterus first).
3) Every 15 minutes cut rate in half if uterus remains firm and bleeding is minimal, until at a KO rate.
4) If at any time uterus becomes soft or bleeding increases, notify physician, then double drip rate q 15 minutes until uterus becomes firm and bleeding becomes minimal. Administer vigorous uterine massage.
5) Check uterus after 30 minutes at K.O. If uterus still remains firm, do two more pad checks q 30 minutes. If bleeding is still minimal, consult with physician for permission to remove IV and discharge patient.

11/12 08-31-2012 01:18:47 p.m. 937

(For Bleeding cont...)

Copy
OBGYN
8/30/12

d. Physician Intra-cervical Injection
Physician may wish to inject Pitocin intra-cervical. Prepare medication in a 2 ½ cc syringe with a 22 GA 1 ½" needle.

e. Misoprostol (Cytotec)
Physician may wish to administer misoprostol orally, buccally, vaginally or rectally, 200mcg/tablet as ordered by physician.

12/12 08-31-2012 01:18:56 p.m. 937