

# CERTIFICATION SURVEY PROCESSING CONTROL SHEET

NON LONG TERM CARE UNIT (NLTC)

PHONE: (614) 387-0801 FAX: (614) 564-2475

SURVEY HEALTH ENTRANCE	DATE: <u>04-29-13</u>
SURVEY HEALTH EXIT	DATE: <u>04-30-13</u>
LSC EXIT	DATE: _____
MAILED/TURNED IN	DATE: <u>5/1/13</u>
FISCAL YEAR	<u>12/31</u>

PSR TO BE A DESK AUDIT? ☐ Yes ☒ No

Action (circle): LIC 1666 INITIAL CERTIFICATION VALIDATION COMPLAINT PSR (Onsite/Desk Audit)

COMPLAINT(S) # \_\_\_\_\_

TYPE (circle): ASC CAH CORF ESRD HHA HOSPICE HOSPITAL EMTALA PTIP REHAB

PPS (PSYCH/REHAB) RHC X-RAY TRANSPLANT

CCN/LIC: 0596-75

FACILITY NAME: Founders Women's Health Center

ADDRESS: 243 E. Broad Street

CITY/COUNTY/ZIP: Columbus - Franklin 43205

OHIO DEPT OF HEALTH  
DGA-BCHCFS  
2013 MAY -2 AM 9:12

Surveyor Initials	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited
<u>BR</u>	<u>07308</u>	<u>C-105</u>								
<u>GA</u>	<u>31007</u>	<u>C-123</u>								
		<u>C-129</u>								
		<u>C-140</u>								
		<u>C-152</u>								
		<u>C-214</u>								

NLTC/Lic Cert Entered (Date/Initials) CERT 5/2/13 ☐ 10/60 ☐ 10/45 CONDI ☐ 5/30 PSR LIC ☐ 10/30 PSR ☐ 5/15 PSR

Draft To Supervisor By OA (Date/Initials) 5/2/13 LTR. Signed (Date/Initials) \_\_\_\_\_

SOD MAILED (Date/Initials) 6-26-13

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 7-6-13 ☐ LOG ☐ CALENDAR ☐ ACO ☐ Lic Cert  
POC Approved (Date/Initials) \_\_\_\_\_ File To Pending Drawer (Date/Initials) \_\_\_\_\_

File To Review (Date/Initials) 1-17-14 ☒ LOG ☐ Lic Cert

670 Completed (Date/Initials) 1-17-14 BS All Final Info Entered Into Lic Cert (Date/Initials) \_\_\_\_\_

LIC LTR CMS NO DEF. LTR TO MAUST \_\_\_\_\_

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

NOTES: CLOSED IN ASPEN ☐ Date/Initials \_\_\_\_\_

7011 3500 0002 9877 3144

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 (Endorsement Required)

Restricted Delivery \_\_\_\_\_  
 (Endorsement Required)

Judith Nolan, Administrator  
 The Founder's Women's Health Center  
 1243 East Broad Street  
 Columbus, OH 43205

PS Form 3811, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <u>Judith Nolan</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>JUDITH A. NOLAN</u> Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below _____</p>
<p>1. Article Addressed to:</p> <p>Judith Nolan, Administrator          The Founder's Women's Health Center          1243 East Broad Street          Columbus, OH 43205</p>	<p>3993 PM-2311          3007          DEPT OF HEALTH          DOA-2311</p> <p>Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (M) 7011 3500 0002 9877 3144</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

# CERTIFICATION SURVEY PROCESSING CONTROL SHEET

NON LONG TERM CARE UNIT (NLTC)

PHONE: (614) 387-0801 FAX: (614) 564-2475

OHIO DEPT OF HEALTH  
DQA-BCHCFS

SURVEY HEALTH ENTRANCE	DATE: 10/8/13
SURVEY HEALTH EXIT	DATE: 10/8/13
LSC EXIT	DATE: NA
MAILED/TURNED IN	DATE: 10/10/13
FISCAL YEAR	

2013 OCT 15 PM 4:44

PSR TO BE A DESK AUDIT? ☐ Yes ☐ No

Action (circle): LIC 1666 INITIAL CERTIFICATION VALIDATION COMPLAINT PSR (Onsite/Desk Audit)

COMPLAINT(S) #

TYPE (circle): ASC CAH CORF ESRD HHA HOSPICE HOSPITAL EMTALA PTIP REHAB

PPS (PSYCH/REHAB) RHC X-RAY TRANSPLANT

CCN/LIC: 0596AS

VILUF12

FACILITY NAME: Founders Women's Health Center, Inc.

ADDRESS: 1243 E Broad Street

CITY/COUNTY/ZIP: Columbus / Franklin / 43205

Surveyor Initials	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited
AS	07312	6152	<del>Corrected</del>							

NLTC/Lic Cert Entered (Date/Initials) CERT 10-15-13 ☐ 10/60 ☐ 10/45 CONDI ☐ 5/30 PSR LIC ☐ 10/30 PSR ☐ 5/15 PSR

DKt to Wanda / No Ltr created cc  
Draft To Supervisor By OA (Date/Initials)

LTR. Signed (Date/Initials)

SOD MAILED (Date/Initials)

2567 2567B 1601 1601B LTR GUIDE 1602 1666/CMS ☐ LOG ☐ CALENDAR ☐ ACO ☐ Lic Cert  
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POC Due 5 Days or 10 Days ☐ LOG ☐ CALENDAR ☐ ACO ☐ Lic Cert  
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LIC LTR CMS NO DEF. LTR TO MAUST

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

NOTES: CLOSED IN ASPEN ☐ Date/Initials

*Approved*  
*ELH*

PRINTED: 05/16/2013  
FORM APPROVED

## 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  04/30/2013
NAME OF PROVIDER OR SUPPLIER  FOUNDER'S WOMEN'S HEALTH CENTER THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1243 EAST BROAD STREET COLUMBUS, OH 43206		
(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  Licensure Compliance Inspection  Executive Director: Judith Nolan  County: Franklin  Number of Operating Rooms: 3  Services Provided: Women's Services  The following violations are issued as a result of the licensure compliance inspection completed on 04/30/13.	C 000			
C 105	O.A.C. 3701-83-03 (G) Liability Insurance  Each HCF shall either maintain documentation of appropriate liability insurance coverage of the staff and consulting specialists or inform patients that the staff member or consulting specialist does not carry malpractice insurance.  This Rule is not met as evidenced by: Based on a review of personnel files and interview with facility staff, it was determined that the facility failed to notify patients that Physician A did not carry malpractice liability insurance. This deficient practice had the potential to affect all patients cared for at this facility. There were 2,128 patient visits in 2012.  Findings include:  The personnel file for Physician A was reviewed	C 105	C 105 - Liability Insurance  1. This deficiency will be corrected with the following measures: a. Patients now receive a disclosure informing them of physician A's lack of malpractice insurance, in accordance with OAC 3701-83-03 (G) (See exhibit A)  2. The following measures have been taken to insure the deficiency does not recur: a. The disclosure has been added to patients charts b. The staff has been trained on new disclosure	07/05/2013	

Ohio Department of Health

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

TITLE

(X6) DATE

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6630

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If continuation sheet 1 of 14

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## 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  04/30/2013
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 105	Continued From page 1  on 04/29/13. There was no documentation in the physician's personnel file of malpractice liability insurance.  Interview with Staff F on 04/30/13 at 2:55 P.M. verified that Physician A did not have malpractice liability insurance. Staff F stated that the surgery center used to have a form that was presented to the patients to inform them prior to surgery that Physician A did not have malpractice insurance. Staff F further stated that the surgery center stopped using that form and stopped giving the form to patients to sign as acknowledgement of being made aware of the physician's lack of malpractice insurance. Staff F stated the surgery center thought the information was contained in the surgical informed consent form; however, upon review of the informed consent form on 04/29/13, Staff F verified that the information was not contained in the informed consent form. Staff F verified that since July, 2012 till present, there was no documented evidence that patients had been made aware of Physician A not carrying malpractice liability insurance.	C 105	C 105 - Liability Insurance (Continued)  3. The performance will be monitored to ensure solutions are permanent through: a. Chart review done quarterly  4. This deficiency was corrected on July 5, 2013.	07/05/2013
C 119	O.A.C. 3701-53-06 (A) Professional Standards  Each HCF shall utilize personnel that have appropriate training and qualifications for the services that they provide. Any staff member who functions in a professional capacity shall meet the standards applicable to that profession, including but not limited to possessing a current Ohio license, registration, or certification, if required by law, and working within his or her scope of practice. Copies of current Ohio licenses, registrations and certifications shall be kept in the employee's personnel files or the provider of the HCF shall have an established system to verify and	C 119	C 119 - Professional Standards  1. This deficiency will be corrected with the following measures: a. Staff N is no longer administering medications to patients. Nurses will administer medications to patients.	06/27/2013

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If continuation sheet 2 of 14

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Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0596A9	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  04/30/2013
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 119	<p>Continued From page 2</p> <p>document the possession of current Ohio licenses, registrations, or other certifications required by law. Nurse licenses shall be copied in accordance with paragraph (E) of rule 4723-7-07 of the Administrative Code.</p> <p>This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to utilize personnel that had appropriate training and qualifications for the services they provided. This deficient practice affected 7 of 10 sampled patients. There were 2,128 patient visits in 2012.</p> <p>Findings include:</p> <p>"Staff Member" is any individual who provides direct care to patients on a full-time, part-time, temporary, contract or voluntary basis.</p> <p>The medical records of Patients #2, #3, #5, #7, #8, #9, and #10 were reviewed on 04/29/13 and 04/30/13. Review of these medical records revealed the pre-operative medications of Ibuprofen 600 milligrams and Cytotec 400 milligrams (used for cervical softening) were administered by Staff N.</p> <p>Review of the medical records revealed Cytotec 400 milligrams and Ibuprofen 600 milligrams were administered by Staff N as follows:</p> <p>Patient #2 had surgery on 04/12/13. Staff N documented administering Cytotec 400 milligrams (mg) at 10:55 A.M. and Ibuprofen 600 milligrams at 10:55 A.M.</p>	C 119	<p>C 119 – Professional Standards (Continued)</p> <p>2. The following measures have been taken to ensure the deficiency does not recur:</p> <p>a. Personnel files have been reviewed to ensure facility personnel that have appropriate training and qualifications</p> <p>3. The performance will be monitored to ensure solutions are permanent through:</p> <p>a. Facility nurses will review charts at the end of every surgery day to ensure that there are no deficiencies.</p> <p>b. Any deficiencies noted will immediately be reported to the Director of Nursing.</p> <p>4. This deficiency was corrected on June 27, 2013.</p>	06/27/2013	

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If continuation sheet 3 of 14

## Ohio Dept Health

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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  04/30/2013
NAME OF PROVIDER OR SUPPLIER  FOUNDER'S WOMEN'S HEALTH CENTER THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1243 EAST BROAD STREET COLUMBUS, OH 43206			
(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 119	<p>Continued From page 3</p> <p>Patient #3 had surgery on 03/29/13. Staff N documented administering Cytotec 400 mg at 12:42 P.M. and Ibuprofen 600 milligrams at 12:48 P.M.</p> <p>Patient #5 had surgery on 03/21/13. Staff N documented administering Cytotec 400 mg and Ibuprofen 600 mg at 4:06 P.M.</p> <p>Patient #7 had surgery on 04/02/13. Staff N documented administering Cytotec 400 mg and Ibuprofen 600 mg at 10:31 P.M.</p> <p>Patient #8 had surgery on 03/23/13. Staff N documented administering Cytotec 400 mg at 9:59 A.M. and 10:51 A.M. and Ibuprofen 600 mg at 9:59 A.M.</p> <p>Patient #9 had surgery on 04/10/13. Staff N documented administering Cytotec 400 mg at 10:14 A.M. and 11:05 A.M.</p> <p>Patient #10 had surgery on 03/18/13. Staff N documented administering Cytotec 400 mg at 10:18 A.M.</p> <p>During interview with Staff N on 04/30/13 at 11:20 A.M. the staff member stated they were a former Licensed Practical Nurse but they had let their license lapse sometime in the 1980's. Staff N further verified that they only worked in the facility as a volunteer, as they were a relative of one of the nurses. Staff N further verified that they were not on the facility's payroll. Staff N stated they were a Medical Assistant, but could not produce evidence of this certification at the time of the inspection.</p> <p>Interview with Staff M on 05/01/13 per telephone at 10:15 A.M. verified that there was no</p>	C 119			

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If continuation sheet 4 of 14

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## Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0598A9	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  04/30/2013
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 119	Continued From page 4  documentation that Staff N was a Medical Assistant. Staff M verified that Staff N worked only as a volunteer and stated Staff N had previously worked at the facility and may have documentation in an old personnel file that was in a locked cabinet with a lost key. Staff M stated they would try to get access to this cabinet and see if there was any evidence of Staff N's certification as a Medical Assistant. Staff M verified at the conclusion of this inspection that the facility could not produce evidence that Staff N was a Medical Assistant and able to administer medications.	C 119			
C 123	O.A.C. 3701-83-08 (E) Staff Orientation & Training  Each HCF shall provide an ongoing training program for its staff. The program shall provide both orientation and continuing training to all staff members. The orientation shall be appropriate to the tasks that each staff member will be expected to perform. Continuing training shall be designed to assure appropriate skill levels are maintained and that staff are informed of changes in techniques, philosophies, goals, and similar matters. The continuing training may include attending and participating in professional meetings and seminars.  This Rule is not met as evidenced by: Based on a review of personnel files and interview with the facility staff, it was determined that the facility failed to ensure eight of nine facility staff (Staff D, E, F, G, H, I, J, and K) had documentation of orientation appropriate to the	C 123	C 123 - Staff Orientation & Training  1. This deficiency will be corrected with the following measures: a. Facility will conduct training with all staff members regarding their job duties and responsibilities. b. Facility will provide written job description for all staff members.  2. The following measure have been taken to ensure the deficiency does not recur: a. HR manager will conduct annual review of personnel files for completeness. b. Facility will create new hire orientation program to ensure all incoming staff fully understand their responsibilities and facility expectations.	07/16/2013	

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If continuation sheet 5 of 14



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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  04/30/2013
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 123	Continued From page 5  tasks that each staff member would be expected to perform. This deficient practice had the potential to affect all patients cared for at this facility. There were 2,128 patient visits in 2012.  Findings include:  The facility's personnel files were reviewed on 04/29/13 and 04/30/13. Review of the personnel files for Staff D, E, F, G, H, I, J, and K revealed no documentation that the facility staff received orientation appropriate to the tasks that each staff member would be expected to perform. Review of the personnel files further revealed the following dates of hire for each staff member listed above:  Staff D (Registered Nurse) Hire Date: 09/01/10 Staff E (Registered Nurse) Hire Date: 06/14/12 Staff F (Registered Nurse) Hire Date: 06/14/13 Staff G (Licensed Practical Nurse) Hire Date: 02/11/12 Staff H (Medical Assistant) Hire Date: 06/04/12 Staff I (Patient Care Assistant) Hire Date: 06/14/12 Staff J (Patient Care Assistant) Hire Date: 10/23/11 Staff K (Patient Care Assistant) Hire Date: 06/14/12  Interview with Staff L on 04/30/13 at approximately 2:00 P.M. verified the lack of documentation in the staff's personnel files.	C 123	C 123 - Staff Orientation & Training (Continued)  3. The performance will be monitored to ensure solutions are permanent through: a. HR manager will be present for staff training. b. HR manager will conduct annual review of personnel files to ensure training has been properly documented.  4. Staff training is scheduled to be conducted on July 10, 2013 and written job descriptions will be passed out at that time.	07/16/2013	
C 129	O.A.C. 3701-83-09 (A) Standards of Practice  The HCF shall assure all staff members provide services in accordance with:  (1) Applicable current and accepted standards of	C 129	C 129 - Standards of Practice  1. This deficiency will be corrected with the following measures:	07/16/2013	

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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		
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C 129	<p>Continued From page 6</p> <p>practice and the clinical capabilities of the HCF; and</p> <p>(2) Applicable state and federal laws and regulations.</p> <p>This Rule is not met as evidenced by: Based on a review of medical records and interview with the facility staff, the facility failed to ensure there were physician orders for the administration of second doses of an oral medication (Cytotec/cervical softener) for two patients (Patients #8 and #9) and failed to provide documentation of staff administering intravenous sedation for Patient #9. The sample size was 10. There were 2,128 patient visits in 2012.</p> <p>Findings include:</p> <p>The medical record of Patient #8 was reviewed on 04/30/13. The patient had surgery on 03/23/13. The medical record revealed that Staff N administered Cytotec 400 mg at 9:59 A.M. and 10:51 A.M. There was no physician's order for the second dose of the Cytotec. During interview with Staff N on 04/30/13 at 11:20 A.M., the staff (volunteer) stated Physician A wanted to have a second dose of Cytotec 400 mg given to all surgical patients over 13 weeks gestation. Staff N further stated that Physician A wanted the second dose of Cytotec 400 mg given one hour after the initial dose and then proceed with surgery one hour after the administration of the second dose of Cytotec 400 mg. Staff N stated this was an understood request of Physician A, but verified there was no approved protocol/doctor's order for the administration of the second dose of Cytotec</p>	C 129	<p>C 129 - Standards of Practice (Continued)</p> <p>a. The "Medical Notes" form was updated to reflect doctor's orders for medications. (See exhibit B)</p> <p>b. Nursing staff will be trained on proper documentation procedures.</p> <p>2. The following measures have been taken to ensure the deficiency does not recur:</p> <p>a. Training will be conducted with all staff on a periodic basis to review the importance of proper documentation.</p> <p>3. The performance will be monitored to ensure solutions are permanent through:</p> <p>a. Facility nurses will review charts at the end of every surgery day to ensure that there are no deficiencies.</p> <p>b. Any deficiencies noted will immediately be reported to the Director of Nursing.</p> <p>4. "Medical Form" was updated on April 30, 2013. Nursing staff is scheduled to be trained on July 16, 2013. All deficiencies will be remedied as of July 16, 2013.</p>	07/16/2013

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(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 129	Continued From page 7 to be given.  The medical record of Patient #9 was reviewed on 04/30/13. The patient had surgery on 04/10/13. The medical record revealed that Staff N administered Cytotec 400 mg at 10:14 A.M. and 11:05 A.M. There was no physician's order for the second dose of Cytotec. Patient #9's medical record revealed the patient was given intravenous sedation of Fentanyl 125 micrograms at 12:10 P.M. and 12:15 P.M. and Versed 25 milligrams at 12:05 P.M. during the operative procedure. There were no signatures/initials of the staff person administering these medications. This was confirmed during an interview with Staff F on 04/30/13 at 1:20 P.M.  On 04/30/13 at 1:25 P.M. Staff F presented a written protocol for the administration of the second dose of Cytotec. The protocol was signed by Physician A (initials), but lacked a date of the signature. The protocol also lacked a date. An interview was conducted with Staff F on 04/30/13 at 1:25 P.M. and Staff F stated this protocol had just been developed and initialed by Physician A on 04/30/13.	C 129			
C 140	O.A.C. 3701-83-10 (C) Disaster Planning  The HCF shall develop a disaster preparedness plan including evacuation in the event of a fire. The HCF shall review evacuation procedures at least annually, and conduct practice drills with staff at least once every six months.  This Rule is not met as evidenced by: Based on a review of the facility's fire drill and disaster drill records and interview with the facility	C 140	C 140 – Disaster Planning  1. This deficiency will be corrected with the following measures: a. Facility will conduct a fire drill. b. Facility will conduct a disaster drill.	07/05/2013	

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If continuation sheet 8 of 14

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## 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  04/30/2013
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 140	Continued From page 8  staff, it was determined that the facility failed to conduct fire and disaster drills at least once every six months with facility staff. This deficient practice had the potential to affect all patients cared for at this facility. There were 2,128 patient visits in 2012.  Findings include:  The facility's fire and disaster drill records were reviewed on 04/29/13. Review of fire drill records revealed that a fire drill was conducted on 04/11/12 and 01/10/13. There was no documentation of any other fire drills conducted in 2012. In addition, there was only one documented disaster drill which was conducted on 04/08/12. Further review revealed no documentation of the names/titles of the staff members or patients who participated in these drills.  Interview with Staff M on 04/29/12 at 4:00 P.M. verified that these were the only drills conducted and confirmed there was no documentation of which staff members and patients participated in the drills.	C 140	C 140 – Disaster Planning (Continued)  2. The following measures have been taken to ensure the deficiency does not recur: a. The facility has created documents to record the all drills (See exhibit C). b. The Executive Director is responsible for conducting all drills and completing all relevant documentation.  3. The performance will be monitored to ensure solutions are permanent through: a. Verification of documents as part of the monthly safety audit. (See exhibit D)  4. Fire drill was conducted on July 3, 2013 (See exhibit C-B) and disaster drill was conducted on performed on July 05, 2013 (See exhibit C-A). All deficiencies are corrected as of July 05, 2013.	07/05/2013	
C 152	O.A.C. 3701-83-12 (C) QA & Improvement Requirements  The quality assessment and performance improvement program shall do all of the following:  (1) Monitor and evaluate all aspects of care including effectiveness, appropriateness, accessibility, continuity, efficiency, patient outcome, and patient satisfaction;  (2) Establish expectations, develop plans, and implement procedures to assess and improve the	C 152	C 152 – QA & Improvement Requirements  1. This deficiency will be corrected with the following measures: a. The facility has created a new comprehensive quality control program. (See exhibit E)	07/16/2013	

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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  04/30/2013
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 152	<p>Continued From page 9</p> <p>quality of care and resolve identified problems;</p> <p>(3) Establish expectations, develop plans, and implement procedures to assess and improve the health care facility's governance, management, clinical and support processes;</p> <p>(4) Establish information systems and appropriate data management processes to facilitate the collection, management, and analysis of data needed for quality assessment and performance improvement, and to comply with the applicable data collection requirements of Chapter 3701-83 of the Administrative Code;</p> <p>(5) Document and report the status of quality assessment and improvement program to the governing body every twelve months;</p> <p>(6) Document and review all unexpected complications and adverse events, whether serious injury or death, that arise during an operation or procedure; and</p> <p>(7) Hold regular meetings, chaired by the medical director of the HCF or designee, as necessary, but at least within sixty days after a serious injury or death, to review all deaths and serious injuries and report findings. Any pattern that might indicate a problem shall be investigated and remedied, if necessary.</p> <p>This Rule is not met as evidenced by: Based on record review and staff interview, it was determined that the facility failed to ensure the quality assessment and improvement program monitored and evaluated the quality of patient</p>	C 152	<p>C 152 – QA &amp; Improvement Requirements (Continued)</p> <p>2. The following measures have been taken to ensure the deficiency does not recur:</p> <p>a. All staff will be trained on new Quality Control protocols.</p> <p>b. Facilities CEO will conduct the training.</p> <p>3. The performance will be monitored to ensure solutions are permanent through:</p> <p>a. The governing board shall review the quality assurance program on an annual basis in making the determination to make alterations to the existing plan.</p> <p>4. Quality Control Program was finalized on July 01, 2013. Governing Board is scheduled to review the Quality Assurance Program on July 10, 2013. Training is scheduled for July 16, 2013. All deficiencies will be corrected as of July 16, 2013.</p>	07/16/2013	

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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  04/30/2013
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 152	<p>Continued From page 10</p> <p>care and developed plans to improve the facility's governance and management. This deficient practice had the potential to affect all patients cared for at this facility. There were 2,128 patient visits in 2012.</p> <p>Findings include:</p> <p>During the entrance conference on 04/29/13 at 9:30 A.M., Staff M was asked to provide the meeting minutes of the Quality Assessment and Improvement Committee for the last 12 months. Review of the meeting minutes revealed only one meeting had been held in the past 12 months in November, 2012 and had identified no issues requiring an improvement plan. There were no current improvement plans in place.</p> <p>Review of the facility's Quality Control protocol and the meeting minutes on 04/29/13 revealed no evidence that the Quality Assessment and Improvement Committee was :</p> <p>Monitoring and evaluating all aspects of care including effectiveness, appropriateness, accessibility, continuity, efficiency, patient outcome, and patient satisfaction;</p> <p>Establishing expectations, developing plans, and implementing procedures to assess and improve the quality of care and resolve identified problems;</p> <p>Establishing expectations, developing plans, and implementing procedures to assess and improve the health care facility's governance, management, clinical and support processes;</p> <p>Establishing information systems and appropriate data management processes to facilitate the</p>	C 152			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0596A8	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED  04/30/2013
NAME OF PROVIDER OR SUPPLIER  FOUNDER'S WOMEN'S HEALTH CENTER THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1243 EAST BROAD STREET COLUMBUS, OH 43206			
(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 152	Continued From page 11 collection, management, and analysis of data needed for quality assessment and performance improvement;  Documenting and reporting the status of quality assessment and improvement program to the governing body every twelve months;  Documenting and reviewing all unexpected complications and adverse events, whether serious injury or death, that arise during an operation or procedure; and  Holding regular meetings, chaired by the medical director of the HCF or designee, as necessary, but at least within sixty days after a serious injury or death, to review all deaths and serious injuries and report findings.  There was also no evidence that any patterns that might have indicated a problem were investigated and remedied.  Interview with Staff L on 04/30/13 at 4:00 P.M. revealed that no quality improvement projects had been implemented in the past 12 months, but they are in the process of making "major changes" to the quality assessment and improvement program. Staff L further stated that those changes have not been finalized and have not been presented to the governing body as of yet.	C 152			
C 214	O.A.C. 3701-83-17 (I) Patient Accompanied at Discharge  The ASF shall discharge a patient only if accompanied by a responsible person, unless the attending or discharging physician, podiatrist, or anesthesia qualified dentist determines that the	C 214	C 214 – Patient Accompanied at Discharge 1. This deficiency will be corrected with the following measures:	07/16/2013	

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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  04/30/2013
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 214	<p>Continued From page 12</p> <p>patient doesnot need to be accompanied and documents the circumstances of discharge in the patient's medical record.</p> <p>This Rule is not met as evidenced by: Based on a review of medical records and interview with the facility staff, it was determined that the facility failed to ensure the attending or discharging physician documented the circumstances of discharge in the patient's medical records for two of ten sampled patients (Patients #5 and #8) who were discharged unaccompanied by a responsible adult. There were 2,128 patient visits in 2012.</p> <p>Findings include:</p> <p>The medical record of Patient #5 was reviewed on 04/29/13. The patient had a surgical procedure on 03/21/13. The patient was discharged from the recovery room to home on 03/21/13 at 10:51 A.M. The medical record documented the patient was discharged to self and was not accompanied by a responsible adult. The medical record lacked documentation by the physician (Physician A) of the circumstances for discharge to self and being unaccompanied by a responsible adult. This finding was verified with Staff M on 04/29/13 at 4:00 P.M.</p> <p>The medical record of Patient #8 was reviewed on 04/29/13. The patient had a surgical procedure on 03/23/13. The patient was discharged from the recovery room to home on 03/23/13 at 1:27 P.M. The medical record documented the patient was discharged to self and was not accompanied by a responsible adult. The medical record lacked documentation by the</p>	C 214	<p>C 214 – Patient Accompanied at Discharge (Continued)</p> <p>a. The "Medical Form" Was updated to reflect patient discharge status. (See exhibit B)</p> <p>b. Nursing staff and physicians will be trained on proper document procedures regarding discharge status.</p> <p>2. The following measures have been taken to ensure the deficiency does not recur:</p> <p>a. Training will be conducted with all staff on a periodic basis to review the importance of proper documentation.</p> <p>3. The performance will be monitored to ensure solutions are permanent through:</p> <p>a. Facility nurses will review charts at the end of every surgery day to ensure that there are no deficiencies.</p> <p>b. Any deficiencies noted will immediately be reported to the Director of Nursing.</p> <p>4. "Medical Form" was updated on April 30, 2013. Training is scheduled for July 16, 2013. All deficiencies will be corrected as of July 16, 2013.</p>	07/16/2013	

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## 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  04/30/2013
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 214	<p>Continued From page 13</p> <p>physician (Physician A) of the circumstances for discharge to self and being unaccompanied by a responsible adult. This finding was verified with Staff M on 04/29/13 at 4:00 P.M.</p> <p>During an interview on 04/29/13 at 4:00 P.M. Staff M stated they were not aware the physician was to document the circumstances of the discharge when a patient was discharged to self and unaccompanied by a responsible adult.</p>	C 214			

10/11/2013

## State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /  
Identification Number  
0596AS(Y2) Multiple Construction  
A. Building  
B. Wing(Y3) Date of Revisit  
10/9/2013

Name of Facility

FOUNDER'S WOMEN'S HEALTH CENTER THE

Street Address, City, State, Zip Code

1243 EAST BROAD STREET  
COLUMBUS, OH 43205

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. Each 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 codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix C0105 Reg. # O.A.C. 3701-83-03 (G) LSC	Correction Completed 10/09/2013	ID Prefix C0119 Reg. # O.A.C. 3701-83-08 (A) LSC	Correction Completed 10/09/2013	ID Prefix C0123 Reg. # O.A.C. 3701-83-08 (E) LSC	Correction Completed 10/09/2013
ID Prefix C0129 Reg. # O.A.C. 3701-83-09 (A) LSC	Correction Completed 10/09/2013	ID Prefix C0140 Reg. # O.A.C. 3701-83-10 (C) LSC	Correction Completed 10/09/2013	ID Prefix C0152 Reg. # O.A.C. 3701-83-12 (C) LSC	Correction Completed 10/09/2013
ID Prefix C0214 Reg. # O.A.C. 3701-83-17 (I) LSC	Correction Completed 10/09/2013	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

FILE COPY

Reviewed By <input checked="" type="checkbox"/>	Reviewed By BS	Date: 1-17-14	Signature of Surveyor: <i>April Stine / M.L.</i>	Date: 10/9/13
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:  
4/30/2013Check for any Uncorrected Deficiencies. Was a Summary of  
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

## CHECKLIST FOR ASC SURVEYS

FACILITY Landis Women's Health Center  
PROVIDER # 0596 AS SURVEY DATE 4/22/13 COUNTY Franklin

- 1) ☒ Golden Rod or Pink Rod Green
- 2) ☒ Checklist
- 3) ☒ Facility Information Document (FID)
- 4) ☐ CMS 1539 (C&T)
- 5) ☐ Copy of Letter of Readiness (Initial ASC)
- 6) ☐ Request to Establish Eligibility (HCFA 377)
- 7) ☒ Survey Team (HCFA 670) computer
- 8) ☐ CDE/ASC (HCFA 378E)
- 9) ☐ CDE/LSC (HCFA 2786E)
- 10) ☐ ASC/Survey Report Form (SRF) (HCFA 378)
- 11) ☐ LSC/SRF (HCFA 2786H)
- 12) ☒ SOD/POC Health (HCFA 2567) learnin - computer
- 13) ☐ SOD/POC LSC (HCFA 2567)
- 14) ☒ Post Certification Revisit (PCR) (If Applicable) (HCFA 2567B)
- 15) ☒ Transfer Agreement (Obtain a Copy for All Survey Types)
- 16) ☒ Miscellaneous ODH Documentation/Correspondence
- 17) ☐ ~~ASC Checklist~~ - Evaluation of Quality
- 18) ☐ ~~Infection Control~~ Surveyor Worksheet (Exhibit 351)
- 19) ☐ ~~Health Insurance Benefits Agreement~~ (CMS 370) (Initials and CHOWS )
- 20) ☐ Documentation Pages for the SRF that Supports 482.26 (Radiology) and 482.27 (Lab)

## CHECKLIST FOR ASF SURVEYS

FACILITY Founders Womens Health Center, Inc  
PROVIDER # 0596 AS SURVEY DATE 10/9/13 COUNTY Granville

- 1) ☒ Green Rod
- 2) ☒ Checklist
- 3) ☒ Facility Information Document (FID) *PSP only*
- 4) ☒ Transfer Agreement (Obtain a Copy for All Survey Types)
- 5) ☒ Miscellaneous ODH Documentation/Correspondence



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 Founders women's Health CTR. NPI		
Address	1243 E. Broad St.		
City/County	Columbus Franklin	Zip + 4:	43205
Mailing Address	1243 E. Broad St.		
City/County	Columbus Franklin	Zip + 4:	43205
E-Mail Address			
Administrator Name	JUDITH Nolan		
Other Information	Telephone: (614) 251-1800 Fax: (614) 251-1126 Provider No.: N/A Licensure No.: 0596AS Medicaid No.: N/A		
	Fiscal Intermediary/Carrier: Name/Address/Phone No. N/A		

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

ACCREDITED: ☐Yes ☒No

Maternity License Expiration Date: N/A

Fiscal Year: July - July  
2012 - 2013

Action: ☐Certification ☒Licensure ☐PCR/PSR ☐Complaint No. ☐Other

FACILITY BEDS	TOTAL	HOSPITAL	HOSPICE	PPS PSYCH	PPS REHAB	MATERNAL BEDS	N/B
Total Beds	3						
Total Census	2128						

HEALTH SURVEYS

Survey Entry Date:	4-22-13	Entrance Time:	9:30 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:	4-20-13	Exit Time:	4:45 A.M.	P.M.

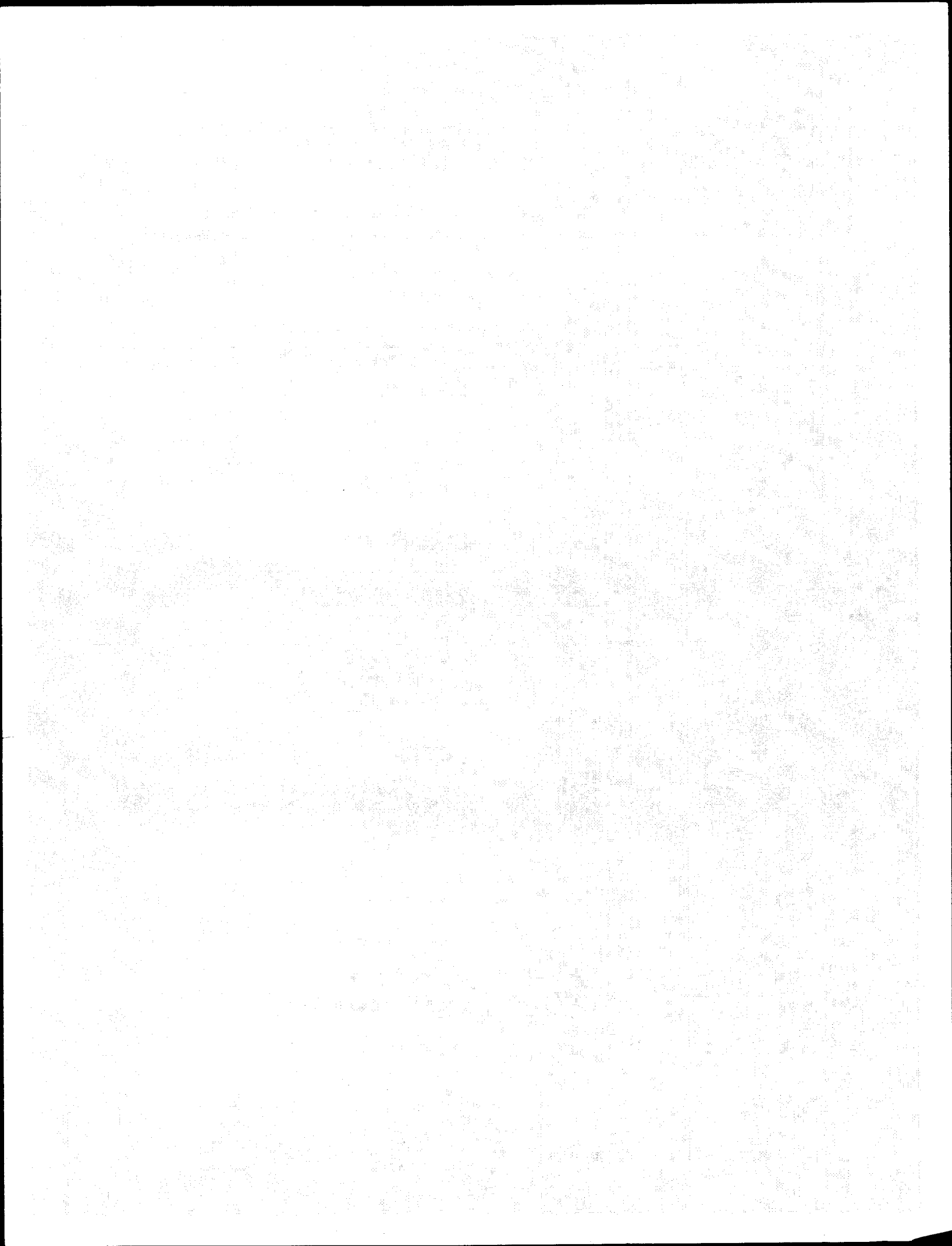
LSC SURVEYS

Survey Entrance 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:

Date:





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	Founder's Women's Health Ctr.		NPI
Address	1243 E. Broad St.		
City/County	Col's Franklin	Zip + 4	43005
Mailing Address	Same as above		
City/County	Zip + 4:		
E-Mail Address			
Administrator Name	Joan Nolan		
Other Information	Telephone: (614) 251-1800 Fax: (614) 251-1126 Provider No.: <del>059645000</del> Licensure No.: Medicaid No.: N/A		
	Fiscal Intermediary/Carrier: Name/Address/Phone No. N/A		

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

ACCREDITED: ☐ Yes ☐ No Maternity License Expiration Date: \_\_\_\_\_  
Fiscal Year: \_\_\_\_\_

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:	Entrance Time: 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:	Exit Time: A.M. P.M.

LSC SURVEYS

Survey Entrance 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:

Date:

# POC REVIEW

Provider Name: Founders Women's Health CCN: 0596 AS  
 Facility Phone #: 614-251-1800 etc Survey Exit Date: 4/30/13  
 POC Reviewed By: ad. Date Approved: \_\_\_\_\_  
 Desk Audit: NO

2567 signed and dated: yes Completed Date: 7/5/13

	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #
	C105	C119	C123	C129	C140	C152							
Correction date within timeframe?	N	N	N	N	N	N							
If POC refers to creating new policies/procedures, is a copy included?	N	N	N	Y	Y	Y/partial							
Does the plan address all of the deficient practice?	N	N	Y	N	N	Y							
Does the plan address who will monitor for compliance?	Y	Y	Y	Y	N	Y							
Waiver/Variance requested?													

## COMMENTS:

C105- def correction date conflict 7/1 and 7/5 → 30 daip.  
 - how is disclosure of no malpractice provided to pts prior to procedure? not when pt notified not included.  
 C119 - who will dispense meds approval 6/27 → 30 daip  
 C123- correction date 7/16 → 30 daip.  
 C129 - is reviewing charts at end of day going to prevent med. errors? correction 7/16 → 30 daip.  
 how are they going to ensure there are no meds given without orders?  
 C140 - nothing re: q 6 no drills for disaster - 1 who will monitor to ensure these will be conducted  
 & Sign in sheet drill 7/5/13 correction date → 30 daip  
 C152 correction date 7/16 → 30 daip.  
 9-4-13 called Judith Nolan. → Will fax by 10 AM Fri  
 corrections



	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #
Correction date within timeframe?													
If POC refers to creating new policies/procedures, is a copy included?													
Does the plan address all of the deficient practice?													
Does the plan address who will monitor for compliance?													
Waiver/Variance requested?													

	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #
Correction date within timeframe?													
If POC refers to creating new policies/procedures, is a copy included?													
Does the plan address all of the deficient practice?													
Does the plan address who will monitor for compliance?													
Waiver/Variance requested?													

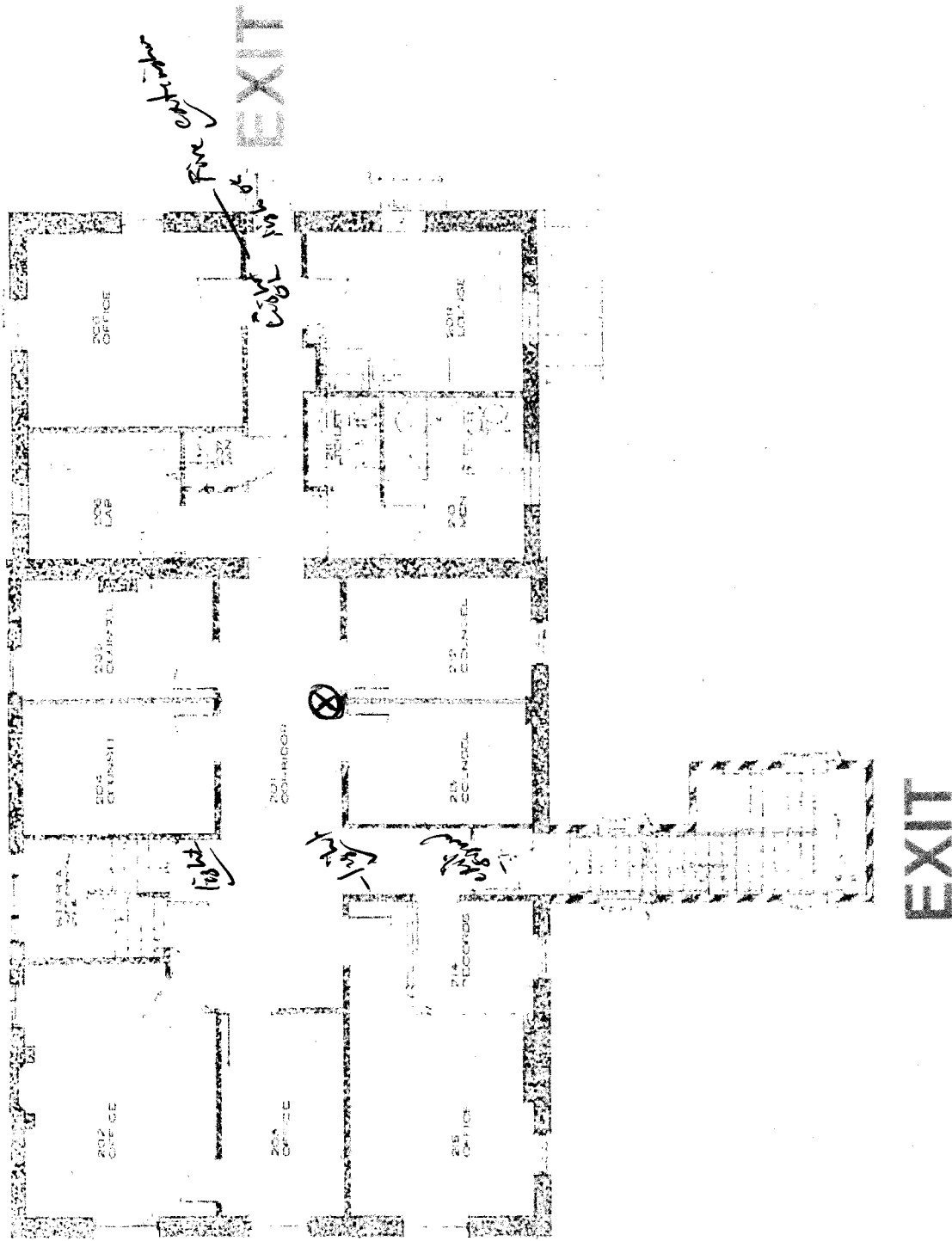
# EMERGENCY EVACUATION EXITS

059618



COPY

FCWHC 4/29/13



2ND FLOOR

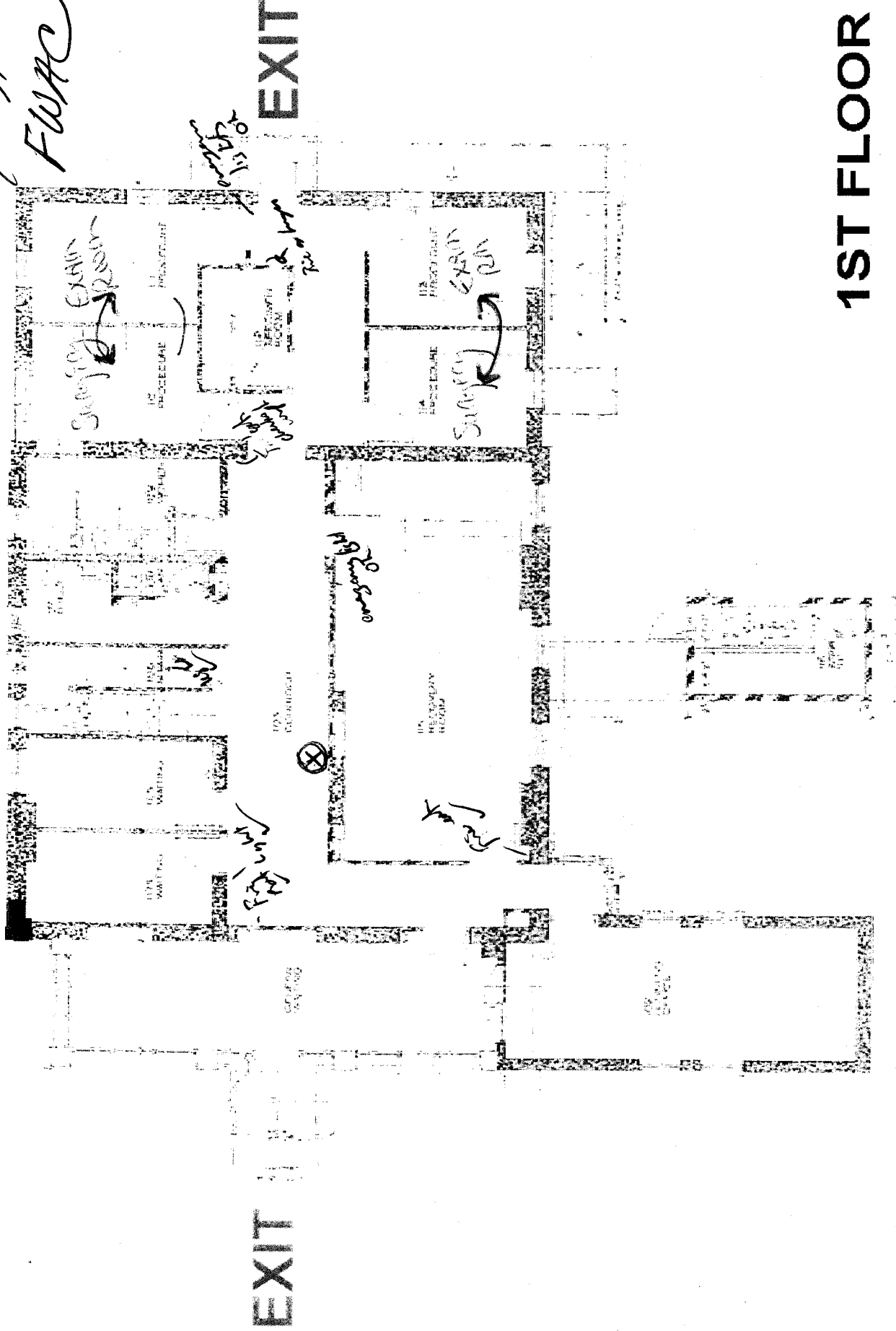
# EMERGENCY EVACUATION EXITS



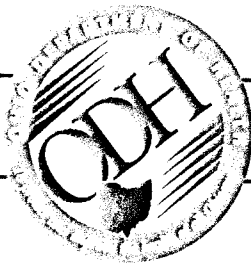
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EXIT

0796-125  
428/13  
FWAC



1ST FLOOR



# 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

June 24, 2013

Judith Nolan, Administrator  
The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, OH 43205

RE: The Founder's Women's Health Center- License: 0596AS  
Survey Completed on April 30, 2013

Dear Ms. Nolan:

The Ohio Department of Health, under the authority of Chapter 3702 of the Ohio Revised 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 seriously limit the facility's capacity to provide adequate care and services.

On the date noted above, we completed an inspection of your facility and cited the violation(s) annotated on the enclosed form. Therefore, in order to recommend your agency for licensure, we must receive an acceptable plan of correction **signed and dated 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.

**FILE COPY**

The Founder's Women's Health Center  
June 24, 2013  
Page 2 of 2

The Plan of Correction must be written on the enclosed Statement of Deficiency form.

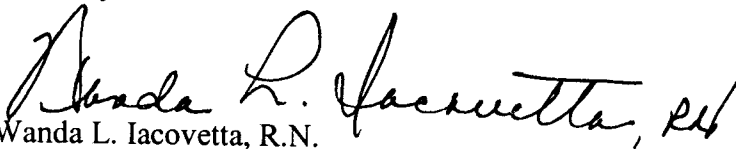
The projected date of correction must not exceed 30 days from the date of inspection exit date unless approval for an extended period for correction is obtained from this office.

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 may be contacted to request supporting documentation of compliance and/or receive a 2567B notifying you that your facility is now in compliance. The appropriate licensure action will also 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,

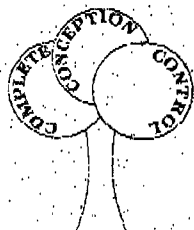
  
Wanda L. Iacovetta, R.N.

Non Long Term Care Unit Supervisor  
Bureau of Community Health Care Facilities and Services  
Division of Quality Assurance

WLI:cc

Enclosure: STATE FORM Licensure





## **The Founder's Women's Health Center**

1243 East Broad Street

Columbus, Ohio 43205-1438

614-251-1818

Toll Free 1-800-282-9490

Date: May 1, 2013

To: ODOH

Attn: Wanda Iacovetta

License # 0596AS

Re: Operating Room #1

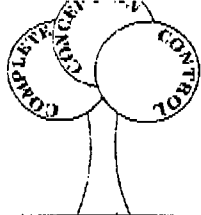
Please be advised, Founder's Women's Health Center is requesting to change our licensure from 4 to 3 operating rooms. Operating room #1 is now used for patient intake and is no longer set up as a surgery room. We will be using only 3 operating rooms at this facility. If you have any questions, please feel free to contact me at 614-251-1800.

Sincerely,

Judith A. Nolan

Executive Director

Founder's Women's Health Center



## The Founder's Women's Health Center

1243 East Broad Street

Columbus, Ohio 43205-1438

614-251-1818

Toll Free 1-800-282-9490

September 5, 2013

RE: Deficiencies/corrections of ASF #0596AS  
Attn: Wanda Iacovetta, RN

Dear Ms. Iacovetta,

Per our conversation on 9-5-13 regarding dates of correction, I have left the original dates in place as you indicated to me since we did not receive our deficiencies notice until 7-1-13. There is one date of correction regarding C-105 and that correction has been made. Thank you for all of your assistance regarding this matter. Please feel free to contact me if further action is needed at 614-251-1818.

Judith Nolan  
Executive Director

COPY

signed

## PATIENT TRANSFER AGREEMENT

This Agreement is entered into as of this 7TH day of February, 2013 (the "Effective Date"), by and between OhioHealth Corporation solely on behalf of Grant Medical Center ("Grant"), with its principal place of business at 180 East Broad Street, Columbus, Ohio 43215 and The Founder's Women's Health Center ("ASF") with its principal place of business at 1243 E. Broad St. Columbus, OH 43205.

This Agreement shall supersede all previously executed transfer agreements between the parties.

**WHEREAS**, ASF is an ambulatory surgical facility

**WHEREAS**, ASF may from time to time transfer a patient to Grant for appropriate treatment services when it is determined such transfers are in the best interest of the patient; and

**WHEREAS**, Grant is a general acute care hospital, and is able, willing and qualified to accept and provide patient care services to hospital patients;

**WHEREAS**, Grant is a general acute care hospital that may from time to time transfer a patient to the ASF for appropriate treatment services when it is determined such transfers are in the best interest of the patient; and

**WHEREAS**, the parties have determined that it would be in the best interest of patient care and would promote the optimum use of these health care institutions to enter into an agreement to facilitate the care and transfer of hospital patients between Grant and ASF as appropriate, such that the party transferring the patient would be the referring ASF ("the Referring ASF") and the party accepting the transfer would be the receiving Hospital ("the Receiving Hospital").

**NOW, THEREFORE**, the parties agree as follows:

### Section I.

(A) Grant Medical Center agrees to maintain twenty-four (24) hospital services to which the Referring ASF may transfer patients requiring such care.

(B) Both parties agree to assess, accept transfer of, admit and treat, as appropriate and within the capabilities of Receiving Hospital, those hospital patients who are referred by Referring ASF. Referring ASF, through its physician(s) treating the patient to be transferred (hereinafter collectively the "Referring



Physician"), is responsible for determining the need for transfer in accordance with the State of Ohio, contacting, and initiating the transfer to Receiving Hospital, and stabilizing the patient (as much as possible under the circumstances) pending transfer. The Referring ASF shall use its best efforts to provide to Receiving Hospital as much advance notice as possible with respect to the request for a transfer.

(C) Receiving Hospital, after contact by Referring ASF, will, through its emergency medicine physicians, offer advice regarding transportation options, timing of the transfer, pre-transfer stabilization and any additional diagnostic procedures prior to and during transportation.

(D) Referring ASF shall establish and maintain such policies and procedures as are necessary to facilitate the terms of this Agreement.

(E) At the time of making a patient transfer request to Receiving Hospital, Referring ASF shall provide to Receiving Hospital the following information (facsimile transmissions, to the extent available, shall be utilized if Receiving Hospital deems such transmissions necessary):

- The name of Referring ASF, and the name, title, and position of the person calling on behalf of Referring ASF;
- The name of the Referring Physician;
- The reason for transfer;
- The patient's name;
- The initial diagnostic impression, the patient's medical condition and the basis for the referral;
- The name, if known, of the physician to whom the patient is to be referred to at Receiving Hospital; and
- Any additional information which Receiving Hospital reasonably requests.

(F) The Referring Physician shall be responsible for obtaining the consent to the transfer, if legally necessary, and the patient or his/her legal guardian is available and capable to give consent.

(G) Referring ASF shall be responsible for ensuring that the following information accompanies a patient transport to Receiving Hospital or is faxed to Receiving Hospital prior to arrival of the patient at Receiving Hospital:

- 1 A copy of the patient's applicable medical record in the possession of Referring ASF (including, without limitation, written records, lab results, radiographs, patient address, Hospital number and age, medications and psychosocial history, when available, and the name, address and phone number of the next of kin);
- 2 A physician progress note with a narrative summary of the problem to include care, treatment and services provided, the name of the person who was consulted and who accepted the transfer and the reason for transfer (e.g., for further evaluation or intensive care);
- 3 A nursing sign-off note which includes a brief summary assessment of the condition of the patient, which indicates the presence of an IV or other tubes, and which summarizes the patient's intake and output during the previous twenty-four (24) hours or during emergency department treatment if not an inpatient;
- 4 A copy of the patient's consent to transfer and transfer of medical records or an explanation as to why such consent could not be reasonably obtained and, if applicable, a physician's certification for transfer; and
- 5 Such other information as the parties mutually agree is reasonably necessary to properly treat and provide follow-up care to the patient, including, third party payor information.

Referring ASF agrees to supplement the above information as necessary for the maintenance of the patient during transport and treatment upon arrival at Receiving Hospital.

- (H) Referring ASF shall establish and maintain such policies and procedures as are necessary to facilitate the terms of this Agreement.
- (I) Referring ASF shall be responsible for notifying Receiving Hospital of an approximate time of arrival of the transport.
- (J) Every effort shall be made for the Referring Physician to be at Referring ASF when the transport team arrives and to remain at Referring ASF until the team departs in order to ensure complete communication between the health care providers.
- (K) After obtaining appropriate parent or patient consent, Receiving Hospital shall use its best efforts upon request to provide updates to Referring ASF and to the Referring Physician of the patient's condition during hospitalization and of the patient's date of discharge when it becomes known.

**Section II. Payment for Services:** Referring ASF and Receiving Hospital shall each be responsible only for collecting its own payment for services rendered to the patient.

### **Section III. Other Services**

(A) **Performance Improvement:** Both parties shall from time to time conduct reviews of the patients transferred pursuant to this Agreement. Both parties will report any suggestions to improve upon the transfer of patients between the two institutions. If an amendment to this Agreement would be appropriate in an effort to improve patient care, both parties will consider such an amendment in good faith, and shall not refuse such amendment unreasonably.

(B) **Consultative Services:** Referring ASF shall have twenty-four (24) hour a day telephonic access to Grant Medical Center's emergency department physicians via the Emergency Communications Center (ECC) regarding hospital treatment issues associated with potential hospital referrals which may arise at Referring ASF at no cost to Referring ASF.

### **Section IV. Term, Termination and Amendment**

(A) **Term and Termination:** This Agreement shall be for an initial term of three (3) years, commencing on the Effective Date. Upon expiration of the initial term, this Agreement shall automatically renew for additional one (1) year terms.

(B) This Agreement may be terminated at anytime by either party, by providing 30 days notice to the party:

(C) All notices under this Agreement shall be in writing and personally delivered or deposited in the mail if sent prepaid by first class U.S. mail. All notices sent pursuant to Section IV (B) shall be sent by prepaid certified or registered U.S. mail, return receipt requested. All notices which are mailed shall be deemed given on the date of delivery by the U.S. Postal Service. All notices shall be sent to the address of the receiving party as set forth as principal place of business, or at such other address as shall be given in writing to either party by the other.

(D) **Amendment**

— This Agreement may be amended at any time by a written amendment signed by the parties hereto.

— Either party may request modification of this Agreement by written notice in the event of a change in law, regulations, or administrative policies by any governmental entity that materially affects the terms of this Agreement including any changes in reimbursement under Medicare or Medicaid.

### **Section V. Miscellaneous**

(A) **Access to Records:** Pursuant to the requirements of 42 CFR § 420.300 et seq., each party agrees to make available to the Secretary of Health and Human Services ("HHS"), the Comptroller General of the Government Accounting Office ("GAO") or their authorized representatives, all contracts, books, documents and records relating to the nature and extent of costs hereunder for a period of four(4) years after the furnishing of Services hereunder for any and all Services furnished under this Agreement. In addition, each party hereby agrees to require by contract that each subcontractor makes available to the HHS and GAO, or their authorized representative, all contracts, books, documents and records relating to the nature and extent of the costs thereunder for a period of four (4) years after the furnishing of Services thereunder.

(B) **Advertising and Public Relations:** Neither party shall use the name of the other party in any promotional or advertising material without the prior review and written approval of the party whose name is to be used.

(C) **Assignment:** No part of this Agreement, nor any rights, duties or obligations described herein, may be assigned or delegated to any third party by either party without the prior written consent of the other party.

(D) **Compliance with Laws and Standards:** Both parties shall comply with all federal, state and local laws in carrying out the terms of this Agreement, including but not limited to, the Emergency Medical Treatment and Active Labor Act of 1985 (EMTALA), contained in 42 U.S.C. §1395dd and the Health Insurance Portability and Accountability Act ("HIPAA") of 1996 contained in 42 U.S.C. §1320 (d) and any current and future regulations promulgated thereunder including, without limitation, the Federal Privacy Regulations contained in 45

C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the Federal Security Standards contained in 45 C.F.R. Part 142 (the "Federal Security Regulations"), and the federal standards of electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements", to the extent applicable. Each party agrees not to use or further disclose any protected health information (as defined in 45 C.F.R. §164.501) or individually identifiable health information (as defined in 45 U.S.C. §1320d), other than as permitted by HIPAA requirements and the terms of this Agreement. To the extent applicable under HIPAA, each party shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Secretary of Health and Human Services to the extent required for determining compliance

(E) **Warranty of Non-Exclusion:** Each party represents and warrants to the other that the party, its officers, directors and employees (i) are not currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs as defined in 42 U.S.C. §1320a-7b(f) (the "federal healthcare programs"), (ii) have not been convicted of a criminal offense related to the provision of healthcare items or services but have not yet been excluded, debarred, or

otherwise declared ineligible to participate in the federal healthcare programs, and (iii) are not, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may result in the party or any such individual being excluded from participation in the federal healthcare programs. This shall be an ongoing representation and warranty during the term of this Agreement and each party shall immediately notify the other of any change in the status of the representations and warranty set forth in this section. Any breach of this section shall give the other party the right to terminate this Agreement immediately for cause.

(F) **Entire Agreement:** This Agreement represents the entire Agreement of the parties and no other oral or written agreement relative to the issues contained herein shall be binding upon the parties hereto. This Agreement supersedes all prior or contemporaneous oral or written representations, understandings, or agreements concerning the same.

(G) **Governing Law:** This Agreement shall be interpreted and enforced in accordance with the laws of the State of Ohio.

(H) **Independent Contractors:** The parties hereto have entered into this Agreement in their capacities as independent contractors. Neither party shall be construed, represented or held to be a partner, associate, agent, employee, joint venturer, or other like relationship of the other party in the performance of its obligations under this Agreement. Neither party, by virtue of this Agreement, shall be found to assume any liability for any debts or obligations of either a financial or a legal nature incurred by the other party to this Agreement.

(I) **Nonwaiver:** No waiver of any term or condition of this Agreement by either party shall be deemed a continuing or further waiver of the same term or condition or a waiver of any other term or condition of this Agreement.

(J) **Severability:** In the event any term of this Agreement is found to be unenforceable, in whole or in part, then the offending term shall be construed as enforceable to the maximum extent permitted by law, and the balance of this Agreement shall remain in full force and effect.

(K) **EMTALA:** Both parties agree that they will transfer patients in compliance with the Emergency Medical Treatment and Active Labor Act of 1985 (42 USC §1395dd).

**IN WITNESSETH WHEREOF,** the parties hereto have caused this Agreement to be executed in duplicate as of the date first aforesaid.

**HOSPITAL: Grant Medical Center**

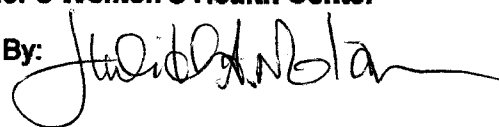
**ASF: Founder's Women's Health Center**

By:



Its:

By:



Its:

Date: 2/8/13

Date: 2-8-13

copy 4/30/12  
3:30 pm

## Common Procedures @ FWHC

1. Abortions
2. Annual exams / Pap smears
3. DMPA
4. Post-op exams
5. STD testing
6. Ultrasounds
7. IUD insertions / removals
8. Gyn exams
9. Laminaria
10. Birth Control Options

**T & S Management**

# **Policy & Procedures**

[Type the document subtitle]

**Effective July 1, 2013**

OHIO DEPT OF HEALTH  
DQA-BCHCFS

2013 JUL -9 AM 9:03

**2013**

## **Quality Control**

### **Mission Statement**

T&S Management is committed to providing the highest standards of safety hygiene and quality to all its patients and staff.

### **Training**

T&S Management provides a series of ongoing training for employees, pursuant to *OAC 3701-83-08 (E)*. Training is conducted on a regular basis and can include, but is not limited to the following programs:

- CPR & First-Aid
- Blood-borne Pathogens
- OSHA Safety Guidelines
- Customer Service Skills
- Telephone Skills
- Counseling/Communication Skills

### **Consistency**

To ensure consistency amongst staff, T&S Management has implemented Universal Training protocols for each position. The training modules ensure all staff receives consistent and accurate information during training.

### **Monitoring Program**

### **Audits**

In accordance with *OAC 3701-83-08 (G)*, all staff of patient based services will be subjected to monthly performance audits to ensure all Quality & Safety standards are being adhered to as well as patient care and adherence to T&S Management policies.

Audits will be based on a scale of 100 with a numerical score being assigned to each audit. Employees falling below a score of 85 will be subject to remedial measures up to and including:

- Re-training
- Re-assignment



- Disciplinary Action
- Termination

Audits scores will be reviewed by the Governing Board on annual basis.

### **Patient Surveys**

Pursuant to *OAC 3701-83-07 (C)* T&S Management shall provide all patients with a survey asking them to rate their experience on multiple levels.

Surveys will be entered on weekly basis into the Survey Tracker, which will assign each survey a numerical score on a scale of 1 to 4. The Director will be informed of any survey with a calculated score below 3.

The Director will review the mean scores on a monthly basis and the Governing Board will review survey scores on an annual basis.

### **Competency Testing**

As part of the annual evaluation process outlined in section Evaluations, each employee will submit to a written test on an annual basis to ensure continued familiarity with their position. The test will center on general safety and tasks related to their respective position.

### **Evaluations**

Each employee will be subject to annual performance evaluations as required by *OAC 3701-83-08 (G)*. Evaluations will be written by the individual employee's supervisor, and approved by Human Resources prior to the Supervisor reviewing the evaluation with the employee.

### **Performance Improvement Plans**

Performance Improvement Plans or PIPs will take the place of the annual evaluation in the circumstance of underperforming employees. Every PIP will follow the guidelines set forth in the section Disciplinary Action, and be set to a 30, 60, or 90-day schedule. The goal of the PIP is to correct deviant behavior in accordance to *OAC 3701-83-12 (A)*.

PIPs will be written by the individual employee's supervisor, and approved by Human Resources prior to the Supervisor reviewing the PIP with the employee.

## Safety & Sanitation

In adherence to *OAC 3701-83-10 (B)*, T&S Management has implemented an Inspection Management program to ensure the highest standards of Safety & Sanitation at all facilities.

### Inspections & Frequency

Eyewash Station – This is a weekly inspection of the emergency eyewash stations. Eyewash stations must be capable of providing 3 minutes of continuous water flow and are readily accessible in facilities that possess chemicals classified as irritants by the MSDS, in accordance with *29 CFR 1910.151(c)*.

CLIA Audit – A monthly inspection evaluating the adherence and execution of CLIA based policies, record keeping, and training.

Laboratory Audit – This monthly audit

Safety Inspection – This is a comprehensive monthly inspection of the safety of the facility including inspections of the Automated External Defibrillator (AED) and the emergency power supply required by *OAC 3701-83-21 (E)*.

Crash Cart Inspection – This inspection is performed monthly on the crash cart to ensure contents are present and in acceptable working order.

Medication Expiration – A monthly inspection of the medication in the facility to ensure medication is not expired. Any medication found to be expired will be disposed of in accordance with applicable laws.

Equipment Maintenance – An annual check performed on the medical machinery at each facility by a 3<sup>rd</sup> party. Machinery shall be inspected for proper performance along with safety & sanitation issues. Preventative maintenance will be performed as needed per manufacturer's instructions as required by *OAC 3701-83-20 (C)*.

### Terminal Cleaning

Surgery rooms, the recovery room, and the POC lab are subject to terminal cleaning. Terminal cleaning is conducted on a weekly basis and in accordance with the following guidelines:

1. Walls ceilings and floors are cleaned with a bleach solution (1:10 bleach/water ratio).
2. Counter tops and surfaces are cleaned with Cavicide disinfected in accordance with the manufacturer's directions.

3. Cleaning must be conducted behind and underneath any moveable surfaces, with items being relocated to allow for cleaning in otherwise inaccessible areas.
4. Terminal Cleaning Log must be filled out in entirety to ensure proper documentation of cleaning procedure.

### **Facility Cleaning**

Facility cleaning is completed on a daily or weekly basis as determined by the task and in accordance with the following guidelines:

1. Common areas to be swept and/or vacuumed daily.
2. Tile floors are mopped on a weekly basis.
3. Waiting room and business areas to be dusted on a weekly basis.
4. Surfaces wiped down and free of debris.

### **Instrument Cleaning**

Instrument cleaning is completed on a daily basis and in accordance with the following guidelines:

1. Unwrap used tray.
2. Dispose of syringe and vacurette in biohazard box.
3. Dispose of used wrap and paper in biohazard bag.
4. Soak instrument in Enzol solution (1oz. per gallon of water) for one minute.
5. Use steel brush and scrubby sponge to clean debris off instruments.
6. Rinse instruments with water.
7. Soak instruments in bleach solution (1:10 bleach/water ratio) for 10 minutes.
8. Rinse instruments in water.
9. Dry instruments
10. Wrap instruments as per Medical Directors desire (Pictures provided in lab).

### **Grievance**



In accordance with *OAC 3701-83-13 (A)*, a grievance procedure is in place to facilitate a patient's ability to file a grievance concerning their care with T&S Management. All patients have the ability to file a verbal or written complaint while under care or shall have the ability to contact the State of Ohio's complaint line.

### **Posting**

In addition to the written grievance procedure, each facility will post in conspicuous locations, the toll-free hotline number to the State's complaint line in accordance with *OAC 3701-83-13 (B)*.

## **Review**

The Governing Board shall review the Quality Assurance program on an annual basis, in making the determination to make alterations to the existing plan.

Section 2: EMERGENCY PREPAREDNESS		Yes	No	N/A	Corrective Action
1	Evacuations route plans are placed throughout the building.				Corrective Action:
	<u>What to look for:</u> Floor plans with egress routes should be placed on walls throughout the building.				Place signs on buildings as needed.
2	First-Aid Kits are properly stocked and accessible.				Corrective Action:
	<u>What to look for:</u> Any sign stating the presence of a First-Aid Kit, must have a kit. Kits should be stocked with bandages, and any items deemed necessary to treat typical injuries.				Correctly stock First-Aid Kits.
3	Flashlights have working bulbs and batteries.				Corrective Action:
	<u>What to look for:</u> Flashlights should properly illuminate along their pointed direction.				Replace bulbs and batteries as needed.
4	AED has been inspected and is working properly.				Corrective Action:
	<u>What to look for:</u> AED should power-on properly and be free of damages and defects. AED pads have not expired.				Schedule repairs.
5	Company EAP is up to date, including contact info.				Corrective Action:
	<u>What to look for:</u> Check EAP for correctness in Employee Contact info, Emergency Services info, and protocols are up to date.				Make necessary corrections to EAP. Distribute corrected info with all employees.
6	Material Data Safety Sheets (MSDS) are present and readily accessible to all associates.				Corrective Action:
	<u>What to look for:</u> MSDS sheets must be available on all chemicals that employees may become exposed to. Pick a chemical and find the MSDS.				Add necessary MSDS sheets. Employees are made aware of MSDS locations.
7					Corrective Action:
	<u>What to look for:</u> Stop two employees and ask them to instruct on the evacuation route for their building.				Train Associates as needed. Conduct Fire Drill as needed.
8					Corrective Action:
	<u>What to look for:</u> Stop two employees and ask them to identify the relocation area.				Train Associates as needed. Conduct Drills on a quarterly basis.

QUARTERLY DISASTER DRILL

Date	Time	Weather	# of Participants	Type of Drill	Conditions Simulated	Response Time	Problems Encountered and Resolution Taken	Drill Administrator
1st Quarter								
2nd Quarter								
3rd Quarter								
4th Quarter								

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205

## **Quality Assurance Tasks**

### **Daily Requirements:**

Room Temperature Log  
Controlled Substance Log  
Temperature/Humidity Log  
Recovery Room Refridgerator Log  
Medication, Needles, Syringes Log  
Outside Laboratory Tests Checked for Completion  
Biohazard Waste and Sharps Proper Storage and Disposal  
Confidential Patient Records Locked

### **Weekly Requirments:**

Eyewash Station Function Check  
Surgical Terminal Cleaning  
Autoclave Cleaning/Spore Testing

### **Bi-Weekly Requirments:**

Hazardous Waste Disposal

### **Monthly Requirements:**

Safety Inspection  
Crash Cart Check  
Medication Expiration Check  
AED Check

**Quarterly Requirements:**

Peer Chart Review  
Quality Control Chart Review

**Semi-Annual Requirements:**

Governing Body Meeting  
Fire Drills  
Disaster Drills

**Annual Requirements:**

ODH State License Renewal  
Physician's License Renewal (every 2 years)  
DEA License Renewal (every 3 years)  
BWC Certificate Renewal  
Equipment Inspection  
OSHA Compliance  
Fire Marshall Inspection  
Policy/Procedure Review and Approval

**As Needed:**

Staff Training/ In-Service  
Equipment Maintenance  
Policy and Procedure Additions/Revisions  
Staff Meetings