

LICENSURE SURVEY PROCESSING CONTROL SHEET

NON LONG TERM CARE UNIT (NLTC)

PHONE: (614) 387-0801 FAX: (614) 387-2763

OHIO DEPT OF HEALTH
DQA-BCHCFS

SURVEY HEALTH ENTRANCE	DATE: 2-23-11
SURVEY HEALTH EXIT	DATE: 2-23-11
LSC EXIT	DATE: —
MAILED/TURNED IN	DATE: —
FISCAL YEAR	12/31

PSR TO BE A DESK AUDIT? ☐ Yes ☐ No

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

COMPLAINT(S) # _____

TYPE (circle): ASC ESRD HCS HOSPICE

LICENSE# 0600 AS

FACILITY NAME: Womens Med Center

ADDRESS: 1401 E. Stroop Rd

CITY/COUNTY/ZIP Kettering / Montgomery / 45429

WMTBII

Surveyor Initials	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited
Cmu	25760	C 210								
LR	03245	C 231								
		C 247								

NLTC/Lic Cert Entered (Date/Initials) CERT 3-3-11 ☐ 10/60 ☐ 10/45 CONDI ☐ 5/30 PSR LIC ☐ 10/30 PSR ☐ 5/15 PSR

Draft To Supervisor By OA (Date/Initials) 3-3-11 CC LTR. Signed (Date/Initials) Due 3/7/11

SOD MAILED (Date/Initials) 3-8-11 CC

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

POC Due 5 Days on 10 Days 3-18-11 CC ☐ LOG ☐ CALENDAR ☐ ACO ☐ Lic Cert
POC Approved (Date/Initials) _____ File To Pending Drawer (Date/Initials) _____

File To Review (Date/Initials) _____ ☐ LOG ☐ Lic Cert

670 Completed (Date/Initials) 4-12-11 CC 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 _____

8E

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Martyn Kisk</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: Martin Haskell, Administrator Women's Med Center Of Dayton 1401 E. Stroop Road Dayton, OH 45429		B. Received by (Printed Name) <i>Sheryl Kisk</i>	
		C. Date of Delivery 3/9	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		<div style="text-align: right;"> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> E.O.D. </div>	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. 7010 0290 0003 0726 4584			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage)
For delivery information visit our website

OFFICIAL

Postage \$
Certified Fee
Return Receipt (Endorsement P)
Restricted (Endorsement)
*Martin Haskell, Administrator
Women's Med Center Of Dayton
1401 E. Stroop Road
Dayton, OH 45429*

Mark Here

St. or P.
City, St.

PS Form 3800, August 2006

See Reverse for Instructions

Approved
3/19/11 DR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0600AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2011
NAME OF PROVIDER OR SUPPLIER WOMEN'S MED CENTER OF DAYTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 E. STROOP ROAD DAYTON, OH 45429		
(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 CM/LR Re-Licensure Inspection Administrator: Martin Haskell County: Montgomery Capacity: 2 Operating rooms The following violations were issued as a result of the Re-Licensure inspection of an Ambulatory Surgical Center inspection completed on 2/23/11	C 000		
C210	3701-83-17 (E) Discharge Within 24 Hours The attending or other designated physician, podiatrist, or anesthesia qualified dentist shall discharge a patient meeting discharge criteria from the ASF within twenty-four hours of the start of the operation or procedure, or induction of anesthesia, whichever is first, or transfer the patient to a setting appropriate for the patient's needs. This Rule is not met as evidenced by: Based on clinical record reviews, and staff interview, the physician failed to discharge two of five sampled patients from the facility. This involved Patients #1 and #5. Findings include: Clinical record reviews were conducted for Patients #1 and #5 on 02/23/11. Both clinical records revealed these patients had surgery in the facility; however, were discharged on the same date without signed physician's discharge	C210	<p style="text-align: center;">OHIO DEPT OF HEALTH DOA-DECHFS 2011 MAR 17 P 2:55</p> <p>C210 - FURTHER RESEARCH BY STAFF REVEALED THAT ONE PHYSICIAN WAS NOT COMPLIANT WITH THIS REQUIREMENT. REVIEW ALSO REVEALED THAT OUR CHART AUDIT CHECKLIST WAS NOT SPECIFICALLY LOOKING FOR THIS REQUIREMENT.</p> <ul style="list-style-type: none"> - THE PHYSICIAN HAS BEEN MADE AWARE OF THE NEED FOR SIGNING THE DISCHARGE ORDER AND HE HAS ACCEPTED THIS CORRECTION WITHOUT RESISTANCE. - THE CHART AUDIT CHECKLIST HAS BEEN REVISED TO SPECIFICALLY CHECK FOR THIS REQUIREMENT. - THE DIRECTOR HAS CHECKED THE PHYSICIAN'S CHARTS FOR THE PAST WEEK AND HAS NOTED NO FURTHER DEFICIENCIES. SHE WILL CONTINUE TO CHECK HIS CHARTS FOR ANOTHER 2MO., AND IF NO FURTHER DEFICIENCIES ARE NOTED WILL CONSIDER THE MATTER CORRECTED. 	

Ohio Department of Health

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

STATE FORM

6899

WMTB11

TITLE

(X6) DATE

Melina Apple (DIRECTOR) 3/14/2011

If continuation sheet 1 of 4

7
VIII

22

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0600AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2011
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C210	Continued From page 1 orders. Although there was a space on the clinical record for the physician's signature, and time of the signature, both medical records lacked a physician's signature ordering the discharge of the patients. Patient #1's surgery was completed on 01/14/11 between 12:49 PM and 12:54 PM, and was discharged at 1:20 PM. Patient #5's surgery was completed on 01/07/11 at 3:04 PM, and was discharged at 3:32 PM. During an interview on 02/23/11, at 2:35 PM, Staff A verified the lack of physician's discharge orders for these two patients.	C210	C210 CONTINUED - CHART AUDITS WITH THE REVISED CHECKLIST SHOULD IDENTIFY ANY FUTURE DEFICIENCIES OF THIS NATURE 3/14/2011	
C231	3701-83-19 (B) Drug Control & Accountability The ASF shall: (1) Provide adequate space, equipment, and staff for storage and the administration of drugs in compliance with state and federal laws and regulations. (2) Establish and implement a program for the control and accountability of drug products throughout the facility and maintain a list of medications that are always available. This Rule is not met as evidenced by: C 231 Drug Control & Accountability 3701-83-19 (B) Based on observation and staff interview the facility failed to ensure open multiple dose vials of medications were dated when opened and initialed by the staff member who opened the vials. The total patient census was 1,677.	C231	C231 - RESEARCH OF THIS ITEM REVEALED THAT THE CENTER'S CRNA WAS NOT APPROPRIATELY RECORDING THE DATE AND INITIALING MULTI-DOSE VIALS. RESEARCH ALSO REVEALED THAT A WRITTEN POLICY DID NOT EXIST FOR THE CORRECT LABELING OF MULTI-DOSE VIALS WHEN OPENED AND FOR THEIR DISPOSAL AFTER 30 DAYS, THOUGH ALL NURSES HAVE BEEN TRAINED TO DATE AND INITIAL VIALS WHEN OPENED. - THE MEDICATIONS INVOLVED WERE MEDICATIONS THAT ONLY THE CRNA USES AND WERE USED WITHIN 1-2 WEEKS. THE CRNA HAS BEEN ADVISED OF THE NECESSITY OF CORRECTLY LABELING MULTI-DOSE VIALS AND HAS ACCEPTED THIS CORRECTION WITHOUT RESISTANCE. THE CENTER DIRECTOR WILL SPOT CHECK HIS MEDICATIONS FOR THE NEXT 2 MONTHS AND IF NO FURTHER DEFICIENCIES ARE NOTED WILL CONSIDER THE	

Ohio Dept Health

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C231	Continued From page 2 Findings include: During tour of the facility on 2/23/11 at 11:00 AM it was noted that a small black locked box contained a multiple dose vial with the label of Fentanyl 2500 mcg/50 ml. This medication is used for pain management during surgery. There was no date of when this medication was opened or initials of the staff member that opened the vial. There was another multiple dose vial with the label of Midazolam 50 mg/10 ml this medication is used during surgery as an amnesiac. This was confirmed by staff A on 2/23/11 at 11:15 AM.	C231	<i>C231 CONTINUED - MATTER CORRECTED. - AN EXPLICIT POLICY FOR LABELING AND DISPOSING OF MULTI-DOSE VIALS MEDICATIONS HAS BEEN WRITTEN AND PUBLISHED IN THE MEDICAL POLICY AND PROCEDURES MANUAL BY THE MEDICAL DIRECTOR.</i> <i>3/14/2011</i>		
C247	3701-83-20 (H) Medical Gasses Each ASF shall develop and follow policies and procedures for the storage and use of medical gases in accordance with the requirement of the national fire protection association (NFPA) 99. This Rule is not met as evidenced by: C 247 Medical Gasses 3701-83-20 (H) Based on observation and staff interview the facility failed to ensure that a portable oxygen tank was secured. This had the potential to affect patients, staff, and visitors. The total patient census was 1,677. Findings include: During tour of the facility on 2/23/11 at 11:25 AM the door to the medical gas room was open and the surveyor observed a small green oxygen tank standing inside of the door, unsecured. When Staff A was asked if the tank was empty she/he stated it was full. She /he immediately secured	C247	<i>C247 - RESEARCH REVEALED THAT THE CRNA HAD RETURNED AN E-TANK THAT HAD BEEN BORROWED BY ANOTHER OFFICE. HE WAS REMINDED OF THE IMPORTANCE OF KEEPING PRESSURIZED GAS TANKS SECURED AND ACCEPTED THE CORRECTION WITHOUT RESISTANCE. - AS NOTED, THE TANK WAS SECURED DURING THE INSPECTION. THE EVENT LEADING TO THIS INCIDENT IS NOT A RECURRING ACTIVITY SO WE ANTICIPATE NO FURTHER OCCURRENCE.</i> <i>3/14/2011</i>		

Ohio Dept Health

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C247	Continued From page 3 the tank. This had the potential to cause harm to patients, staff, and visitors to the facility. This was confirmed with Staff A on 2/23/11 at 11:30 AM.	C247			

Chart #:
D.O.B:
Name:

C210
The Women's
Med Center

Copy 060045
2/23/11

Surgery
Record

212

Examination

Date ____/____/____

Uterus: ____ wks/LMP Size ☐ Anteverted ☐ Retroverted ☐ Mid

Plan: ☐ Vacuum D & C ☐ Overnight Laminaria followed by Dismemberment D&E ☐ Other _____

Laminaria Insertion

Date ____/____/____

Anesthetic: ☐ N₂O/O₂ ____:____ ☐ Intracervical ☐ Paracervical

Local: ____ cc ☐ Lidocaine 1% w/Vasopressin ☐ Lidocaine 1% ☐ Other _____

Laminaria: ____ Large (5mm) ____ Jumbo (8mm) ____ Other ____ Dilapan (4mm) ____

☐ Digoxin ____ mg intrafetal transabdominally with ultrasound by ____ MD

Orders:

Initials/Time

Initials/Time

☐ Disp Doxycycline 100 mgm x 2

☐ Disp Ibuprofen 200 mgm #24

☐ Ibuprofen 400 mgm X 2 po

☐ Other _____

☐ Disp Misoprostol 200 mcg # ____ Take ____ buccally @ ____ & ____

RTC:

Signature: _____

M.D.

Surgery PreProcedure Ultrasound Examination Reveals ☐ FHT Absent ☐ FHT Present

Date ____/____/____

Anesthetic: ☐ N₂O/O₂ ____:____ ☐ Paracervical ☐ Other _____

Local: ____ cc ☐ Lidocaine 1% w/Vasopressin ☐ Intracervical ☐ Lidocaine 1%

Procedure: ☐ Suction Curettage ☐ Manual Curettage ☐ Other _____

☐ Dilation & Evacuation, Multiple Instrument Passes, Dismembered ☐ Intra-operative Ultrasound

Curette: ____ mm ☐ Rigid Curved ☐ Rigid Straight ☐ Flexible

Notes: _____

EBL: _____

Tissue Examination:

____ gms. weight ☐ Chorionic Villae ☐ Amniotic Sac Present ☐ Specimen to Lab ____ wks. by specimen

☐ Fetal Parts Present ☐ Complete ☐ Multiple ☐ Intact ____ mm Fetal Foot

Orders:

Initials/Time

Initials/Time

☐ Pitocin 10U IM / IC

☐ Microgam IM / IC

☐ Ergonovine 0.2 mgm po

☐ Rhogam IM / IC

☐ Ibuprofen 400 mgm x 2 po

☐ Disp Ergonovine 0.2 mgm q6h #12

☐ Disp Doxycycline 100 mgm x 2

☐ OCP:

Disp #

Rx #

Signature: _____

M.D.

☐ No post anesthesia recovery required.

Patient may be discharged unaccompanied

Time: _____

M.D.

M.D.

Plan:

Lab: ☐ Hgb: ☐ Urine Pregnancy: ☐ Sonogram: ☐ Diagnosis:

Abdomen			
Ext. genitalia			
Vagina			
Cervix			
Uterus			
Adnexa			
Rectal			

P.E. WNL N/D VARIANT

Physician:

Signature:

Current medications:

Method of Contraception:

Date of Abortion / / Weeks Gestation:

Nursing:

B/P:

P:

T:

Have you had any problems since your abortion?

Post Surgical Abortion Exam

Chart #:
D.O.B
Name:

The Women's
Med Center

Date:

Time Out:

Time Back:

Time Seen:

C210

Women's Med

Month: _____

1 of 4

Chart Audit

Selected Chart	#1	#2	#3	#4	#5	Totals
Date of Surgery						
Chart Number						

Peer Review						
-------------	--	--	--	--	--	--

Surgery Record	Total=				
Patient Label or Info					
Date					
Orders Checked					
Orders Initialed & Timed					
Physician Signature					
Physician Dechrg & Time (if not GA)					

Pre-Op Record	Total=				
Patient Label or Info					
Date					
Educator Notes Completed					
Educator Signature					
Nursing Assessment Complete					
Drug Allergies Listed					
Height & Weight Recorded					
Nursing Signature					
Pre-Op Testing Complete					

Nursing Notes D&C or D&E	Total=				
Patient Label or Info					
Vital Signs Charted					
Times Recorded Each Entry					
Signature at Bottom					

Instructions: Place a "+" or "✓" in each box where the item is correctly recorded or marked on the chart. Place a number in the box corresponding to the number of items that are missing or incorrectly recorded. Leave boxes blank where an item was not reviewed or not applicable. Total the incorrect items across each row. Then total the totals vertically for each category. Record the category totals in the monthly rollup summary.

C231

B. Medications and Prescriptions General Practices

1. Storing Medications and Syringes

The Head Nurse oversees that all medications, syringes, needles and drug samples are stored in locked cabinets or closets that only nurses can unlock. Nurses can place labeled pre-dosed supplies in work areas for access by other nursing staff during times that patients are seen, but they must be returned to locked cabinets or closets when patient care is completed for the day.

2. Expired Medications

The Head Nurse checks the inventory of all drugs monthly and records the quantities on the inventory count sheet. She identifies drugs that will expire within 3 months. She notifies the Inventory Manager of expiring medications and of stock levels that have become dangerously low so that additional quantities can be ordered before existing supplies are exhausted.

She discards all drugs that will expire in the coming month. She reports the quantity of all discarded drugs and remaining drugs to the Inventory Manager.

3. Multi-Dose Vials of Injectable Drugs

When a multi-dose injectable vial is opened, the nurse records the date and his/her initials on the label. Nurses discard multi-dose vials that have been open for more than 30 days.

4. Multi-Dose Containers of Non-Injectable Drugs

When the factory seal of a multi-dose container is opened for administering non-injectable medication, the nurse records the date opened, the name of the medication, the lot number, the expiration date and his or her signature on the **Drug Lot Log**.

4/7/2011

DEK Audit

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
0600AS(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
3/22/2011

Name of Facility

WOMEN'S MED CENTER OF DAYTON

Street Address, City, State, Zip Code

1401 E. STROOP ROAD
DAYTON, OH 45429

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).

DEK Audit

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix C210 Reg. # 3701-83-17 (E) LSC	Correction Completed 03/22/2011	ID Prefix C231 Reg. # 3701-83-19 (B) LSC	Correction Completed 03/22/2011	ID Prefix C247 Reg. # 3701-83-20 (H) LSC	Correction Completed 03/22/2011
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	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By

State Agency

Reviewed By

CMS RO

Reviewed By

Reviewed By

Date:

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

Followup to Survey Completed on:

2/23/2011

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES

NO

STATE WORKLOAD REPORT

 Provider/Supplier Number
 0600AS

 Provider/Supplier Name
 WOMEN'S MED CENTER OF DAYTON

Type of Survey (select all that apply)

2				
---	--	--	--	--

 A Complaint Investigation
 B Dumping Investigation
 C Federal Monitoring
 D Follow-up Visit
 M Other

 E Initial Certification
 F Inspection of Care
 G Validation
 H Life Safety Code

 I Recertification
 J Sanctions/Hearing
 K State License
 L CHOW

Extent of Survey (select all that apply)

A				
---	--	--	--	--

 A Routine/Standard Survey (all providers/suppliers)
 B Extended Survey (HHA or Long Term Care Facility)
 C Partial Extended Survey (HHA)
 D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 25760	02/23/2011	02/23/2011	0.25	0.00	6.50	0.00	4.00	0.50
2. 03245	02/23/2011	02/23/2011	0.25	0.00	6.50	0.00	3.50	0.50
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours.....

1.00

Total RO Supervisory Review Hours....

0.00

Total SA Clerical/Data Entry Hours....

1.00

Total RO Clerical/Data Entry Hours....

0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

DESK Audit

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number 0600AS	Provider/Supplier Name WOMEN'S MED CENTER OF DAYTON
------------------------------------	--

Type of Survey (select all that apply)

2	D			
---	---	--	--	--

- | | | |
|---------------------------|-------------------------|---------------------|
| A Complaint Investigation | E Initial Certification | I Recertification |
| B Dumping Investigation | F Inspection of Care | J Sanctions/Hearing |
| C Federal Monitoring | G Validation | K State License |
| D Follow-up Visit | H Life Safety Code | L CHOW |
| M Other | | |

Extent of Survey (select all that apply)

F				
---	--	--	--	--

- A Routine/Standard Survey (all providers/suppliers)
 B Extended Survey (HHA or Long Term Care Facility)
 C Partial Extended Survey (HHA)
 D Other Survey

DESK Audit

SURVEY TEAM AND WORKLOAD DATA

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1. 20256			0.50	0.00	0.00	0.00	0.00	1.00
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.50

Total RO Supervisory Review Hours..... 0.00

Total SA Clerical/Data Entry Hours..... 0.50

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No



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	Womens med Center					NPI	1215088018
Address	1401 E. Stroop Rd						
City/County	Montgomery Kettering OH 45429					Zip +4:	
Mailing Address							
City/County						Zip +4:	
E-Mail Address	Melissa@Sofitemgt.com						
Administrator Name	Martin Haskell						
	Number:	Type:	Eff. Date:	Exp. Date:	Date Began Employment With Facility:		
Other Information	Telephone: (937) 293-3917 Fax: (937) 293-1264						
	Provider No.:		Licensure No.:		Medicaid No.:		
	FISCAL INTERMEDIARY/CARRIER: Name/Address/Phone #						

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

ACCREDITED: ☐ Yes ☒ No

Maternity Lic Exp Date _____

Fiscal Year 12/31

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: 2-23-11	Entrance Time: A.M. P.M.
Day of the Week: M T <u>W</u> Th F Sat Sun	
Week of the Month: 1 2 <u>3</u> 4	
Survey Exit Date: 2-23-11	Exit Time: A.M. P.M.

LSC SURVEYS:

Survey Entry Date:	Entrance Time: A.M. P.M.
Number of Buildings:	Description of Construction Type:
Construction Dates (each bldg.):	
Survey Exit Date:	Exit Time: A.M. P.M.

☐ Additional Information On Back

Completed By: Ann Truitt Date: 2/23/11



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

March 8, 2011

Martin Haskell, Administrator
Women's Med Center Of Dayton
1401 E. Stroop Road
Dayton, OH 45429

RE: Women's Med Center Of Dayton - License: 0600AS
Survey Completed on February 23, 2011

Dear Mr. Haskell:

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 a 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.

FILED

Women's Med Center Of Dayton
March 8, 2011
Page Two of Two

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

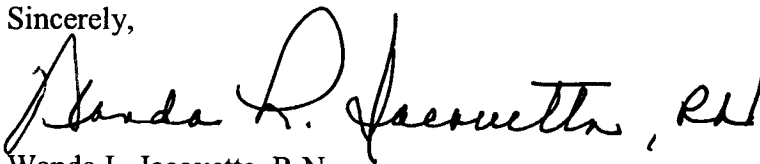
The projected date of correction must not exceed 30 days from the date of inspection exit date unless approval for an extended period for correction is obtained from this office.

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 will be advised by phone that your plan of correction was accepted and that the appropriate licensure action will be recommended to the licensure administrator.

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

Sincerely,



Wanda L. Iacovetta, R.N.
Non Long Term Care Unit Supervisor
Bureau of Community Health Care Facilities and Services
Division of Quality Assurance

WLI/cc

Enclosure: STATE FORM Licensure

FILE COPY

GERHARDSTEIN & BRANCH

A LEGAL PROFESSIONAL ASSOCIATION

617 VINE STREET, SUITE 1409
CINCINNATI, OHIO 45202-2418TELEPHONE: (513) 621-9100
FACSIMILE: (513) 245-5543*ALVIN D. JACKSON, M.D.
JENNIFER L. BAIRDof Counsel
ROBERT F. LAUFMAN

February 28, 2008

OHIO DEPT. OF HEALTH
2008 FEB 28 PM 12:01
GENERAL COUNSEL
JENNIFER L. BAIRDAlvin D. Jackson, M.D.
Director of Health
Ohio Department of Health
246 North High Street
Columbus, OH 43215Re: Women's Medical Professional Corporation, DBA Women's Med Center of
Dayton (ODH ASF License # 0600AS)

Dear Dr. Jackson:

We represent Women's Medical Professional Corporation and Dr. Martin Haskell, the operator and Medical Director of Women's Med Center of Dayton. In a letter to Dr. Haskell dated February 14, 2008 you denied his request for a variance or a waiver. You stated that our proposed variance was inadequate because ODH "would not retain any written record of the names of the members of the group of physicians that committed to assume the responsibilities for the patient." Dr. Haskell has been able to obtain the permission of three of his backup doctors to allow their names to be made known to you. Therefore, I have attached a copy of the back-up agreement from May 30, 2003. This agreement is still in force and effect today between Dr. Haskell and the three physicians whose names have not been redacted. We ask that the May 30, 2003 letter from the back up physicians be exempt as a public record under R.C. 149.43 but we are no longer making that a condition of our request for a waiver.

The backup physicians have admitting privileges at Miami Valley Hospital and maintain a regular presence in the hospital for patient care. They are all licensed medical doctors in good standing with the Ohio Medical Board. (License information attached). Note that the services of these backup physicians are engaged pursuant to a protocol that you have already reviewed. (May 2003 variance request Ex. B, J, Ex. 21).

With this backup agreement, along with the previously submitted variance requests and supporting documents, the requirements of OAC §3701-23-14 should be satisfied. Your predecessor, Dr. Baird, testified at the trial in 2003 that he would grant the waiver under these conditions. ODH's attorney affirmed this position in a pleading in the federal court case, "The Director here seeks only the alleged back-up doctor's name and business

Alvin D. Jackson, M.D.
February 28, 2008
Page 2 of 2

address and the hospital where the doctor has admitting privileges, to be able to confirm the doctor's credentials, admitting privileges at a local hospital, and agreement to provide emergency medical services to the clinic's patients, to support a request for a waiver of the transfer agreement requirement." See Doc. 96, p. 17-18.

Finally, we note that Dr. Baird also stated that the purpose of the Ohio Department of Health is to promote health services, not shut down clinics. Baird Tr. 30. We believe through this request we have eliminated the only objection remaining by the Department. However, if there are additional concerns we ask that you speak with us before issuing a final decision so that we can address those concerns. That in fact has been the normal way we have worked with ODH on variances for other clients.

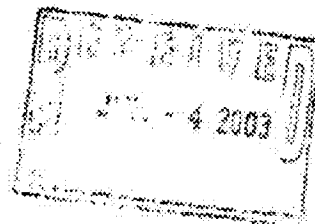
Therefore we re-new the request for the variance and further request that once the variance is granted that you rescind the revocation order. Dr. Haskell and his back-up doctors are available to answer any questions you may have. If you do have questions, please call either of us.

Sincerely,



Alphonse A. Gerhardstein
Jennifer L. Branch

C: Melinda Osgood
David Greer
Martin Haskell, M.D.



May 30, 2003

Martin Haskell, M.D.
Women's Professional Medical Corporation
P.O. BOX 43100
Cincinnati, OH 45243

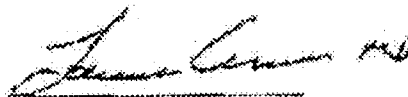
Dear Dr. Haskell:


This letter confirms our agreement that the undersigned physicians will provide emergency hospital back-up services for surgical patients of the Women's Med+ Center of Dayton in the event of a surgical complication, emergency situation or other medical need that requires hospitalization. We each have admitting privileges in Obstetrics and Gynecology and will arrange patient admissions and appropriate care for their condition.

In the event our services are needed under this agreement, contact us through the MVH operator (208-8000) by asking for the attending physician on call on the obstetric service (pager 5065). Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to give you thirty (30) days notice if we need to modify or cancel this agreement.

Sincerely,


Larry Amesse, MD


Sheila Barban, MD


Jan Duke, MD



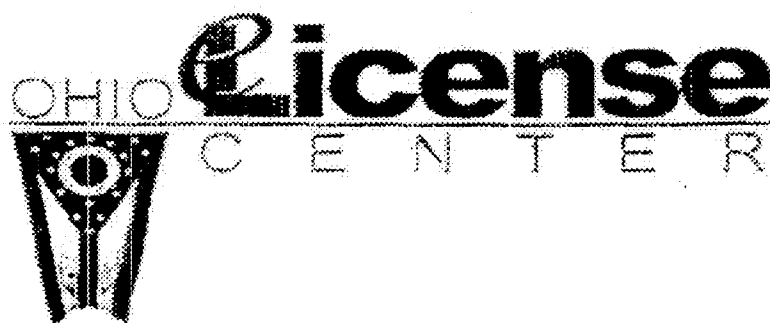
Identification Information		[back]
Name	Dr. LAWRENCE SHELTON AMESSE Birth Date: 3/1945 Birth Place: OAKLAND COUNTY, MI Birth Country:	
Practice	CME DEPT OF OB/GYN ROOM 3K10 128 APPLE STREET DAYTON, OH 45409	
Residence	DAYTON, OH 45418 County: Montgomery	
Professional Education	School: 043010 East Tennessee State University James H. Quillen Coll Graduated: 0504/55	

License and Registration Information				
Credential	License Type	Initial Licensure Date	Expiration Date	Status
SS.075162	Doctor of Medicine	08/15/1995	07/01/2009	ACTIVE
Specialties OBSTETRICS & GYNCOLOGY REPRODUCTIVE ENDOCRINOLOGY UNSPECIFIED				
Specialty listings are primarily provided by the physician. They are not verified by the State Medical Board and do not confirm that the physician is Board certified by a professional specialty organization. To find out if a physician is certified by a specialty board, you should contact that board. Information and links to specialty boards can be found by clicking this green box.				

Formal Action Information
No formal action exists.

The above is an accurate representation of information currently maintained by the State Medical Board of Ohio as of 2/28/2008. The JCAHO and the NCQA have informed the Board that they consider this on-line license status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards. This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.

The State Medical Board utilizes the Federation Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Ohio. Physicians initially licensed in Ohio after February 1st, 1997 have had their medical education, post-graduate training and examination history primary source verified by FCVS. Therefore, the use of this website for documentation of primary source verification (PSV) of education and training meets current NCQA guidelines for those licensed after February 1, 1997. This statement, affirming that primary source verification of medical education and post-graduate training has been performed as part of the licensure process, should be printed out and retained in your files. Prior to February 1, 1997, the State Medical Board prime source verified the post-graduate training and examination history.



Identification Information	
Name	DR. SHEELA MADHAV BARMAN Birth Date: 4/1968 Birth Place: CANTON, OH Birth Country:
Practice	MIAMI VALLEY HOSPITAL 4100 BERRY WOMENS HEALTH DAYTON, OH 45406 United States of America
Residence	BEAVERCREEK, OH 45430 County: Greene
Professional Education	School: 019030-Tulane University School of Medicine Graduated: 06/06/92

License and Registration Information				
Credential	License Type	Initial Licensure Date	Expiration Date	Status
35-070348	Doctor of Medicine	06/08/1998	07/01/2009	ACTIVE
Specialties				
OBSTETRICS & GYNCOLOGY				
Specialty listings are voluntarily provided by the physician. They are not verified by the State Medical Board. We do not confirm that the physician is Board certified by a professional specialty organization. To find out if a physician is certified by a specialty board, you should contact that board. Information and links to specialty boards can be found by clicking this green box.				

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Identification Information		(back)
Name	Dr. JANICE MOSNY DUKE Birth Date: 3/1944 Birth Place: ST CHARLES, IL Birth Country:	
Practice	UNIVERSITY WOMENS HEALTH CENTER One Wyoming Street Suite 4130 DAYTON, OH 45406 United States of America	
Residence	REYTERING, OH 45429 County: Montgomery	
Professional Education	School: 036070-Wright State University School of Medicine Graduated: 08/08/98	

License and Registration Information				
Credential	License Type	Initial Licensure Date	Expiration Date	Status
35.073011	Doctor of Medicine	08/02/1997	04/01/2009	ACTIVE
Specialties OBSTETRICS & GYNECOLOGY OBSTETRICS & GYNECOLOGY OBSTETRICS & GYNECOLOGY Specialty listings are voluntarily provided by the physician. They are not verified by the State Medical Board and do not confirm that the physician is board certified by a professional specialty organization. To find out if a physician is certified or a specialty board, you should contact that board. Information and links to specialty boards can be found by clicking this given box.				

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GERHARDSTEIN & BRANCH

A LEGAL PROFESSIONAL ASSOCIATION

617 VINE STREET, SUITE 1409
CINCINNATI, OHIO 45202-2418

TELEPHONE: (513) 621-9100
FACSIMILE: (513) 345-5543

*ALPHONSE A. GERHARDSTEIN
JENNIFER L. BRANCH

Of Counsel
ROBERT E. LAUFMAN

February 29, 2008

**Also admitted in
Minnesota*

Melinda Snyder Osgood
Assistant Attorney General
Health & Human Services Section
30 E. Broad Street, 26th Floor
Columbus, OH 43215
Fax: 614-466-6090

Re: Women's Medical Professional Center v. Ohio Department of Health

Dear Melinda:

I have consulted with my client and we are able to answer the questions in your letter dated February 29, 2008.

1. The agreement dated May 30, 2003 is still in full force and effect. The physicians named in the May 30, 2003 letter are still in agreement to provide emergency hospital backup services for WMPC. Dr. Haskell spoke with them earlier this week to verify their continued agreement. I have contacted the physicians as well. Both my client and I can assure you that the agreement is current.
2. The specific terms of the agreement between WMPC and the backup physicians are all contained in the May 30, 2003 letter. The agreement has no expiration and is in fact indefinite. It can be terminated by the physicians with 30 days prior written notice. No such termination notice has been given. Nor has any notice been given to modify the agreement.
3. The named backup physicians have current admitting privileges at Miami Valley Hospital. You are welcome to call the credentialing department at MVH to verify this directly.
4. The process for alerting the backup physicians of the need for an admission is explained in the May 30, 2003 letter. The process is to call MVH and page the on-call attending physician on the OB service. The backup physicians maintain a hospital-based practice, so the best way to reach them is through the hospital. Since they are MVH hospital-based physicians MVH will admit their patients.

Also, the attached letter from Deb Mals, which is still in effect, assures that MVH is available to any patient with an emergency medical condition.

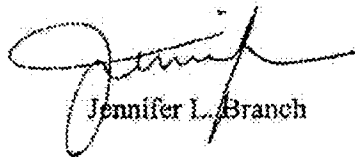
5. The information which must accompany the patient to the hospital includes:
- a detailed note of the nature of the emergency, physical findings, the care given, order for transfer and the patient's condition at the time of transport. A copy of this note is to be placed in the patient's chart.
 - a complete copy of the patient's chart in an envelope on which is written the receiving physician's name and the reason for transfer. This will be given to the ambulance crew to transport to the emergency room with the patient.
 - instructions to the ambulance crew to appropriately care for the patient while in transit, or alternatively the attending physician accompanies or directs a nurse to accompany the patient in the ambulance if the patient's condition is grave.

The patient's chart will include information on the patient's current medical condition, the pre-transfer stabilizing steps that were taken prior to the transfer and a list of medications that were administered to the patient prior to the transfer.

6. The clinic's Emergency Medical Protocol is attached. It was last updated in January 2008. This protocol serves several facilities; therefore it does not single out the process for Dayton. Dr. Haskell strongly believes that standardized procedures amongst his facilities assures the best patient care. The protocol and the backup agreement letter (containing instructions for reaching the physicians) is posted conspicuously at the nurses station, the instrument room between the surgery rooms, and in the physician's office. Your surveyors who came to the clinic this week should have seen it.

If you would like further assurance or clarification of these issues, or any additional issues, please contact me. If it is after hours, feel free to email me or call my cell phone (513) 535-4123.

Sincerely,



Jennifer L. Branch

C: Martin Haskell, M.D.

MVH Miami Valley Hospital

One St. James Square
Dayton, Ohio 45424
Telephone: 937.502.2122

November 19, 2002

Martin Haskell, M.D.
Women's Medical Center
1401 E. Stroop Rd.
Kettering, Ohio 45429

RE: Termination of Transfer Agreement

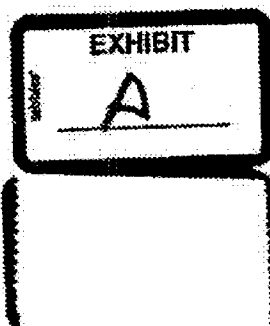
Dear Dr. Haskell:

Pursuant to the Term and Termination section of the Transfer Agreement Between Miami Valley Hospital and Women's Medical Center, Miami Valley Hospital is hereby providing thirty days written notice of its intent to terminate the Agreement. As of December 20, 2002, the Transfer Agreement will no longer be in effect. Of course, the Miami Valley Hospital Emergency and Trauma Center will be available to any of your patients that have an emergency medical condition.

Sincerely,



Deb Mairs
Vice-President of Operations



Apx. 0318

A member of Premier Health Partners

A. Emergency Medical Protocol

1. Initial Response

Upon recognition of a suspected emergency, Nursing Staff summons the Head Nurse, the physician on premises 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 to staff 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 completes the surgery at hand before responding. The physician defers charting the completed surgery until the emergency is under control or has been disposed.

2. Attending Physician

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 exists and has the Head Nurse summoned to the patient care area.
- b. Directs the Head Nurse to summon appropriate transport for the patient and assist in the medical response.
- c. Directs the medical response and assures that the patient is receiving the appropriate medical care for the emergency.
- d. Contacts the physician who will be assuming care of the patient and provides all necessary medical information and history for the physician to appropriately assume care of the patient.
- e. Contacts the receiving Emergency Room physician and provides all necessary medical information and history for the physician to appropriately care for the patient until the treating physician arrives.
- f. 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.
- g. 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 receiving physician's name and the reason for the transfer.
- h. 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.

3. Charge Nurse

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

- a. Directs adequate personnel to assist in managing the patient's medical care as conditions warrant.
- b. Calls or directs someone to call 911 requesting an ambulance and describing the nature of the emergency.
- c. 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.
- d. Directs someone to greet the ambulance crew at the surgical area entrance and lead them to the site of the emergency.
- e. Directs someone to move patients and visitors in the surgical area into areas where they will not observe the ambulance crew entering or leaving, and to advise them in a calm reassuring manner that we have an emergency and are expecting an ambulance.
- f. Calls or directs someone to call the Medical Director and on-call physician if they are not present.
- g. Directs such other response of personnel, equipment or resources that will serve the patient's best interest.

- h. Directs the ambulance crew to take the patient to the hospital designated by the attending physician.
- 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. 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.

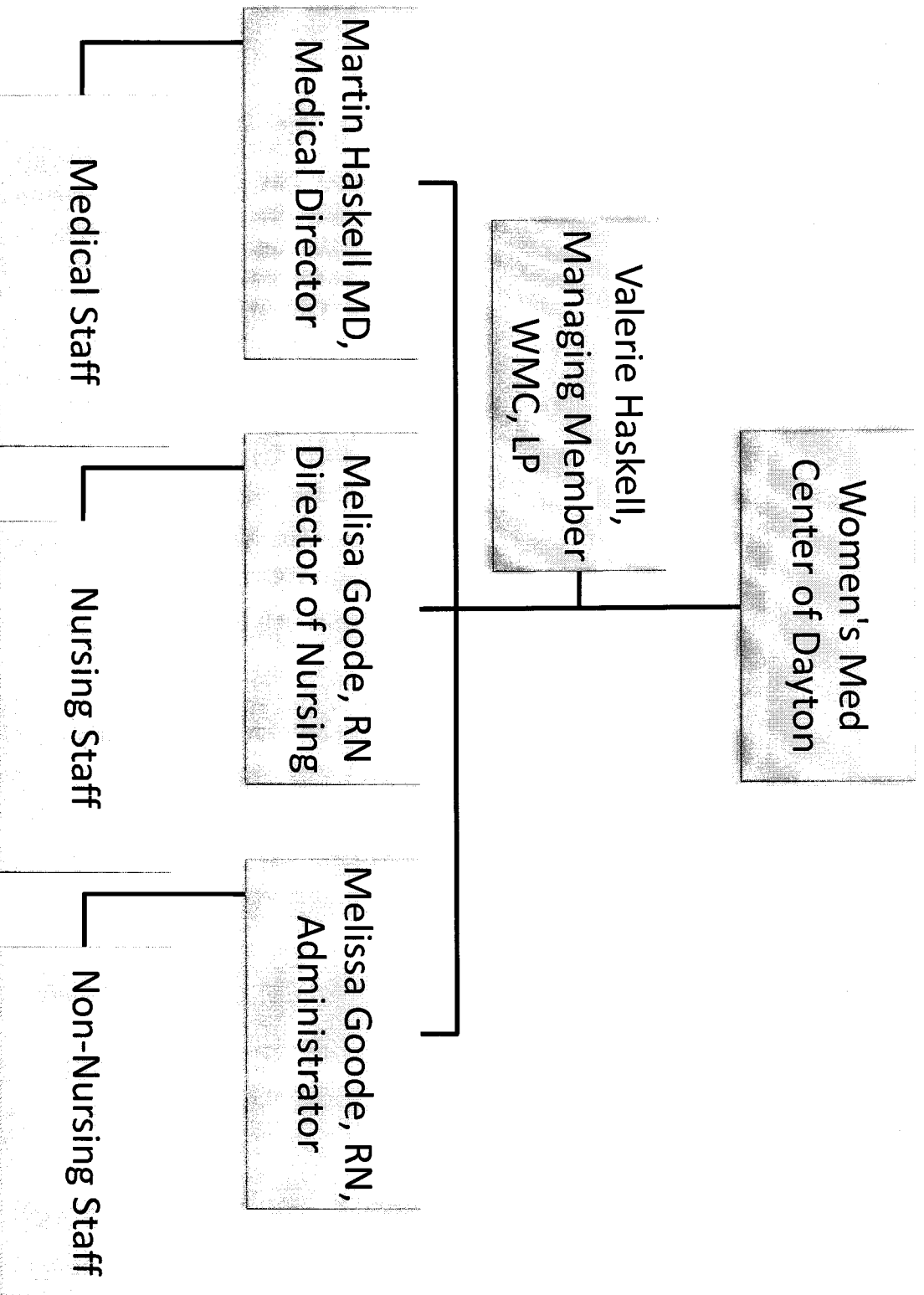
4. Front Desk Charge Person

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:

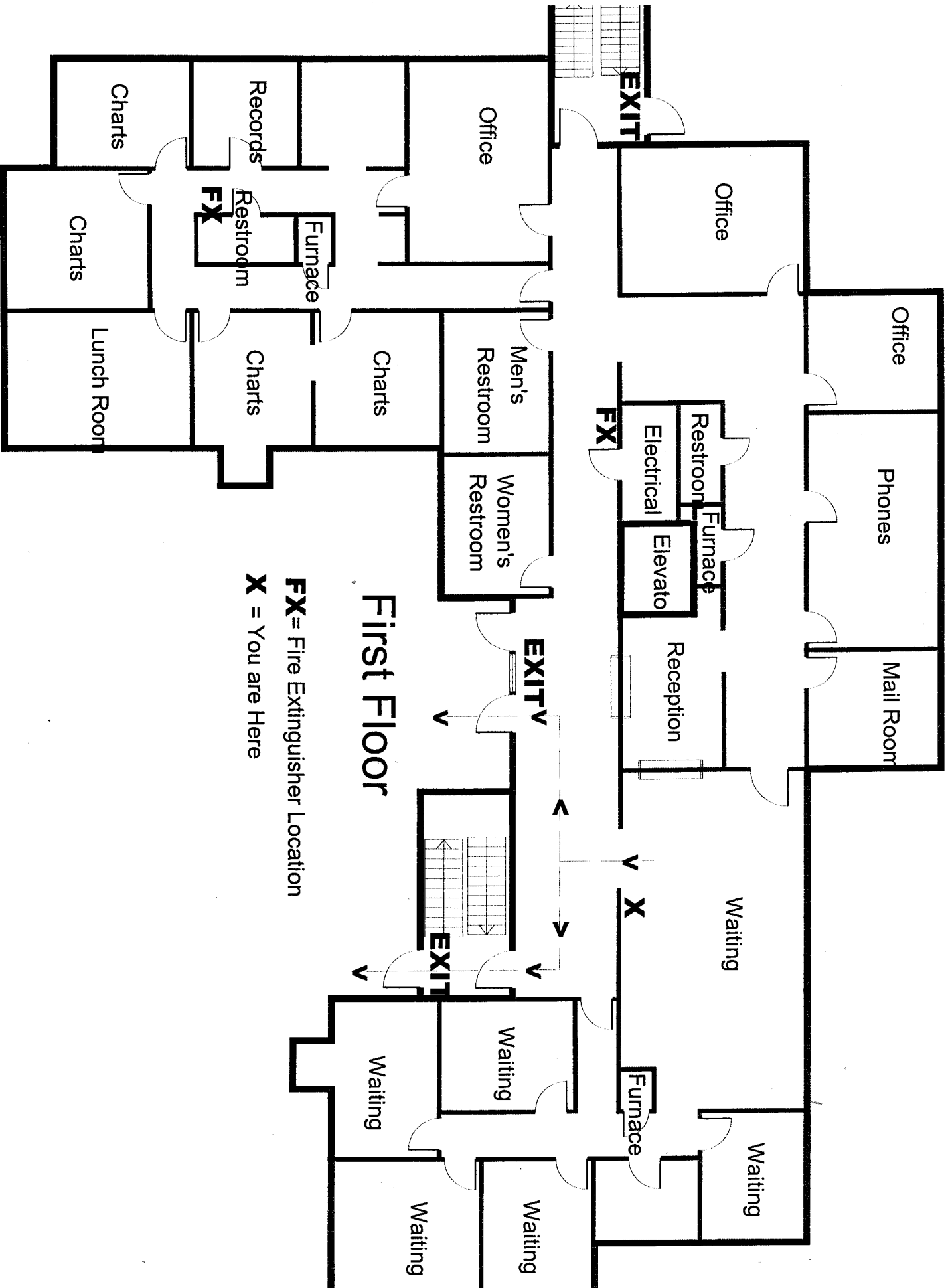
- a. Directs someone to wait at the building entrance for the ambulance crew and leads them to the surgical area.
- b. Directs someone to move visitors in the waiting reception areas so as to provide an unobstructed path for the ambulance crew; insofar as possible, visitors should be moved to a location 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.

*Womens med Center
0600 AS*

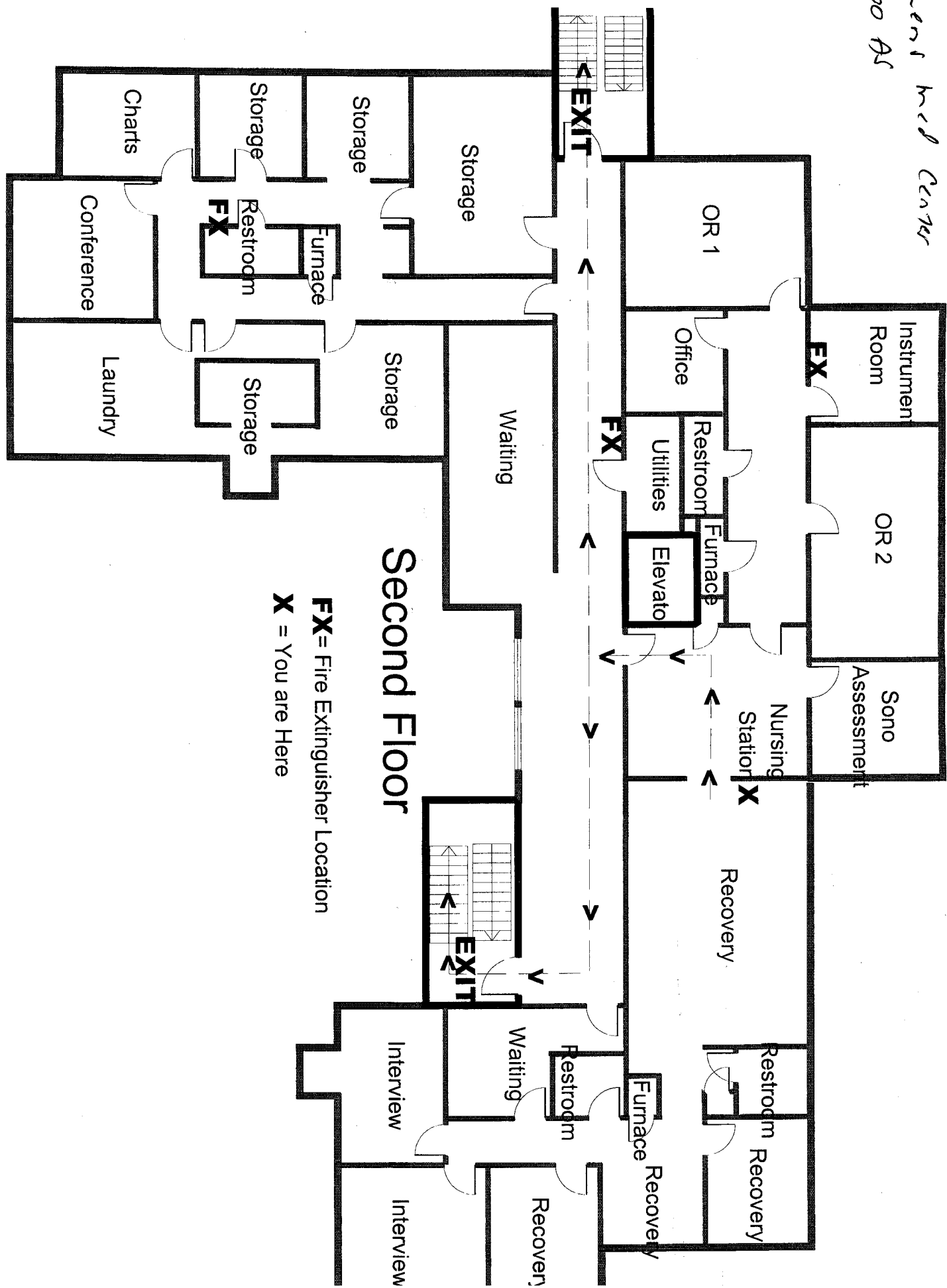
Women's Med Center of Dayton Organizational Chart



0600AS Women's Med Center



Women's Med Center
0600 AS



Second Floor

FX = Fire Extinguisher Location
X = You are Here

POC REVIEW

Provider Name: Women's Med Center of Dayton CCN: 060015

Facility Phone #: _____ Survey Exit Date: 2/23/11

POC Reviewed By: Joe Date Approved: 3/19/11

Desk Audit: Geo

2567 signed and dated: 3/14/11 Completed Date: 3/14/11

[illegible]

COMMENTS:

[illegible]