

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0763AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2012
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NAME OF PROVIDER OR SUPPLIER CAPITAL CARE NETWORK	STREET ADDRESS, CITY, STATE, ZIP CODE 1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612
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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
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C 000 Initial Comments
BS/KH
Licensure Compliance Inspection
Administrator: Terrie Hubbard, RN
County: Lucas
Number of OR's: 3
Services: Medical and surgical abortions
Licence Current: Yes
License Expiration Date: 04/30/12

The following violation is issued as a result of the Licensure Compliance Inspection completed on 03/27/12

C 234 O.A.C 3701-83-19 (E) Transfer Agreement C 234

The ASF shall have a written transfer agreement with a hospital for transfer of patients in the event of medical complications, emergency situations, and for other needs as they arise. A formal agreement is not required in those instances where the licensed ASF is a provider-based entity of a hospital and the ASF policies and procedures to accommodate medical complications, emergency situations, and for other needs as they arise are in place and approved by the governing body of the parent hospital.

C 234 - Transfer Agreement 04/20/2012
1 This deficiency will be corrected with the following measures:
a. A new transfer agreement has been created.
b. Transfer Agreement has been submitted to the legal department of Toledo Hospital and is pending their review and approval.
2. The following measures have been taken to ensure that the deficiency does not recur:
a. An independent review has been conducted by a consultant of ICA Enterprises to ensure that contracts are in place and current.
3. This performance will be monitored to ensure that the solutions are permanent through:
a. Contracts and Agreements will be reviewed upon an annual basis.
4. This deficiency was corrected on April 20, 2012 and is pending review from the legal department of Toledo Hospital. Enclosed is supporting evidence.

OHIO DEPT OF HEALTH
DCA-REGS
2012 MAR 23 AM 11:08

Ohio Department of Health
Terrie R Hubbard
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE
CEO
(X6) DATE
Apr 14, 2012
STATE FORM 6899 RO7P11 If continuation sheet 1 of 2

Ohio Dept Health

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C 234	Continued From page 1 This Rule is not met as evidenced by: Based on review of facility administrative documentation and staff interview, the facility failed to have evidence of an appropriate written transfer agreement with a hospital for transfer of patients in the event of medical complications, emergency situations, and for other needs. The facility performed a total of 1033 procedures in the past twelve months. Findings include: Request for a hospital transfer agreement on 03/27/12 revealed there was no formal written agreement between the facility and a hospital for the provision of care in the event of medical complications, emergency situations, and for other needs as needed. This finding was confirmed by employee A.	C 234	