

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 04/08/2014
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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
C 000	Initial Comments Complaint Inspection Complaint Number OH00073780 Administrator: Victor James County: Lucas Number of ORs: 3 The following violation is issued as a result of the complaint inspection completed on 4/08/14.	C 000		
C 157	O.A.C. 3701-83-13 (A) Complaints Policy & Procedures Each HCF shall develop and follow policies and procedures to receive, investigate, and report findings on complaints regarding the quality or appropriateness of services. The documentation of complaints shall, at a minimum, include the following: (1) The date complaint was received; (2) The identity, if provided, of the complainant; (3) A description of complaint; (4) The identity of persons or facility involved; (5) The findings of the investigation; and (6) The resolution of the complaint. This Rule is not met as evidenced by:	C 157	C 157 Complaints Policy & Procedures On April 8, 2014 surveyors conducted a complaint inspection and found no violations of whatever was the basis of the complaint. However the surveyors told CCN that it's complaint policy needed to be "more in depth" or words to that effect. The surveyors gave no direction as to what was wrong with the policy. CCN reviewed its policy and Patient Grievance form. The Grievance form had been in use for decades. See Exhibit A. CCN revised its policy on April 8. The Governing Body approved the policy on May 23, 2014. See Exhibit B. CCN trained its staff on the new policy, reminded staff where to find blank grievance	4/8/14 5/23/14

2014 DEC 31 PM 1:22

OHIO DEPT OF HEALTH
DOA-BCHCFS

Ohio Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *anna manager* (X8) DATE: *12-23-14*

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C 157	<p>Continued From page 1</p> <p>Based on facility policy review and staff interview it was determined the facility failed to develop policies and procedures to receive, investigate and report findings, including the resolution of complaints. This potentially affects all patients serviced by the facility.</p> <p>Findings include:</p> <p>Interview with the RN owner (Staff A) of the facility on 4/08/14 at 10:20 revealed the facility does not maintain a log of complaints. Review of the facility policy under the title "Grievance" was completed on 4/08/14 at 10:50 AM. The policy reads, "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. 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." Staff A confirmed at 11:30 AM that the aforementioned statement is the only policy regarding complaints currently in use. There is no procedure to follow currently to investigate or document findings regarding a complaint.</p>	C 157	<p>forms and how to handle complaints.</p> <p>On December 18, 2014 CCN received a copy of this survey explaining the deficiencies in CCN's complaint policy. CCN amended its policy again (Exhibit C) to specifically address the written results of the survey.</p> <ol style="list-style-type: none"> 1. The deficiency was corrected in April and May 2014 when the policy was revised (Exhibit B). <ol style="list-style-type: none"> a. CCN always had a Patient Grievance form (Exhibit A) and a policy. CCN had been surveyed annually and had the same policy during prior surveys. No deficiencies were noted in any prior inspection. b. CCN conducted an internal audit and no grievances had been filed in the prior 24 months. In addition patient surveys, filled out by 80% of patients showed no scores below average. 2. The following measures were taken to ensure that the deficiency does not recur: <ol style="list-style-type: none"> a. All staff were trained on the new policy b. The Governing Body has and will continue to review all grievances annually. 3. The use of the new policy be monitored to ensure solutions are permanent by: <ol style="list-style-type: none"> a. The Director will review all grievances and document their finding b. The Governing Board will review all grievances annually as required by OAC 3701-83-03 and as part of CCN's <p>quality improvement program.</p>	