



November 10, 2017

Mr. Lance Himes, Director  
Ohio Department of Health  
246 N. High St.  
Columbus, OH 43215

**RE: Northeast Ohio Women's Center, Cuyahoga Falls, OH**

Dear Mr. Himes:

Through a public records request by a colleague, I received a copy of the 7/11/17 licensure compliance inspection report for the Northeast Ohio Women's Center abortion facility. I have been concerned about the operation of this facility for several years. Just a few of the reasons:

- This facility previously operated as the Capitol Care Network of Cuyahoga Falls. The primary abortionist was Thomas Michaelis, a known sex offender. Also performing abortions at this location was David Burkons.
- The Capital Care Network was ordered closed by ODH and the DEA in June of 2013 for extensive health and safety violations and multiple drug violations.
- The facility was re-opened by David Burkons in January of 2014 as the Northeast Ohio Women's Center. The only thing that changed was the name. The facility was denied an ASF license after the primary inspection (which noted that much of the expired test supplies, equipment in use was left over from the closed Capitol Care Network). They were eventually granted an ASF license in 2015 after some changes occurred to the Ohio Administrative and Revised Code.
- Since 2011, David Burkons has been under investigation by the Ohio Medical Board for multiple prescription drug violations and recently had his license suspended. He is still seen regularly at the facility.
- David Burkons is also the medical director at the Preterm abortion clinic in Cleveland which also has a history of health and safety violations, and where 22-year-old Lakisha Wilson died during an alleged late term abortion in March of 2014. Despite the whistleblower evidence obtained through ODH that verified this, no criminal charges were filed.
- David Burkons is also affiliated with the Toledo Women's Center/Capital Care Network which also has a history of multiple health and safety violations, and which is currently under an ODH order to close that has been held up by the courts.
- David Burkons has an extensive record of botched medical abortions and at one time held the record in Ohio for the MOST botched medical abortions.

These are just a synopsis of the troubling circumstances which cause me to be very concerned about the health and safety of the unsuspecting women who choose to become

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clients here. While abortion remains legal in this state, the practice of surgical abortion should be held to the same high health and safety standards as any other ambulatory surgical facility. Woman who choose to abort their child's lives should have the same reasonable expectation that the physician that performs the abortion and the facility where the abortion is performed are following the law, and that the Ohio Department of Health is forcing compliance with the law.

On November 28, 2016, ODH performed a licensure compliance inspection at the Northeast Ohio Women's Center. The written report of the inspection contained 21 pages of violations. The facility submitted its plan of correction signed by abortionist Lucy Nunnally, and ODH accepted the correction plan on January 31, 2017. The facility was allowed to continue operating, however, ODH online records indicated that the ASF facility license expired on 3/31/2016.

On 7/11/2017, ODH conducted a follow up licensure compliance inspection. The results of that inspection showed that not much had changed. **The following violations found in November of 2016 were still present in July of 2017, less than 8 months later:**

- 1. OAC 3701-83-03 (F) Governing Body**
  - a. The facility did not have a required Quality Assessment and Performance Improvement Program on an annual basis
  - b. The inspection revealed that facility documentation stated this was to be done, but interviews with staff said that none of this had occurred, nor was there a manual.
- 2. OAC 3701-83-08 (B) TB Control Plan**
  - a. The inspection revealed through personnel files and interviews that staff members had not been tested annually for TB as required. Only one staff member had a TB test on file, and the results of the test (which were from 2013---after the closure of Capital Care Network and before the opening of Northeast Ohio Women's Center---showed that the staff member was POSITIVE for TB. There were NO additional test results or x-rays in the files, and the staff person said he wasn't aware of the positive result!
  - b. No other staff had ANY TB test reports in their files
- 3. OAC 3701-83-08 (D) Job Descriptions**
  - a. The inspection showed that some staff had no job description, and that 3 registered nurses who did have job descriptions did NOT have the required Advanced Cardiac Life Support Certification as required.
- 4. OAC 3701-83-08 (E) Staff Orientation and Training**
  - a. The inspection found through the personnel files and through interviews with personnel that there was inadequate training with at least one employee on the reprocessing of instruments.
  - b. Despite the fact that the facility's "Instrument Cleaning" policy has specific guidelines, the inspection revealed staff not using proper safety precautions, and not following the manufacturer's recommended concentration of the cleaning solution used. Staff reported that they don't measure nor do they verify with the concentration test strips as required.
- 5. OAC 3701-83-08 (F) Staff Orientation and Training**
  - a. The inspection found through the personnel files and through interviews with personnel that there was inadequate orientation and training with at least one employee regarding the facility's equipment, safety guidelines, practices and policies.
- 6. OAC 3701-83-08 (G) Staff Performance Evaluation**
  - a. The inspection found through the personnel files and through interviews with personnel that at least one employee did not have a yearly performance evaluation as required.

7. **OAC 3701-83-10 (B) Safety and Sanitation**
  - a. The inspection found that the facility failed to be maintained in a sanitary and safe manner.
  - b. The inspector observed multiple instances of cross contamination of instruments and improper sterilization procedures including placement of used medical gowns on sterile drapes, storing of sterile drapes on top of biohazard trash, storing of biohazard trash in the medical gas room, improper closure of medical gas room, food products next to the handwashing sink where the medication cabinets were located, adhesive tape-covered examination tables, and supplies stored on the floor.
8. **OAC 3701-83-12 (A) QA & Improvement program**
  - a. The inspection found that the facility did not have a Quality Assessment and Performance Improvement program for monitoring and evaluating the quality of patient care.
  - b. Staff interviews revealed that there was no Quality Assurance Manual in accordance with the facility policy, and that they did not have QA meetings. Staff revealed that data was collected to do infection control audits, but the findings were never used to establish goals or improve patient care.
9. **OAC 3701-83-12 (B) QA & Improvement Plan**
  - a. The inspection revealed that the facility failed to develop a written plan that describes the Quality Assessment and Performance Improvement programs objectives, organization, scope and mechanism for overseeing the effectiveness of monitoring, evaluation, improvement and problem-solving activities.
10. **OAC 3701-83-12 (D) QA & Improvement – High Risk Activities**
  - a. The inspection revealed that the facility failed to implement a program for pro-active assessment of high risk activities related to patient safety and to undertake appropriate improvements.
11. **OAC 3701-83-18 (C) Director of Nursing**
  - a. The inspection revealed that there was no evidence that the director of nursing met the requirements of the position.
  - b. Personnel files and interviews show no evidence of experience in surgical and recovery rooms for the director of nursing.
12. **OAC 3701-83-18 (F) Nurse Duty Requirements**
  - a. The inspection revealed that three registered nurses were not certified in advance cardiac life support when on duty in the recovery room, and that on multiple occasions there was no nurse certified in advanced cardiac life support in the recovery room or at the facility.

In addition to the above violations, there were two new violations:

1. **OAC 3701-3701-83-12 (C) QA & Improvement Requirements**
  - a. The inspection revealed that the facility failed to develop a quality assurance plan that monitored and evaluated all aspects of care, and failed to establish expectations, develop plans and implement procedures to improve the quality of care. It also failed to hold regular meetings. Staff confirmed that the facility did not work on quality, nor was there any written plan in place to establish goals and measures to collect and analyze data to improve quality.

## 2. OAC 3701-83-20 (B) OR & Recovery Room Equipment

- a. The inspection revealed that the facility's equipment for emergency use was not maintained with current expiration dates. Expired equipment included intravenous catheter kits, metal forceps in a re-processed package, and disposable laryngoscope handles. The facility's log indicated that the emergency crash cart had recently been checked by staff for contents and expiration dates but that the outdated supplies remained.

After each violation on the inspection report, the ODH inspector has a statement that says the violation "could potentially affect all the patients receiving care in the facility. A total of 754 surgical and medical procedures were conducted in the most recent 12 months." I find it reprehensible that a facility could continue to keep operating especially with two similar lists of violations within such a short time. Had this been a facility that did any other ambulatory surgical procedure other than abortion, I suspect that the consequences would be much worse.

When I received the 7/11/17 inspection report, I did not receive a copy of the plan of correction if one was submitted and approved by ODH. I have contacted the ODH legal department and requested a copy, but have not yet heard anything back. Based on prior actions, I have no doubt that the facility will submit a plan of correction that they will once again fail to follow.

While Right to Life of Northeast Ohio is an advocate against abortion, as long as abortion remains legal we are equally concerned about the welfare and safety of the unsuspecting women who choose to visit locations operated or supervised by individuals like Burkons without being aware of the history of the abortionists or the facility. It should be the duty of the Ohio Department of Health and any other regulatory agencies that have allowed facilities like this to remain in operation in violation of established law to force compliance or order them to close.

For Life,



Denise Leipold  
Executive Director

cc: Mike DeWine, *Attorney General*, State of Ohio  
Russ Balthis, *Law Director*, City of Cuyahoga Falls  
Janet Ciotola, *Deputy Law Director*, City of Cuyahoga Falls  
Mike Gonidakis, *President*, Ohio Right to Life  
Cheryl Sullenger, *Senior Vice President*, Operation Rescue

Attachments: 11/29/16 ODH inspection report and plan of correction for NEOWC  
7/11/17 ODH inspection report