

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 C 04/19/2018 |
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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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| (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 | <p>Initial Comments</p> <p>Complaint Inspection</p> <p>Complaint Number OH00096998</p> <p>Founder's Women's Health Center is in compliance with the rules for Ambulatory Surgery Facility, O.A.C. 3701-83, related to the allegation in complaint number OH00096998 completed on 4/19/18.</p> | C 000 | | |

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| Ohio Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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