

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECT:ON	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0596AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2018
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	
(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)
C 000	Initial Comments Complaint Inspection Complaint Number OH00098894 Administrator: Dr Schaeffer County: Franklin Number of ORs: 4 Founder's Women's Health Center is not in compliance with the rules for ambulatory surgery facilities at O.A.C. 3701-83 as a result of the complaint inspection OH00098894 completed 07/09/18.	C 000	FWHC (Downtown Gynecologists, Inc.) is an Ohio Corporation with three shareholders: Dr. Harley Blank (50%); Dr. Robert Chosey (25%) and Dr. Karl Schaeffer (25%). These individuals comprise the Governing Board. FWHC was being managed by T&S Management who was managing the daily operations and compliance aspects of FWHC until June 2018. The most recent compliance inspection was conducted on April 19, 2018 and concluded that FWHC was in compliance with the rules at that time. When T&S ceased management and vacated the premises, documents were taken, lost, or destroyed. T&S has now opened a competing Women's Health clinic (Your Choice Women's Healthcare of Columbus). FWHC has commenced a lawsuit against T&S Management and others (Franklin Common Pleas 18CV5844) seeking to recover the compliance documents that were maintained on the premises in April 2018 but were not able to be located in July 2018. To the extent said documents are unable to be recovered from T&S and/or its related parties, FWHC intends to create, or commission the creation, of the necessary policies, procedures, programs, and documents that are required to restore compliance. All of the corrective actions described herein will be monitored by the Administrator and Office Manager.
C 104	O.A.C. 3701-83-03 (F) Governing Body The HCF shall have an identifiable governing body responsible for the following: (1) The development and implementation of policies and procedures and a mission statement for the orderly development and management of the HCF; (2) The evaluation of the HCF's quality assesment and performance improvement program on an annual basis; and (3) The development and maintenance of a disaster preparedness plan, including evacuation procedures.	C 104	

Ohio Department of Health

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

TITLE

(X6) DATE

Karl J. Schaeffer, MD

MEDICAL DIRECTOR

8-28-18

Ohio Dept Health

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C 104	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on staff interview and observations the facility failed to ensure there was a functioning governing body with oversight of the operations of the facility. This violation has the potential to affect any patient seeking services at the facility.</p> <p>Findings include:</p> <p>Observations on 07/09/18 revealed the facility was staffed by one administrative person.</p> <p>In an interview on 07/09/18 at 9:30 AM Staff A said the facility was not providing services for patients since the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, including quality assurance records, governing body minutes, quality program information including infection control documentation, and safety documentation including fire and emergency drills, disaster preparedness, and all policies and procedures pertaining to operation of the facility.</p> <p>There were no governing body records available for review on 07/09/18.</p> <p>There were no staff employed by the facility to organize, participate in and manage a governing body oversight group at the facility. The current staff associated with the facility was the administrative person and two physician /owners.</p>	C 104	<p>FWHC states that these documents were observed during the April 2018 inspection and to the extent practicable FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018.</p> <p>Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.</p>	

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C 104	<p>Continued From page 2</p> <p>Staff A said the management team that had left on 06/22/18 had been responsible for the day to day operations of the facility since 2012, but a disagreement over a contract had resulted in the management company's exit. The owner of the facility has pending action against the former management company, and was unable to provide services as an ambulatory surgical facility (ASF) at the time of the inspection. There was no known or projected date when the facility would be operational as an ASF. The documentation, contacts, policy, procedures and equipment would have to be replaced and new staff, contracts and suppliers would have to be acquired.</p> <p>Two patients/customers arrived at the facility on 07/09/18 between 9:00 AM and 12:00 PM and were re-directed to use the facility's previous phone number, which had been forwarded by the management company to the new location.</p>	C 104	<p>FWHC intends to hire new staff to perform these functions, and is evaluating the viability of utilizing an in-house compliance manager versus an outsourced compliance solution.</p> <p>Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.</p> <p>FWHC plans to continue to refer prospective patients to other facilities until it can achieve proper staffing.</p>	
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C 105	<p>O.A.C. 3701-83-03 (G) Liability Insurance</p> <p>Each HCF shall either maintain documentation of appropriate liability insurance coverage of the staff and consulting specialists or inform patients that the staff member or consulting specialist does not carry malpractice insurance.</p> <p>This Rule is not met as evidenced by: Based on staff interview and observations the facility failed to ensure there was a liability</p>	C 105	<p>FWHC states that these documents were observed during the April 2018 inspection and to the extent practicable FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018.</p> <p>Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.</p>	
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C 105	<p>Continued From page 3</p> <p>insurance policy for the facility. This violation has the potential to affect any patient seeking services at the facility.</p> <p>Findings include:</p> <p>Observations on 07/09/18 revealed the facility was staffed by one administrative person and the main office of the facility had been cleared of records, with empty file cabinets left behind.</p> <p>In an interview on 07/09/18 at 9:30 AM Staff A said the facility was not providing services for patients since the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, including liability insurance documentation. The management company had been managing the day to day operations of the facility since 2012, and the management company representatives and staff had been responsible for paying all bills for the facility, including the liability insurance.</p> <p>There were no records pertaining to liability insurance available for review on 07/09/18.</p>	C 105		
C 109	<p>O.A.C. 3701-83-03 (K) Contracted Services</p> <p>An HCF may arrange for services to be provided through a contract with an outside resource. The HCF shall retain professional management responsibility for contracted services and shall ensure that those services are furnished in a safe and effective manner.</p>	C 109	<p>FWHC states that these documents were observed during the April 2018 inspection and to the extent practicable FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018.</p> <p>To the extent the optional contracted services will be utilized prospectively, FWHC will maintain appropriate documentation relating to outside resources.</p> <p>Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.</p>	

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C 109	Continued From page 4 This Rule is not met as evidenced by: Based on staff interview the facility failed to ensure there was documentation regarding contracted services providing services for the facility. This violation has the potential to affect any patient seeking services at the facility. Findings include: In an interview on 07/09/18 beginning at 9:30 AM, including a tour of the facility, Staff A said the facility was not providing services for patients since the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, including contracted arrangements with providers. Staff A said the UPS (United Parcel Service) account and website was missing, the internet service had been removed from the facility, and all supplier phone numbers and accounts were gone. He/She said all the data in the rolodex (phone number file) on the main desk had been taken. Staff A said the phone number that had been associated with the clinic for 45 years had been forwarded to the location where the previous management company had moved. The facility's website was not accessible by the facility owners, but the website had the phone number that was now at the new location, under control of the management company. The management company had been managing the day to day	C 109		

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C 109	<p>Continued From page 5</p> <p>operations of the facility since 2012, and the management company representatives and staff had been responsible for arranging all services for the facility, including contracted services.</p> <p>There were no records pertaining to contracted services available for review on 07/09/18.</p>	C 109		
C 116	<p>O.A.C. 3701-83-07 (C) Patient Satisfaction Program</p> <p>The HCF shall implement a patient satisfaction survey program.</p> <p>This Rule is not met as evidenced by: Based on staff interview the facility failed to ensure there was documentation regarding a patient satisfaction program for the facility. This violation has the potential to affect any patient seeking services at the facility.</p> <p>Findings include:</p> <p>In an interview on 07/09/18 at 9:30 AM Staff A said the facility was not providing services for patients after the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, including all forms and paperwork for patient admissions and services, including documentation of a patient satisfaction program.</p> <p>There were no records pertaining to a patient satisfaction program available for review on</p>	C 116	<p>FWHC states that, these documents were observed during the April 2018 inspection and to the extent practicable FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018.</p> <p>Once these documents have been recovered or recreated, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.</p>	

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C 116	Continued From page 6 07/09/18. The management company had been managing the day to day operations of the facility since 2012, and the management company representatives and staff had been responsible for arranging all services for the facility, including a patient satisfaction program. A disagreement over a contract had resulted in the management company's exit on 06/22/18.	C 116		
C 119	O.A.C. 3701-83-08 (A) Professional Standards Each HCF shall utilize personnel that have appropriate training and qualifications for the services that they provide. Any staff member who functions in a professional capacity shall meet the standards applicable to that profession, including but not limited to possessing a current Ohio license, registration, or certification, if required by law, and working within his or her scope of practice. Copies of current Ohio licenses, registrations and certifications shall be kept in the employee's personnel files or the provider of the HCF shall have an established system of records necessary for the director to ascertain that all individuals employed at the HCF who function in a professional capacity meet the standards applicable to that profession, including, but not limited to, possessing a current Ohio license, registration, or other certification if required by law.	C 119	FWHC states that these documents were observed during the April 2018 inspection and to the extent they are applicable to current and prospective employees FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018. As FWHC hires or contracts with additional staff members, it will require copies of the relevant licenses, registrations, certifications, or other documentation for inclusion in personnel files. Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.	

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C 119	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on staff interview and observations the facility failed to ensure there was qualified staff and records of the staff qualifications and training for the facility. This violation has the potential to affect any patient seeking services at the facility.</p> <p>Findings include:</p> <p>Observations on 07/09/18 revealed the facility was staffed by one administrative person, the main office of the facility had been cleared of records, with empty file cabinets and only previous patient files remaining in a second floor records storage area.</p> <p>In an interview on 07/09/18 at 9:30 AM Staff A said the facility was not providing services for patients after the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, including personnel files, staff training records and documentation, including professional licenses and certifications. The staff were all employees of the former management company and had left this facility for another location. The management company had been managing the day to day operations of the facility since 2012, and the management company representatives and staff had been responsible for hiring, managing and training all staff, and had all the records pertaining to the staff.</p> <p>There were no records available for review on 07/09/18.</p>	C 119		
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C 120	Continued From page 8	C 120		
C 120	<p>O.A.C. 3701-83-08 (B) T B Control Plan</p> <p>Each HCF shall develop and follow a tuberculosis control plan that is based on the provider's assessment of the facility. The control and assessment shall be consistent with the centers for disease control and prevention (CDC) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Settings, 2005," MMWR 2005, Volume 54, No. RR-17. The HCF shall retain documentation evidencing compliance with this paragraph and shall furnish such documentation to the director upon request.</p> <p>This Rule is not met as evidenced by: Based on staff interview and observations the facility failed to ensure there was a TB (tuberculosis) control plan for the facility. This violation has the potential to affect any patient seeking services at the facility.</p> <p>Findings include:</p> <p>Observations on 07/09/18 revealed the facility was staffed by one administrative person, the main office of the facility had been cleared of records, with empty file cabinets.</p> <p>In an interview on 07/09/18 at 9:30 AM Staff A said the facility was not providing services for patients after the exit of the management company on 06/22/18. Staff A said the</p>	C 120	<p>FWHC states that these documents were observed during the April 2018 inspection and to the extent practicable FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018.</p> <p>Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.</p>	

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C 120	Continued From page 9 management company had taken all the documentation of significance, including the TB control plan documentation and infection control tracking and monitoring. The management company had been managing the day to day operations of the facility since 2012, and the management company representatives and staff had been responsible for the infection control program for the facility, including the TB assessment and policy. There were no records pertaining to a TB control plan available for review on 07/09/18.	C 120		
C 122	O.A.C. 3701-83-08 (D) Job Descriptions Each HCF shall provide each staff member with a written job description delineating his or her responsibilities. This Rule is not met as evidenced by: Based on staff interview and observations the facility failed to ensure there were records of the staff employment, including job descriptions and human resources management documentation at the facility. This violation has the potential to affect any patient seeking services at the facility. Findings include: Observations on 07/09/18 revealed the facility was staffed by one administrative person, the main office of the facility had been cleared of records, with empty file cabinets and only	C 122	FWHC states that these documents were observed during the April 2018 inspection and to the extent they are applicable to current and prospective employees FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018. As FWHC hires or contracts with additional staff members, it will require copies of the relevant job descriptions or other documentation to be maintained in personnel files. Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.	

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C 122	Continued From page 10 previous patient files remaining in a second floor records storage area. In an interview on 07/09/18 beginning at 9:30 AM Staff A said the facility was not providing services for patients after the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, including personnel files, with staff training records and documentation, including job descriptions. The staff were all employees of the former management company and had left this facility for another location. The management company had been managing the day to day operations of the facility since 2012, and the management company representatives and staff had been responsible for hiring, managing and training all staff, and had all the records pertaining to the staff. There were no personnel records available for review on 07/09/18.	C 122		
C 123	O.A.C. 3701-83-08 (E) Staff Orientation & Training Each HCF shall provide an ongoing training program for its staff. The program shall provide both orientation and continuing training to all staff members. The orientation shall be appropriate to the tasks that each staff member will be expected to perform. Continuing training shall be designed to assure appropriate skill levels are maintained and that staff are informed of changes in techniques, philosophies, goals, and similar matters. The continuing training may include attending and participating in professional	C 123	FWHC states that these documents were observed during the April 2018 inspection and to the extent they are applicable to current and prospective employees FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018. As FWHC hires or contracts with additional staff members, it will implement appropriate orientation and ongoing training that is relevant to the staff member's job duties. Training records will be maintained in personnel files. Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.	

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C 123	<p>Continued From page 11</p> <p>meetings and seminars.</p> <p>This Rule is not met as evidenced by: Based on staff interview and observations the facility failed to ensure there were records of the staff orientation and training for the facility. This violation has the potential to affect any patient seeking services at the facility.</p> <p>Findings include:</p> <p>Observations on 07/09/18 revealed the facility was staffed by one administrative person, the main office of the facility had been cleared of records, with empty file cabinets and only previous patient files remaining in a second floor records storage area.</p> <p>In an interview on 07/09/18 beginning at 9:30 AM and including a tour of the facility, Staff A said the facility was not providing services for patients after the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, including personnel files, staff training records and documentation, including orientation materials.</p> <p>The staff were all employees of the former management company and had left this facility for another location where the management company had rented office space. The management company had been managing the day to day operations of the facility since 2012, and the management company representatives and staff had been responsible for hiring,</p>	C 123		

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C 123	Continued From page 12 orienting, managing, and training all staff, and had taken all the records pertaining to the staff. There were no personnel records pertaining to orientation and training available for review on 07/09/18.	C 123		
C 126	O.A.C. 3701-83-08 (H) Staff Schedules Each HCF shall retain staffing schedules, time-worked schedules, on-call schedules, and payroll records for at least two years. This Rule is not met as evidenced by: Based on staff interview and observations the facility failed to ensure there were records of the staffing schedules for the facility. This violation has the potential to affect any patient seeking services at the facility. Findings include: Observations on 07/09/18 revealed the facility was staffed by one administrative person, the main office of the facility had been cleared of records, with empty file cabinets and only previous patient files remaining in a second floor records storage area. In an interview on 07/09/18 beginning at 9:30 AM and including a tour of the facility, Staff A said the facility was not providing services for patients after the exit of the management company on 06/22/18. Staff A said the management company	C 126	FWHC states that these documents were observed during the April 2018 inspection and to the extent practicable FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018. As FWHC hires or contracts with additional staff members and re-opens it will produce and maintain, or cause to be produced and maintained, the required scheduling and payroll records. Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.	

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C 126	<p>Continued From page 13</p> <p>had taken all the documentation of significance, including the staffing schedules since 2012.</p> <p>The staff were all employees of the former management company and had left this facility for another location where the management company had rented office space. The management company had been managing the day to day operations of the facility since 2012, and the management company representatives and staff had been responsible for hiring, orienting, managing, and training all staff, and had taken all the records pertaining to the staff.</p> <p>There were no staff scheduling records available for review on 07/09/18.</p>	C 126		
C 131	<p>O.A.C. 3701-83-09 (C) Adverse Events</p> <p>Each HCF, as part of the quality assessment and performance improvement program required by rule 3701-83-12 of the Ohio Administrative Code, shall document and review any complications and adverse events which arise during the provision of the facility's service.</p> <p>This Rule is not met as evidenced by: Based on staff interview the facility failed to ensure there were records tracking adverse events and complaints for the facility. This violation has the potential to affect any patient seeking services at the facility.</p> <p>Findings include:</p>	C 131	<p>FWHC states that these documents were observed during the April 2018 inspection and to the extent practicable FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018.</p> <p>As FWHC resumes operations it will document and review any complications and adverse events with the medical director and/or administrator.</p> <p>Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.</p>	

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C 131	<p>Continued From page 14</p> <p>In an interview on 07/09/18 beginning at 9:30 AM and including a tour of the premises Staff A said the facility was not providing services for patients after the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, including adverse event logs, complaint logs and any tracking of data related to day to day operations of the facility since 2012.</p> <p>There were no adverse event records or documentation about review of events available for review on 07/09/18.</p>	C 131		
C 132	<p>O.A.C. 3701-83-09 (D) Infection Control Policies & Procedures</p> <p>Each HCF shall establish and follow written infection control policies and procedures for the surveillance, control and prevention and reporting of communicable disease organisms by both the contact and airborne routes which shall be consistent with current infection control guidelines, issued by the United States centers for disease control. The policies and procedures shall address:</p> <p>(1) The utilization of protective clothing and equipment;</p> <p>(2) The storage, maintenance and distribution of sterile supplies and equipment;</p> <p>(3) The disposal of biological waste, including blood, body tissue, and fluid in accordance with Ohio law;</p> <p>(4) Standard precautions/body substance isolation or equivalent; and</p>	C 132	<p>FWHC states that these documents were observed during the April 2018 inspection and to the extent practicable FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018.</p> <p>Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.</p>	

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C 132	<p>Continued From page 15</p> <p>(5) Tuberculosis and other airborne diseases.</p> <p>This Rule is not met as evidenced by: Based on staff interview the facility failed to ensure there was an infection control plan for the facility. This violation has the potential to affect any patient seeking services at the facility.</p> <p>Findings include:</p> <p>In an interview on 07/09/18 beginning at 9:30 AM and including a tour of the premises, Staff A said the facility was not providing services for patients after the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, including documentation of infection control tracking and monitoring. The management company had been managing the day to day operations of the facility since 2012, and the management company representatives and staff had been responsible for the infection control program for the facility.</p> <p>There were no records available for review on 07/09/18. There was no staff to fulfill the role of infection control manager. Staff A said all the facility's staff had left with the management company, presumably accompanying them to the new location.</p>	C 132		

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C 133	Continued From page 16	C 133		
C 133	<p>O.A.C. 3701-83-09 (E) Equipment Maintenance</p> <p>The HCF shall maintain equipment in a safe manner and in accordance with the manufacturer's instructions.</p> <p>This Rule is not met as evidenced by: Based on staff interview the facility failed to ensure there was documentation pertaining to equipment service or maintenance at the facility. This violation has the potential to affect any patient seeking services at the facility.</p> <p>Findings include:</p> <p>In an interview on 07/09/18 beginning at 9:30 AM and including a tour of the facility, Staff A said the facility was not providing services for patients after the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, including records of equipment maintenance, repairs, and some pieces of equipment had been removed. The management company had been managing the day to day operations of the facility since 2012, and the management company representatives and staff had been responsible for repair and maintenance of all the facility's equipment.</p> <p>There were no records available for review on 07/09/18.</p> <p>Staff A provided a written list of all items alleged</p>	C 133	<p>FWHC states that these documents were observed during the April 2018 inspection and to the extent practicable FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018.</p> <p>As FWHC resumes operations it will document and equipment maintenance and will maintain a copy of the manufacturer's instructions on site.</p> <p>Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.</p>	

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C 133	Continued From page 17 to have been removed by the management company and their employees on 06/22/18. The list included two aspiration devices, computers, Internet connection devices, cameras, all compliance books, medication logs, patient care supplies, medical supplies such as gloves and personal protective gear, personnel files and medical files of patients who had received services the final week of operation at that location.	C 133		
C 140	O.A.C. 3701-83-10 (C) Disaster Planning Each HCF shall develop a disaster preparedness plan including evacuation in the event of a fire or other emergency. Each HCF shall review evacuation procedures at least annually, and conduct practice drills with staff at least once every six months. This Rule is not met as evidenced by: Based on staff interview the facility failed to ensure there was a disaster plan, including drills, for the facility. This violation has the potential to affect any patient seeking services at the facility. Findings include: In an interview on 07/09/18 beginning at 9:30 AM, including a tour of the facility, Staff A said the facility was not providing services for patients after the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, including safety documentation such fire and emergency drills, disaster preparedness, and all policies and procedures pertaining to the	C 140	FWHC states that these documents were observed during the April 2018 inspection and to the extent practicable FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018. As FWHC resumes operations it will conduct and document all required evacuation drills and procedure reviews in a timely manner. Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.	

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C 140	Continued From page 18 operation of the facility. There were no records available for review on 07/09/18.	C 140		
C 148	O.A.C. 3701-83-11 (F) Medical Records Retention Each HCF shall maintain medical records as necessary to verify the information and reports required by statute or regulation for at least six years from the date of discharge. This Rule is not met as evidenced by: Based on staff interview and observation the facility failed to ensure medical records for patients treated at the facility had been retained at the facility. This violation has the potential to affect any patient seeking services at the facility. Findings include: In an interview on 07/09/18 beginning at 9:30 AM, and including a tour of the premises, Staff A said the facility was not providing services for patients since the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, including medical records of patients treated at the facility in the last week of operations, and potentially other records as well. Staff A said he/she had been fired by the management company in January 2018 after the owners of the facility had issued an eviction notice to the management company. Staff A had not been in the facility since January 2018, but had returned at the owner's request after 06/22/18. Staff A said the offices were found	C 148	FWHC states that these documents were observed during the April 2018 inspection and to the extent practicable FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018. Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.	

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C 148	<p>Continued From page 19</p> <p>in disarray, with file drawers emptied, log books, personnel files, regulatory records, and documentation of all records pertaining to day to day operations missing.</p> <p>Tour of the facility on 07/09/18 revealed empty file drawers, and holes in walls where electronic equipment and cameras were alleged to have been removed. Staff A said the clutter had been cleaned up since 06/22/18, and there was no way to track what files may be missing because even digital files and electronic financial data had been removed from the facility or deleted from existing computers. No patient tracking system was present.</p> <p>No records were available for review on 07/09/18.</p>	C 148		
C 150	<p>O.A.C. 3701-83-12 (A) Q A & Improvement Program</p> <p>Each HCF shall establish a quality assessment and performance improvement program designed to systematically monitor and evaluate the quality of patient care, pursue opportunities to improve patient care, and resolve identified problems.</p> <p>This Rule is not met as evidenced by: Based on staff interview and observation the facility failed to ensure there was a quality assessment and performance improvement program at the facility. This violation has the potential to affect any patient seeking services at the facility.</p>	C 150	<p>FWHC states that these documents were observed during the April 2018 inspection and to the extent practicable FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018.</p> <p>As FWHC resumes operations it will implement, administer and monitor a QA & Improvement Program with oversight by the medical director and/ or administrator.</p> <p>Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.</p>	

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C 150	<p>Continued From page 20</p> <p>Findings include:</p> <p>In an interview on 07/09/18 at 9:30 AM Staff A said the facility was not providing services for patients since the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, including quality assurance records, governing body minutes, quality program information including infection control documentation, and all policies and procedures pertaining to operation of the facility. Staff A said the management company had managed the quality control program and the employees involved with the program left with the management company.</p> <p>There were no records available for review on 07/09/18.</p> <p>Tour of the facility on 07/09/18 revealed empty file drawers, and holes in walls where electronic equipment and cameras were alleged to have been removed. Staff A said the clutter had been cleaned up since 06/22/18, and there was no way to track what files may be missing because even digital files and electronic financial data had been removed from the facility or deleted from existing computers.</p>	C 150		
C 157	<p>O.A.C. 3701-83-13 (A) Complaints Policy & Procedures</p> <p>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:</p>	C 157		

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C 157	<p>Continued From page 21</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on staff interview and observation the facility failed to ensure there was a complaint tracking system and a policy and procedure for complaints at the facility. This violation has the potential to affect any patient seeking services at the facility.</p> <p>Findings include:</p> <p>In an interview on 07/09/18 at 9:30 AM Staff A said the facility was not providing services for patients since the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, including complaint log or documentation pertaining to complaints or incidents, and all policies and procedures pertaining to operation of the facility. Staff A said the management company had managed the facility complaint program and the employees involved with the program left with the management company.</p>	C 157	<p>FWHC states that these documents were observed during the April 2018 inspection and to the extent practicable FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018.</p> <p>As FWHC resumes operations it will implement, administer and monitor policies and procedures for receiving, investigating, and resolving complaints with oversight by the medical director and/or administrator.</p> <p>Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.</p>	

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C 157	Continued From page 22 There were no records available for review on 07/09/18. Tour of the facility on 07/09/18 revealed empty file drawers, and holes in walls where electronic equipment and cameras were alleged to have been removed. Staff A said the clutter had been cleaned up since 06/22/18, and there was no way to track what files may be missing because even digital files and electronic financial data had been removed from the facility or deleted from existing computers.	C 157		
C 220	O.A.C. 3701-83-18 (A) Sufficient Staff to Meet Patient Needs Each ASF shall maintain qualified nursing and physician staff, and qualified dental staff, as appropriate for the services provided. Each ASF shall, based on the services provided and the number of patients served, maintain a sufficient number of staff and other personnel and an appropriate schedule of staff time to meet the needs of its patients in a timely manner. This Rule is not met as evidenced by: Based on staff interview and observation the facility failed to ensure there were sufficient staff employed to operate the facility. This violation has the potential to affect any patient seeking services at the facility. Findings include: Observations on 07/09/18 revealed the facility	C 220	FWHC states that these documents were observed during the April 2018 inspection and to the extent they are applicable to current and prospective employees FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018. As FWHC hires or contracts with additional staff members, it will require copies of the relevant licenses, registrations, certifications, or other documentation for inclusion in personnel files. Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.	

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C 220	<p>Continued From page 23</p> <p>was staffed by only one administrative person , the main office of the facility had been cleared of records, with empty file cabinets and only previous patient files remaining in a second floor records storage area.</p> <p>In an interview on 07/09/18 beginning at 9:30 AM and including a tour of the facility, Staff A said the facility had not been providing services for patients since the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, including personnel files and staffing schedules.</p> <p>Staff A said no other persons were employed by the physician owners since the management company had left with all the previous employees who had staffed and managed the facility . The current staff associated with the facility were the administrative person and two physician /owners. The facility staff were all employees of the former management company and had left this facility for another location where the management company had rented office space. The management company had been managing the day to day operations of the facility since 2012, and the management company representatives and staff had been responsible for hiring, orienting, managing, and training all staff, and had taken all the records pertaining to the staff.</p> <p>There were no records available for review on 07/09/18.</p>	C 220		
C 221	<p>O.A.C. 3701-83-18 (B) Medical Director & Administrator</p> <p>Each ASF shall have a medical director and an</p>	C 221		

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C 221	<p>Continued From page 24</p> <p>administrator as defined in rule 3701-83-01 of the Administrative Code. If the ASF limits it services:</p> <p>(1) To dental/oral and maxillofacial surgery, a dentist may serve as the medical director; or</p> <p>(2) To podiatric surgery, a podiatrist may serve as the medical director.</p> <p>This Rule is not met as evidenced by: Based on staff interview and observation the facility failed to ensure there was an administrator employed at the facility. This violation has the potential to affect any patient seeking services at the facility.</p> <p>Findings include:</p> <p>Observations on 07/09/18 revealed the facility was staffed by one administrative person, the main office of the facility had been cleared of records, with empty file cabinets and only previous patient files remaining in a second floor records storage area.</p> <p>In an interview on 07/09/18 beginning at 9:30 AM and including a tour of the facility, Staff A said the facility had not been providing services for patients since the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, and all the staff had been employed by the management company had left on 06/22/18.</p> <p>Staff A said no other persons were employed by the physician owners since the management</p>	C 221	<p>FWHC states that these documents were observed during the April 2018 inspection and to the extent they are applicable to current and prospective employees FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018.</p> <p>As FWHC hires or contracts with additional staff members, it will identify a medical director and administrator and will maintain personnel files for each documenting their suitability for service.</p> <p>Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.</p>	

Ohio Dept Health

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 07/10/2018
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		
(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 221	Continued From page 25 company had left with all the previous employees who had staffed and managed the facility. The current staff associated with the facility were the administrative person and two physician /owners, one of whom had acted as medical director. The management company had been managing the day to day operations of the facility since 2012, and included all the management staff. There was no one functioning as an administrator since 06/22/18.	C 221		
C 222	O.A.C. 3701-83-18 (C) Director of Nursing Each ASF shall have a director of nursing who is an RN with experience in surgical and recovery room nursing care. The director of nursing shall be responsible for the management of nursing services. This Rule is not met as evidenced by: Based on staff interview the facility failed to ensure there was a director of nursing employed at the facility. This violation has the potential to affect any patient seeking services at the facility. Findings include: In an interview on 07/09/18 beginning at 9:30 AM and including a tour of the facility, Staff A said the facility had not been providing services for patients since the exit of the management company on 06/22/18. Staff A said the management company had taken all the documentation of significance, and all the staff had been employed by the management company, including a director of nursing, had left	C 222	FWHC states that these documents were observed during the April 2018 inspection and to the extent they are applicable to current and prospective employees FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018. As FWHC hires or contracts with additional staff members, it will identify a director of nursing and will maintain personnel files documenting their suitability for service. Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.	

Ohio Dept Health

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 07/10/2018
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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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C 222	Continued From page 26 on 06/22/18. Staff A said no other persons were employed by the physician owners since the management company had left with all the previous employees who had staffed and managed the facility . The current staff associated with the facility were the administrative person and two physician /owners. The management company had been managing the day to day operations of the facility since 2012, and included all the management staff. There was no one functioning as a director of nursing since 06/22/18.	C 222		
C 231	O.A.C. 3701-83-19 (B) Drug Control & Accountability Each 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: Based on staff interview and observation the facility failed to ensure there was a system for drug control and accountability at the facility. This	C 231	FWHC states that these documents were observed during the April 2018 inspection and to the extent practicable FWHC will recover, or recreate, these documents for inspection on, or before, September 30, 2018. As FWHC resumes operations it will implement, administer and monitor policies and procedures for receiving, maintaining inventory, and dispensing drug products with oversight by the medical director, director of nursing and/or administrator. Once these documents have been recovered or re-created, FWHC intends to utilize electronic backups to facilitate and ensure ongoing future compliance.	

Ohio Dept Health

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 07/10/2018
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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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C 231	<p>Continued From page 27</p> <p>violation has the potential to affect any patient seeking services at the facility.</p> <p>Findings include:</p> <p>In an interview on 07/09/18 beginning at 9:30 AM, and including a tour of the facility, Staff A said the facility was not providing services for patients since the exit of the management company on 06/22/18. Observations on 07/09/18 revealed the facility was staffed by only one administrative person, the main office of the facility had been cleared of records, with empty file cabinets, and medications were in locked drawers in a clinical area. Staff A said the management company had taken all the documentation of significance, including tracking and monitoring logs for medications present in the facility. The management company had been managing the day to day operations of the facility since 2012, and the management company representatives and staff had been responsible for the drug control and accountability program for the facility.</p> <p>There were no records available for review on 07/09/18.</p> <p>Staff A said the facility had been stripped of its identity and records. Staff A said all medication logs including the Ohio Pharmacy information were gone. He/She said the woman who had been the director of nursing for the management company had attempted to pack up medications from a storage area, but she was stopped from doing so by the physician /owner. Staff A said she was unsure if any medications were missing because she had not had access to the clinical storage, nor privy to where medications were stored.</p>	C 231		