STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1081AS	A. BUILDING: _____ B. WING _____	05/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHEAST OHIO WOMEN'S CENTER	2127 STATE ROAD CUYAHOGA FALLS, OH 44223

(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 Licensure Compliance Inspection Administrator: Sherri Grossman County: Summit Number of Procedure Rooms: One Northeast Ohio Women's Center is in compliance with the rules for Ambulatory Surgical Facilities at O.A.C. 3701-83 at the time of the Licensure Compliance Inspection completed on 05/01/18.	C 000		