

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1214AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CAPITAL CARE NETWORK OF TOLEDO	STREET ADDRESS, CITY, STATE, ZIP CODE 1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612
---	--

(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	<p>Initial Comments</p> <p>Capital Care Network of Toledo was found to be open for business on 09/10/19 at 10:48 AM. Clinic escorts monitored the facility's locked entrance door and escorted patients into the facility. The facility name, address, hours of operation and staff were confirmed with the office manager. Seated patients were observed waiting in the facility's lobby area. The office manager stated the facility no longer operated as a surgical center and had not performed any surgical procedures since 06/28/19. The office manager verbalized the facility only provided medication under the direction of a physician. A request for the Ohio Department of Health license was made and granted. The license was removed from the premises by Ohio Department of Health staff.</p>	C 000		

Ohio Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE