

LICENSURE SURVEY PROCESSING CONTROL SHEET
 NON LONG TERM CARE UNIT (NLTC)
 PHONE: (614) 387-0801 FAX: (614) 387-2763

SURVEY HEALTH ENTRANCE	DATE: 3/14/12
SURVEY HEALTH EXIT	DATE: 3/15/12
LSC EXIT	DATE: -
MAILED/TURNED IN	DATE: 3/16/12
FISCAL YEAR	12/31

PSR TO BE A DESK AUDIT? Yes No

Action (circle): INITIAL ANNUAL COMPLAINT(S) PSR (Onsite/Desk Audit)

COMPLAINT(S) # _____

TYPE (circle): ASC ESRD HCS HOSPICE

WØV711

LICENSE# 0530AS

FACILITY NAME: Central Ohio Womans Clinic, Inc.

ADDRESS: 3255 East Main St.

CITY/COUNTY/ZIP Columbus / Franklin / 43213

Surveyor Initials	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited
LR	03245	C139								
LB		C158								
		C231								
		C120								

NLTC/Lic Cert Entered (Date/Initials) CERT 3-20-12 10/60 10/45 CONDI 5/30 PSR LIC 10/30 PSR 5/15 PSR

Draft To Supervisor By OA (Date/Initials) 3-20-12 LTR. Signed (Date/Initials) 3/23/12 m

SOD MAILED (Date/Initials) 3-23-12cc

2567 2567B 1601 ~~1604B~~ TR GUIDE 1602 1666/CMS LOG ~~CALENDAR~~ ACO Lic Cert
 To ACTS (Date/Initials) _____

POC Due 5 Days or 10 Days 4-2-12cc LOG CALENDAR ACO Lic Cert
 POC Approved (Date/Initials) 4/20 File To Pending Drawer (Date/Initials) _____

File To Review (Date/Initials) 4/25 LOG Lic Cert

670 Completed (Date/Initials) 4-25-12cc All Final Info Entered Into Lic Cert (Date/Initials) _____

LIC LTR CMS NO DEF. LTR TO MAUST _____

File To Central Office (Date/Initials) _____ LOG ACO Lic Cert

RECEIVED
 APR 19 2 11 PM '12
 STATE OF OHIO
 DEPARTMENT OF HEALTH

NOTES: CLOSED IN ASPEN DATE/Initials _____

7007 0220 0001 4324 1289

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

OFFICIAL

Postage \$ _____
Certified Fee _____
Return Receipt Fee
(Endorsement Required) _____
Restricted Delivery
(Endorsement) _____

Sarah Courtney, Health Center Manager
Planned Parenthood Of Central Ohio
206 East State Street
Columbus, OH 43215-4388

PS Form 3811, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sarah Courtney, Health Center Manager
Planned Parenthood Of Central Ohio
206 East State Street
Columbus, OH 43215-4388

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent
 Addressee

B. Received by (Printed Name) C. Hutton Date of Delivery 3-27-12

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

2012 MAR 29 2:24 PM
28
Mail Express Mail
Mail Return Receipt for Merchandise
Mail C.O.D.

4. Restricted Delivery? Extra Fee Yes

2. Article Number (7) 7007 0220 0001 4324 1289

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

*Approved
4/20/12
Hendrick
Hartdate
4/5/12*

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0530AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER CENTRAL OHIO WOMEN'S CLINIC, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3255 EAST MAIN STREET COLUMBUS, OH 43213		
(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 LR, LB Licensure Compliance Inspection Administrator: Sarah Courtney, Health Center Manager County: Franklin Number of ORs: 2 Services provided: Surgical and Medical Abortions License Current: Yes License Expiration Date: December 2012 The following violations are issued as a result of the licensure compliance inspection completed on 03/15/12.	C 000		
C 120	O.A.C. 3701-83-08 (B) T B Control Plan The 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.	C 120		

OHIO DEPT OF HEALTH
 DQA-6080FS
 2012 APR -5 A 10:38 AM

Ohio Department of Health

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

Beth Loun

TITLE *COO*

(X8) DATE
4/2/12

Ohio Dept Health

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C 120	Continued From page 1 This Rule is not met as evidenced by: Based on personnel record reviews, facility policy review, and staff interview, the facility failed to ensure 1 of 9 staff (Staff #10) was given a tuberculin skin test (TB test) as required by facility policy. The facility performed a total of 1,450 procedures in the past twelve months. Findings include: On 03/15/12, nine personnel files were reviewed. Staff #10 (a registered nurse) was hired on 08/01/11 to work with patients in the recovery room, and to provide intravenous sedation to patients. Staff #10's personnel file was silent to a TB test or chest x-ray. On 03/15/12, at 4:00 PM, Staff #1 and #2 verified this employee's file was silent to TB testing. When questioned as to facility policy, both employees stated TB testing is done on new employees at the time of hire, and on an annual basis.	C 120	Central Ohio Women's Center (the health center facility or "HCF") and Planned Parenthood of Central Ohio have a policy in the organization's OSHA manual that states that all health center staff must be tested for TB annually. The HCF and Planned Parenthood's Human Resources Department will ensure that TB testing takes place annually in May for all HCF employees and upon the hire date for new employees. All records of the test shall be kept in the staff' s central personnel files and also at the health center. These records will be monitored by the health center manager for compliance. The HCF re-administered Staff # 10's TB test on 3/30/12 and the negative results are included in this report.	4/1/12
C 139	O.A.C. 3701-83-10 (B) Safety & Sanitation The HCF shall be maintained in a safe and sanitary manner. This Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain a sanitary environment related to a suction machine. The facility performed a total of 1,450 procedures in the past twelve months. Findings include: A tour of the facility was conducted on 03/14/12,	C 139	The oral suction machine is now part of a regular cleaning protocol that has been put into place for all HCF machines and equipment. Staff will perform weekly checks	

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C 139	Continued From page 2 between 1:55 PM and 3:40 PM, with Staff #1 and #3. The oral suction machine was observed located next to the crash cart. The suction machine was observed uncovered at that time. The surfaces of the machine, and table on which the machine rested, were observed coated with a heavy layer of dust and dirt. This was verified with both facility staff during tour.	C 139	of all equipment in the surgical suites and lab areas to ensure that they have been dusted and cleaned. Covers will be placed on equipment as appropriate, including the oral suction machine. The RN administering IV sedation is responsible for this log, and it will be reviewed by the health center manager during the monthly facility inspection. (please see attached Emergency Equipment Log.)	4/1/12
C 158	O.A.C. 3701-83-13 (B) Complaints Hot Line The HCF shall post the toll free complaint hotline of the department's complaint unit in a conspicuous place in the HCF. This Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to post the toll free complaint hotline number. The facility performed a total of 1,450 procedures in the past twelve months. Findings include: A tour of the facility was conducted on 03/14/12, between 1:55 PM and 3:40 PM, with Staff #1 and #3. There was no evidence of the Ohio Department of Health's complaint hotline number posted in the facility. This was verified with Staff #1 during tour.	C 158	A new sign with the ODH toll free complaint hotline has been posted in the main lobby. The health center manager will make sure this sign is up during each month's facility inspection. A line on the inspection form has been added to include the hotline sign (please see updated Health Center Manager's R/QM Monthly Report, attached).	3/30/12
C 231	O.A.C. 3701-83-19 (B) Drug Control & Accountability The ASF shall: (1) Provide adequate space, equipment, and staff for storage and the administration of drugs in	C 231		

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C 231	<p>Continued From page 3</p> <p>compliance with state and federal laws and regulations.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, staff interview, and review of medication policies, the facility failed to provide a double locked storage area for controlled substances, failed to label multidose vials when opened, and failed to label medication syringes in accordance with facility policy. The facility performed a total of 1,450 procedures in the past 12 months.</p> <p>Findings include:</p> <p>A tour of the facility was conducted on 03/14/12, between 1:55 PM and 3:40 PM, with Staff #1 and #3. During this tour, the following areas related to medications were observed:</p> <p>a) The narcotic storage box was observed inside a locked cabinet. Staff #3 (a licensed nurse) was observed unlocking the outer cabinet door. Inside the cabinet, next to the narcotic box, 3,350 doses of a controlled substance (Versed) were stored. According to interview with Staff #3, this medication should be inside the narcotic box, and should be double locked. This employee stated the narcotic box was full; therefore, the Versed was stored next to the narcotic box.</p> <p>b) Observed inside the narcotic box were three syringes of liquid medication. One syringe was</p>	C 231	<p>a) Planned Parenthood of Central Ohio currently has a policy for purchasing narcotics. A line has been added to this policy that ensures there is space for all controlled substances in double- locked cabinet. (Please see Policy for Purchasing Narcotics for COWC, attached.) The Surgical Services Coordinator will check inventory before orders are placed to ensure that there is space for the controlled substance in the double locked cabinet.</p> <p>b , c, d) In response to parts B , C and D of the Drug Control and Accountability Violation:</p>	3/30/12

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C 231	<p>Continued From page 4</p> <p>observed labeled Entry, and contained 1 cc of liquid. A second syringe labeled Fentanyl was observed with 0.9 ccs of liquid and 0.1 cc of air. A third syringe was labeled Versed, and contained 1.5 ccs of liquid. These labels lacked dosages, the dates/times when drawn, and initials/name of the person who filled the syringes. Staff #3 verified these syringes were not labeled in accordance with facility policy and standards of practice, and stated he/she would be afraid to administer the medications.</p> <p>c) A multi-dose vial of medication (Midazolam) lacked a cap, and was verified by Staff #3 to be opened. The vial lacked the date and time when opened, and the initials of the person who opened the vial. A vial of Lidocaine 1% was dated 03/12/12; however, lacked initials of the person who opened the vial. This was verified with Staff #3 during tour.</p> <p>d) On 03/14/12, at 3:40 PM, unlicensed Staff #1 was observed unlocking a file cabinet at the front receptionist desk. The cabinet contained 3 drawers filled with prescription contraceptives, which was verified with Staff #1.</p> <p>A review of facility policy titled Pharmaceutical Services 1-A-2 stated controlled substances should be stored in accordance with regulations. The policy also stated if a multidose vial has been opened or accessed (e.g. needle punctured) the vial must be dated and discarded in accordance with manufacturer's instructions and state/local regulations. If no specific guidelines are provided, CDC recommends discarding the vial within 28 days. Staff #1 and #2 verified on 03/15/12, at 4:00 PM, the facility policy was not followed in regards to</p>	C 231	<p>1) staff will receive an in-service training on drug and medication handling and labeling on April 5, 2012.</p> <p>2) A written correction action has been taken for the staff member who failed to properly label the three syringes and the Midazolam.</p> <p>3) A new audit tool has been developed and will be used by the Surgical Services Coordinator on a monthly basis beginning April 1, 2012. (Please see Medication Labeling and Storage Audit, attached.) This audit will include the following:</p> <p>a. controlled substances are double locked at all times.</p> <p>b. contraceptives are moved to the supply closet, which can only be accessed by licensed personnel.</p> <p>c. All medications that have been opened are dated, initialed, time-stamped as required and include lot number.</p> <p>d. Daily log of medication counts is part of audit tool.</p>	4/5/12

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C 231	Continued From page 5 medication storage and labeling.	C 231		



COWC / Month / Year:

Date	Daily		Weekly	EKG test results
	EKG Tested	Oral Suction Tested	Dust and Clean Oral Suction	

Complete Staff Initials Log Monthly:

Staff Initials	Full Name Printed

Staff Initials	Full Name Printed



Center: **East/COWC**

Month/Year:

Item (*please send copy with report)	Checked	Copy in Binder (✓ or N/A)	Date Completed/ Reviewed + Initials	Notes or Corrective Action to be taken:
Monthly:				
Emergency Kit Audit		N/A		
Expired Lab Test and Drugs Check*		N/A		
Facility Inspection Report*				
Laboratory QC Log Completed*		N/A		
Staff meeting minutes*				
Add up pos/abn totals from previous month*				
Trend Analysis*				
Abortion Complication Log Reviewed by Medical Director (due by 15 th for previous month)				
Crash Cart checked				
Emergency Equipment Log checked				
Medication Labeling and Storage Audit*				
Drug Repackaging Log complete		N/A		
HCA Ills: Website & Phone Message Review		N/A		
ODH Complaint Hotline info posted in waiting room		N/A		
Quarterly (Mar/Jun/Sep/Dec):				
Medical Record Documentation Audit (East): 10 charts *				
Quarterly Drill, all staff participated*				
Semi-Annually (May/Nov):				
Ultrasound Form Audit: Staff Completion*				
Annually :				
Medical Equipment Inspection (Acura)				
Fire Extinguisher & Back-Up Light Inspection (Koorsen)				
Chart Purge (complete by 5/31), give progress notes, list date completed		N/A		

HCM Signature: _____

Date: _____

R/QA Manager: _____

Date: _____



P015

POLICY FOR PURCHASING NARCOTICS FOR COWC

1. All controlled substances, including narcotics, must be stored in a double locked storage system.
2. Assess inventory of narcotics needed. The Surgical Services Coordinator will check inventory before orders are placed to ensure that there is space for the controlled substance in the double locked cabinet.
 - a. The amount of narcotics or controlled substances ordered will not exceed the space to contain them in the double lock system.
3. Contact Medical Director for DEA form (allows a non-doctor to pick up medication).
 - a. No DEA form needed for Versed or Valium (Only for Fentanyl)
4. Medical Director fills out form and signs.
5. Order narcotics from Crosby's drugs.
6. Fill out purchase requisition.
7. HCM or designee picks up order.
8. Narcotics are placed in double locked cabinet. The inventory is verified by 2 staff members whenever the cabinet is opened. Additionally, when new inventory is added, it is reconciled with the receipt from the pharmacy.
9. Send purchase requisition, receipt from pharmacy and DEA form to Finance.



Month/Year: _____

Total Accuracy: _____ %

Responses: ✓ - Correct X - Incorrect N/A - Not Applicable

Medication Locations	Fridge 1	Fridge 2	Narcotic Cabinet	% Accuracy by Criteria
Audit Criteria ↓				
All medications/drugs that are in opened multidose packaging are initialed, dated and expiration date is written.				
Medications transferred to another container include staff initials, lot #, date of transfer and expiration dates.				
Fentanyl syringes labeled with date and time repackaged, staff initials, and expiration date.				
Contraceptives are accessible only by licensed staff.				
Controlled substances are double-locked at all times.				
On controlled substances logs, two staff count and initial at the beginning of each day; two staff count and initial at the end of each day.				

To calculate accuracy: add the ✓ s and the Xs. Divide ✓ by this total, then multiply by 100. Example: 5✓ + 3X = 8. $5 \div 8 = .63 \times 100 = 63\%$ accuracy. Do not count the N/As.

Trends:

Corrective Action Plan:

Staff Training:

Timeline for Reaudit:

Signature and Title _____ Date _____

Reviewed by Medical Director _____ Date _____

TRANSFER AGREEMENT

Transfer Agreement made this May 25 day of _____, 1999, by and between Grant/Riverside Methodist Hospitals – Grant Medical Center Campus, hereinafter referred to as "The Hospital", a not-for-profit corporation and fully accredited hospital, created under the laws of the State of Ohio, with hospital facilities located in the County of Franklin and State of Ohio, and located at 111 South Grant Avenue, Columbus, Ohio; and Planned Parenthood of Central Ohio/Central Ohio Women's Center, hereinafter referred to as "PPCO/COWC", located at 3255 East Main Street, Columbus, Ohio.

WITNESSETH:

WHEREAS, PPCO/COWC is organized and operated as an ambulatory surgical facility under Ohio Administrative Code Section 3701-83-15; and

WHEREAS, PPCO/COWC desires to achieve such compliance and is required to enter into an appropriate transfer agreement for support services with a hospital that is registered with the Ohio Department of Health under Ohio Revised Code §3701.07; and

WHEREAS, The Hospital has the capacity of providing emergency back-up support services to PPCO/COWC, including, but not limited to medical, diagnostic, emergency, and other supportive services; and

WHEREAS, PPCO/COWC and the Hospital agree that it is to their mutual advantage, and the advantage of the community they serve, that they enter into an agreement whereby the Hospital provides support services to PPCO/COWC;

NOW, THEREFORE, in consideration of the foregoing and other good and valuable considerations hereinafter contained, the parties hereto agree as follows:

FIRST: TERM OF AGREEMENT

This Agreement, when signed by the Administrator of the Hospital and the Executive Director of Planned Parenthood of Central Ohio/COWC, shall become effective as of the date first above mentioned and shall continue in effect for a term of one (1) year from said date, and will automatically renew for one (1) year periods, unless either party to this Agreement gives notice to the other party at least thirty (30) days prior to the termination date at the business address first above written. This Agreement may also be terminated at any time by either party, with or without cause, upon 30 days advance notice to the other party.

SECOND: OBLIGATIONS OF GRANT/RIVERSIDE HOSPITALS, GRANT MEDICAL CENTER CAMPUS

1. The Hospital shall provide the required back-up support services to patients referred to the Hospital by PPCO/COWC when space is available for such patients and Hospital has the resources and expertise required to treat such patients.
2. In each instance of admission all usual reasonable established admission policies, procedures and conditions of the Hospital must be met.
3. With appropriate patient consent secured by PPCO/COWC, the Hospital shall provide to PPCO/COWC information regarding results of any diagnostic procedures and any such medical information as is appropriate and necessary in order to keep records updated. This includes, but is not limited to, timely returns of copies of PPCO/COWC referral forms.
4. The Hospital shall be entitled to, and PPCO/COWC shall in no way interfere with, the collection of fees from patients to whom the Hospital has rendered services pursuant to this Agreement.
5. The Hospital shall provide insurance or shall fund and maintain an adequate self insurance reserve as shall be necessary to insure the Hospital and its employees against any claim or claims for damage arising by reason of personal injury or death occasioned directly or indirectly in connection with the performance of any service by the Hospital.
6. The Hospital shall indemnify and hold PPCO/COWC harmless against any and all claims or liabilities resulting from any action by the Hospital, its staff physicians, or its employees, which arise out of services rendered by the Hospital to patients referred to the Hospital pursuant to this Agreement.
7. Non-discrimination: The Hospital agrees to comply with all applicable Federal, State, and Municipal laws and executive orders prohibiting discrimination. No person shall, on the grounds of race, creed, color, sex, national origin, age, marital status, disability, or ability to pay, be excluded from participating in, be denied the benefits of, or be otherwise subjected to discrimination under this Agreement.

THIRD: OBLIGATIONS OF CENTRAL OHIO WOMEN'S CENTER

1. PPCO/COWC shall identify and refer patients to the Hospital upon the recommendation of the patient's attending physician or PPCO/COWC's medical director that such transfer is medically appropriate. However, no

- patient shall be admitted until such patient is accepted for care by a staff member of the Hospital with admitting privileges.
2. PPCO/COWC shall transfer promptly such medical and other information as is relevant to proper care by the Hospital including medical, social, nursing, and other care plans.
 3. A release form will be obtained by PPCO/COWC from all patients referred by PPCO/COWC to facilitate the regular flow of information between the Hospital and PPCO/COWC.
 4. PPCO/COWC shall provide insurance or shall fund and maintain an adequate self insurance reserve as shall be necessary to insure PPCO/COWC and its employees against any claim or claims of damage arising by reason of personal injury or death occasioned directly or indirectly in connection with the performance of any services by PPCO/COWC.
 5. PPCO/COWC shall indemnify and hold the Hospital harmless against any and all claims or liabilities resulting from any action by PPCO/COWC or its employees, which arise out of services rendered by PPCO/COWC to patients referred to the Hospital pursuant to this Agreement.
 6. Non-discrimination: PPCO/COWC agrees to comply with all applicable Federal, State, and Municipal laws and executive orders prohibiting discrimination. No person shall, on the grounds of race, creed, color, sex, national origin, age, marital status, disability, or ability to pay, be excluded from participating in, be denied the benefits of, or be otherwise subjected to discrimination under this Agreement.

FOURTH: WRITTEN NOTICE OF PROVISION

Any and all notices, designations, consents, offers, acceptances, or any other communication provided for herein shall be given in writing by registered or certified mail which, subject to change upon written notice, shall be addressed to the parties as follows:

Judith B. Fountain
Executive Director
Planned Parenthood of Central Ohio
206 East State Street
Columbus, Ohio 43215

Edsel Cotter
Senior Operations Officer
Grant/Riverside Methodist Hospitals
Grant Medical Center Campus
111 South Grant Avenue
Columbus, Ohio 43215

NOTWITHSTANDING any other provision in this Agreement, each facility remains responsible for ensuring that any service provided pursuant to this

Agreement complies with all pertinent provisions of Federal, State, and local statutes, rules, and regulations. The governing authority or operator of each facility shall maintain a written copy of this Agreement in the administrator's office and available to the Ohio Department of Health. For each admission to, or transfer or discharge from, either the Hospital or PPCO/COWC, the governing authority or operator of each such facility shall assure that:


- a) The personal, alternate, or staff physician requests or agrees to the admission, transfer, or discharge unless the patient signs out or is signed out against medical advice; and
- b) That admission information is obtained and transfer and discharge information is furnished as required by the provision of Ohio laws and regulations.

FIFTH: MISCELLANEOUS

1. The parties agree that all patient transfers will be made in accordance with the Consolidated Omnibus Budget Reconciliation Act of 1986.
2. The parties specifically acknowledge that their relationship is one of independent contractors and nothing herein shall be construed as creating a relationship of employment, agency, joint venture, or partnership.
3. This Agreement may not be assigned by either party without the written consent of the other party.

IN WITNESS WHEREOF, the participants have hereunto set their hand and seals the date and year first above written.

Grant/Riverside Methodist Hospitals
Grant Medical Center Campus

BY: 
Edsel Cotter
Senior Operations Officer

Planned Parenthood of Central Ohio
Central Ohio Women's Center

BY: 
Judith B. Fountain
Executive Director



OHIO DEPARTMENT OF HEALTH
 DIVISION OF QUALITY ASSURANCE
 BUREAU OF COMMUNITY HEALTH CARE FACILITIES
 NON LONG TERM CARE QUALITY UNIT

FACILITY INFORMATION DOCUMENT

Facility Name	Central Ohio Women's Center	NPI: 1568472207
Address	3255 East Main Street	
City/County	Columbus Franklin	Zip + 4: 43213
Mailing Address	206 East State Street	
City/County	Columbus Franklin	Zip + 4: 43215
E:Mail Address	sarah.courtney@ppcoh.org	
Administrator Name	Sarah Courtney, Health Center Manager	
Other Information	Telephone: (614) 3588745 Fax: (614) 222-3529 Provider No.: NA Licensure No.: 053045 Medicaid No.: No.:	
	Fiscal Intermediary/Carrier: Name/Address/Phone No. NA	

Facility Type: ASC CAH CORF ESRD HHA HOSPICE PPS PTIP
 REHAB RURAL H X-RAY MLP HOSP HCS

ACCREDITED: Yes No Maternity License Expiration Date: NA
 Fiscal Year: January 2012 - Dec 31 2012

Action: Certification Licensure PCR/PSR Complaint No. Other

FACILITY BEDS	TOTAL	HOSPITAL	HOSPICE	PPS PSYCH	PPS REHAB	MATERNAL BEDS	N/B
Total Beds DR's	2						
Total Census	1450	procedures					

HEALTH SURVEYS

Survey Entry Date: 3/14/12	Entrance Time: 7:30 ^{1:10 pm} A.M. <u>P.M.</u>
Day of the Week: M T <u>W</u> Th F Sat Sun	
Week of the Month: 1 <u>2</u> 3 4	
Survey Exit Date: 3/15/12	Exit Time: 4 ¹⁵ A.M. <u>P.M.</u>

LSC SURVEYS

Survey Entrance Date:	Entrance Time: A.M. P.M.
Number of Buildings:	Description of Construction Type:
Construction Dates (each bldg):	
Survey Exit Date:	Exit Time: A.M. P.M.

Additional Information On Back

Completed By: <u>Khose KM 03245</u>	Date: <u>3/15/12</u>
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POC REVIEW

Provider Name: Central Ohio Women's Clinic CCN: 0530AS

Facility Phone #: 1-614-358-8145 Survey Exit Date: 3/15/12

POC Reviewed By: Linda Hart Date Approved: 4/20/12

Desk Audit: _____

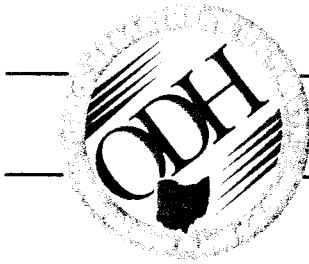
2567 signed and dated: gaw

Completed Date: 4/5/12

	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #
Correction date within timeframe?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>									
If POC refers to creating new policies/procedures, is a copy included?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>									
Does the plan address all of the deficient practice?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>									
Does the plan address who will monitor for compliance?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>									
Waiver/Variance requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

COMMENTS:

approved 4/20/12 LH



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

March 23, 2012

Sarah Courtney, Health Center Manager
Planned Parenthood Of Central Ohio
206 East State Street
Columbus, OH 43215-4388

RE: Central Ohio Women's Clinic, Inc - License: 0530AS
Survey Completed on March 15, 2012

Dear Ms. Courtney:

The Ohio Department of Health, under the authority of Chapter 3702 of the Ohio Revised Code, inspects Health Care Facilities to determine compliance with the licensure requirements set forth in Chapter 3701-83 of the Ohio Administrative Code. To attain and maintain licensure, a health care facility must be in compliance with each licensure requirement and not have any violations that jeopardize the patients' health and safety or seriously limit the facility's capacity to provide adequate care and services.

On the date noted above, we completed an inspection of your facility and cited the violation(s) annotated on the enclosed form. Therefore, in order to recommend your agency for licensure, we must receive an acceptable plan of correction **signed and dated within ten (10) calendar days** after you receive this notice. **Failure to provide an acceptable plan of correction may result in denial, revocation, or non-renewal of your license.**

This plan of correction must contain the following at a minimum:

What action(s) will be accomplished to correct the situation(s) or condition(s) causing or contributing to the noncompliance.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance/improvement program will be put into place.

Central Ohio Women's Clinic, Inc
March 23, 2012
Page Two of Two

The Plan of Correction must be written on the enclosed Statement of Deficiency form.

The projected date of correction must not exceed 30 days from the date of inspection exit date unless approval for an extended period for correction is obtained from this office.

Where documentary evidence of corrective action is appropriate, such evidence should accompany the plan of correction wherever possible. When this is not possible, these documents should be provided not later than the latest correction date submitted in your plan of correction **and accepted by this office**. Evidence of compliance may include documentation of facility monitoring, in-service training records, consultant reports, work orders, purchase orders, invoices, photographs, or other information that would confirm compliance.

Normally, an onsite revisit will be conducted to verify corrective action has been taken per the plan of correction. However, after our review of the plan of correction and any evidence of compliance, it is possible that an onsite visit will not be required. If this is the case, you will be advised by phone that your plan of correction was accepted and that the appropriate licensure action will be recommended to the licensure administrator.

If you have any questions regarding this notice, please feel free to contact me at (614) 387-0801.

Sincerely,



Wanda L. Iacovetta, R.N.
Non Long Term Care Unit Supervisor
Bureau of Community Health Care Facilities and Services
Division of Quality Assurance

WLI/cc

Enclosure: STATE FORM Licensure



OHIO DEPARTMENT OF HEALTH

Copy 0530AS
3/14/12

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

December 16, 2011

Lisa G. Perks, Director
CENTRAL OHIO WOMEN'S CLINIC, INC
206 EAST STATE STREET
COLUMBUS, OH 43215

Facility Type: AMBULATORY SURGICAL FACILITY
Facility ID: 0530AS
Capacity: 2 Operating Rooms

Dear Ms. Perks:

This renewal confirmation letter approves your facility to continue to operate through December 2012; unless the license is revoked pursuant to Chapter 119. of the Ohio Revised Code or voided at your request.

CENTRAL OHIO WOMEN'S CLINIC, INC
3255 EAST MAIN STREET
COLUMBUS, OH 43213

For online information regarding the licensure process, e.g. forms, rules (Ohio Administrative Code (OAC)) and regulations (Ohio Revised Code (ORC)), visit the Ohio Department of Health web site at <http://www.odh.ohio.gov>. Questions regarding the licensure process may be directed to our e-mail address, liccert@odh.ohio.gov or by calling Mary Lucas, Licensure Specialist, at (614) 466-7713.

Sincerely,

Bridgette C. Smith, Licensure Administrator
Bureau of Information and Operational Support
Division of Quality Assurance

cc: BCHCFS
State Fire Marshal's Office
Certification
Licensure File

Copy
0530AS
3/15/12

PPCO/PPNWO/PPSEO/COWC CONSOLIDATED ORGANIZATION CHART

