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7011 3500 0002 9877 1171

OFFICIAL

Postage \$ _____
 Certified Fee \$ _____

Return Receipt (Endorsement Required) _____
 Restricted (Endorsement) _____

Mark Here

Sarah Courtney, Administrator
 Planned Parenthood East Health Center
 206 East State Street
 Columbus, OH 43215-4388

Street, or PO box _____
 City, State, _____

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>McLIVISIA</i> C. Date of Delivery <i>02-26-13</i></p>
<p>1. Article Addressed to:</p> <p>Sarah Courtney, Administrator Planned Parenthood East Health Center 206 East State Street Columbus, OH 43215-4388</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____</p> <p>PH 1:09 DEPT OF HEALTH COMMUNITY SERVICES</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) 7011 3500 0002 9877 1171</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

OHIO DEPT OF HEALTH
 OQA-BCHCPS

SURVEY HEALTH ENTRANCE	DATE: 02-13-13
SURVEY HEALTH EXIT	DATE: 02-14-13
LSC EXIT	DATE: _____
MAILED/TURNED IN	DATE: 02-15-13
FISCAL YEAR	12/31

2013 FEB 20 P 1:31

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

Planned Parenthood East Health Center
 925911

LICENSE# 0530-AS

FACILITY NAME: Central Ohio Women's Center

ADDRESS: 3255 East Main Street

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
BL	07306	C-129								
SL	18665	C-189								
		C-214								
		C-281								

NLTC/Lic Cert Entered (Date/Initials) CERT 2-22-13 10/60 10/45 CONDI 5/30 PSR LIC 10/30 PSR 5/15 PSR

Draft To Supervisor By OA (Date/Initials) 2-22-13 LTR Signed (Date/Initials) 2/22/13 SR

SOD MAILED (Date/Initials) 2/26/13

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

POC Due 5 Days or 10 Days 3/8/13 LOG CALENDAR ACO Lic Cert
 POC Approved (Date/Initials) 2/12/13 File To Pending Drawer (Date/Initials) _____

File To Review (Date/Initials) 3/19/13 LOG Lic Cert

670 Completed (Date/Initials) 4-1-13 bs 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

NOTES: CLOSED IN ASPEN DATE/Initials _____

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*Approved 3/12/13
Jordan*

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 02/14/2013
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD EAST HEALTH CENT		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 Licensure Compliance Inspection Health Care Manager: Sarah Courtney County: Franklin Number of Operating Rooms: Two (2) Services Provided: Surgical Abortions License Current: Yes License expiration date: 12/31/12 The following violations were issued as a result of the licensure compliance inspection completed on 02/14/13.	C 000		
C 129	O.A.C. 3701-83-09 (A) Standards of Practice The HCF shall assure all staff members provide services in accordance with: (1) Applicable current and accepted standards of practice and the clinical capabilities of the HCF; and (2) Applicable state and federal laws and regulations. This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure the time of the administration of oral medications by licensed staff was documented in the medical records for six patient's (Patient #3, 4, 12, 13, 14, and 16). The facility also failed to ensure the time of the administration of an intravenous push (IVP) medication and the dose and time of an intra-muscular injection was documented in the medical record for Patient #16. The sample size was 16. The facility performed 1610 procedures	C 129	Per Deficiency C 129 All East Health Center clinical staff attended a meeting on 3/1/13 to address documentation errors and omissions (please see Exhibit A with meeting minutes and signatures). The managers at East discussed the importance of including dosage and time for all medication administration. Staff was informed that audits would be conducted regularly to check accuracy. East Health Center's management and charge clinician will conduct an internal chart audit on or before 3/25/13, specifically focusing on dosage and time of medication administration. Monthly and quarterly audits will continue to be conducted thereafter by management and the charge clinician, with a specific focus on medical documentation. Prior to this inspection, all East Health Center Treatment Plan Forms included a line for time of medication administration except for certain medication lines on the Medication Abortion Treatment Form. This form has since been updated to include a time for administration of each medication (please see Exhibit B). The charge clinician (an Advanced Practice Nurse) at East Health Center is responsible for all audits and corrective actions regarding medical documentation.	3/1/13

Ohio Department of Health

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

STATE FORM

[Signature]

TITLE

(X6) DATE

Vice President of Health Services 3/5/13

6899

928911

If continuation sheet 1 of 9

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Ohio Dept Health

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C 129	<p>Continued From page 1 in 2012.</p> <p>Findings include:</p> <p>The medical record for Patient #3 was reviewed on 02/13/13. Documentation in the medical record dated 08/27/12 revealed that Physician A administered Misoprostol (a medication used to induce uterine contractions during a medical abortion) 200 milligrams, two (2) tablets to Patient #3. The time the medication was administered was not documented. This finding was confirmed during interview with Staff A on 02/13/13 at 4:08 PM. Staff A stated it was facility policy to document the time of medication administration. Staff A visualized the medical chart and verified the medication administration time was not documented.</p> <p>The medical record for Patient #4 was reviewed on 02/13/13. Documentation in the medical record dated 07/09/12 revealed that a licensed practical nurse recorded on the pre-operative sheet that she administered Ibuprofen (a pain medication) 400 milligrams to Patient #4. The licensed practical nurse did not document the time the medication was administered. This finding was verified with Staff A on 02/13/13 at 4:30 PM. Staff A visualized the medical chart and verified that the line for the time of the medication administration was left blank.</p> <p>The medical record for Patient #16 was reviewed on 02/14/13. Documentation in the medical record dated 12/28/12 revealed that a licensed practical nurse administered Zofran (an anti nausea medication) 4 milligrams per intravenous push according to the medication log. The licensed practical nurse did not document the time the medication was administered. In</p>	C 129		

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C 129	<p>Continued From page 2</p> <p>addition, review of the moderate sedation log revealed a licensed practical nurse documented the administration of Methergine (a medication used to control postpartum hemorrhage) intra-muscularly. The dose and time of the medication administration was not documented. These findings were verified with Staff D on 02/14/13 at 1:06 PM. Staff D visualized the medical record at this time and verified that the time the Zofran was administered and the dose and time that the Methergine was administered were not documented.</p> <p>The medical record for Patient #12 was reviewed on 02/13/13. Documentation in the medical record revealed a diagnosis of a positive pregnancy of approximately six weeks gestation for which a medical abortion was sought. Further review of the record revealed that the pills administered for the abortion were spaced 48 hours apart and the third day dose of (Misoprostol) was given by the physician on 04/27/12, but no time was recorded. In an interview with Staff A on 02/13/13 at 4:08 PM, Staff A confirmed that no time had been recorded for the administration of the medication. Staff A further stated that the form for the documentation did not have a space for the time to be placed, although the expectation was for staff to document the time all medications are administered.</p> <p>The medical record for Patient #13 was reviewed on 02/13/13. Documentation in the medical record revealed a diagnosis of a positive pregnancy of approximately six weeks and three days gestation for which a medical abortion was sought. Further review of the record revealed that the third day pill in the series of the medical abortion was given by the physician on 09/14/12,</p>	C 129	

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C 129	Continued From page 3 but no time was recorded. In an interview on 02/13/13 at 4:08 PM, Staff A stated that the expectation was for a time to be documented for the administration of all medications. The medical record for Patient #14 was reviewed on 02/14/13. Documentation in the medical record revealed a diagnosis of a positive pregnancy of approximately six weeks and one day gestation for which a medical abortion was sought. Further review of the record showed the third day pill in the series of the medical abortion was given on 09/07/12, but no time of administration was documented. In an interview on 02/13/13 at 4:08 PM, Staff A stated that the expectation was for a time to be documented for the administration of all medications.	C 129		
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 interview with facility staff, the facility failed to ensure patient use items were stored in a sanitary fashion. There were 1610 procedures completed at the facility in the past year. Findings include: A tour of the facility was conducted on 02/14/13. During a tour of the facility's basement at approximately 9:48 AM, accompanied by Staff A and Staff D, multiple cardboard boxes with patient care supplies were noted to be stored directly on the concrete floor. The boxes contained tubing	C 139	Per Deficiency C 139 East Health Center has purchased and installed shelving for all medical supplies stored in the basement (please see photos, Exhibit C). The shelving is adequate for all medical supply storage and keeps the supplies approximately 4 inches from the floor. The health center manager at East Health Center is responsible for ensuring all medical supplies are stored off the floor.	2/28/13

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C 139	Continued From page 4 used in aspirators, glass jars, gloves, feminine hygiene products (absorbent pads), disposable drape sheets, exam table paper rolls, pillow cases, bathroom tissue, bulk condoms, and chart folders. Staff A and Staff D verified the presence of the multiple cardboard boxes being stored directly on the concrete floor containing patient care supplies. In an interview at 9:54 AM, Staff A stated that the facility was in need of more shelving or storage to get the boxes off the floor.	C 139		
C 214	O.A.C. 3701-83-17 (I) Patient Accompanied at Discharge The ASF shall discharge a patient only if accompanied by a responsible person, unless the attending or discharging physician, podiatrist, or anesthesia qualified dentist determines that the patient does not need to be accompanied and documents the circumstances of discharge in the patient's medical record. This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure four of 16 sampled patients (Patients #1, 2, 7, and 12) were discharged only if accompanied by a responsible person, unless the attending or discharging physician determined that the patients did not need to be accompanied and documented the circumstances of the discharge in the patient's medical record. The facility performed 1610 procedures in 2012. Findings include: The medical record for Patient #1 was reviewed on 02/13/13. Review of the medical record	C 214	Per Deficiency C 214 The medical treatment form for 1 st trimester abortions has been updated to include the following language: <i>Patient does / does not need to be accompanied. Circumstances of discharge</i> (please see Exhibit D). All physicians who perform abortions at East Health Center received notification by email about the change to this form (please see Exhibit E). One of the physicians is currently out of the country, but both will review the change to the form with Staff A when they are next at the Health Center. The physicians who practice at East Health Center are responsible for determining whether or not a patient needs to be accompanied by a responsible person and documenting circumstances of discharge. The medical director is responsible for ensuring that this part of the treatment form is audited and corrective action taken if documentation or signatures are missing.	3/4/13

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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD EAST HEALTH CEN1		STREET ADDRESS, CITY, STATE, ZIP CODE 3255 EAST MAIN STREET COLUMBUS, OH 43213	
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C 214	Continued From page 5 revealed that the patient's surgical procedure (surgical abortion) was performed under local anesthesia on 04/12/12. The patient was discharged home per self on 04/13/12 at 1:05 PM. There was no documentation by the physician that the patient did not need to be accompanied by a responsible person, nor of the circumstances of the discharge. This finding was verified with Staff A on 02/13/13 at 4:30 PM. Staff A stated they were not aware that the physician needed to document in the medical record if the patient left without a responsible person. The medical record for Patient #2 was reviewed in the afternoon on 02/13/13. Review of the medical record revealed that the patient had a surgical procedure (dilation and curettage) on 04/17/12 due to an incomplete abortion on 03/24/12. The patient was discharged home on 04/17/12 at 12:15 PM and was not accompanied by a responsible person. There was no documentation by the physician that the patient did not need to be accompanied by a responsible person, nor of the circumstances of the discharge. This finding was verified during interview with Staff A on 02/13/13 at 4:30 PM. Staff A stated they were not aware that the physician needed to document in the medical record if the patient left without a responsible person. The medical record for Patient #7 was reviewed on 02/13/13. Review of the medical record revealed that the patient received services at the facility under local anesthesia on 02/10/12. The patient was discharged home per self. There was no documentation by the physician that the patient did not need to be accompanied by a responsible person, nor of the circumstances of the discharge. In an interview on 02/13/13 at	C 214	

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C 214	Continued From page 6 12:04 PM, Staff A verified there was no documentation by the physician of the circumstances of the patient's discharge on the surgery treatment plan. The medical record for Patient #12 was reviewed on 02/13/13. Review of the medical record revealed that the patient received services at the facility under local anesthesia on 05/18/12. The patient was discharged home per self. There was no documentation by the physician that the patient did not need to be accompanied by a responsible person, nor of the circumstances of the discharge. In an interview on 02/13/13 at 12:04 PM, Staff A verified there was no documentation by the physician of the circumstances of the patient's discharge on the surgery treatment plan.	C 214		
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 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 medical record review, review of the narcotic control/accountability signature logs, staff interview, and review of the facility policy entitled	C 231	Per Deficiency C 231 All East Health Center clinical staff attended a meeting on 3/1/13 to address the omissions in the narcotics log (please see Exhibit A). Management discussed the importance of having two clinical staff members witnessing narcotics being wasted and documenting this accurately for every wasting. A new narcotics log has been developed by the RQM team and was implemented on Friday, March 1, 2013, which makes the double signature for wasting easier to see (please see Exhibit F). An audit of the narcotics log will be conducted on or before 3/25/13 and monthly thereafter. The staff member previously assigned to the monthly narcotics audit has been removed from this duty, and an Advanced Practice Nurse who is regularly at East will conduct the monthly audit instead. RQM staff will continue to perform a quarterly narcotics audit. The charge clinician at East Health Center is responsible for auditing the log and taking corrective action if documentation about narcotics wasting is missing.	3/1/13

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C 231	Continued From page 7 "Narcotic Management Protocol", the facility failed to ensure two licensed staff witnessed narcotics being wasted. The facility performed 1610 procedures in 2012. Findings include: The facility policy entitled "Narcotic Management Protocol" was reviewed on 02/13/13. The policy stated under number 1, "Wasting of any narcotic must be witnessed by two licensed staff." The narcotic storage and the narcotic accountability/control logs were reviewed with Staff B on 02/13/13 between 1:30 PM and 2:00 PM. Review of the narcotic control /accountability log revealed Versed (narcotic) was wasted on the following dates, in these quantities without a second licensed staff signature/witness: 01/11/13 - Versed 5 mg (milligrams) 01/16/13 - Versed 3 mg 01/18/13 - Versed 1.5 mg 01/25/13 - Versed 10.5 mg These findings were confirmed with Staff B on 02/13/13 at 1:45 PM. Staff B stated that two licensed staff should have signed as witnessing the wasting of the narcotic on the narcotic count log. Further review of the narcotic count log revealed Fentanyl (narcotic) was not witnessed by two licensed staff when wasted on the following dates: 12/28/12 - Fentanyl 50 mcg (micrograms) 01/02/13 - Fentanyl 200 mcg 01/04/13 - Fentanyl 250 mcg	C 231		

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C 231	Continued From page 8 01/11/13 - Fentanyl 50 mcg 01/16/13 - Fentanyl 100 mcg These findings were verified with Staff B on 02/13/13 at 2:00 PM.	C 231	

Exhibit A

Medication Logging Training and 3/1/13

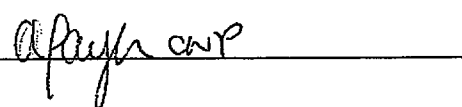
All medications/drugs that are given to patients in the performance of surgical services need to be documented with time, date and delivery method as well as the signature of who delivered the medications/drugs. This applies to medications/drugs delivered in both emergent and non emergent situations. All staff that distribute medication/drugs should be diligent in this on the surgical treatment plans, medication abortion treatment plan, iv monitoring sheet, medication log and/or any other areas where medication is distributed. This is a requirement of the authorized professionals at East Columbus Health Center and will be monitored through ongoing audits. All wasted narcotics, beginning day counts and end of day counts of narcotics need to be double signed by 2 licensed professionals. Both licensed professionals need to be present at time of counting and wasting.

Diane Simmons RN  RN

Chyrienne Jones RN  RN

Desiree See MA 

Alicia Shanks NP  NP

Ashley Taylor NP  NP

Planned Parenthood of Greater Ohio

Patient Label Here

Medication Abortion Record: Day 1 and Day 3 Visits

DAY 1: Mifepristone Date: _____ Gestational age by LMP: ___ w ___ d Gestational age by ultrasound: ___ w ___ d
 BP _____ / _____ Pulse _____ Temp _____ Hgb _____ Rh _____ GC/CT testing Accepted Declined Drug/alcohol use in last 24 hours Yes No
 Problems since last visit: No Yes _____
 Side effects, potential complications and emergency instructions reviewed Post-procedure instructions given
 Patient states she understands risks, benefits, and follow-up instructions **Staff signature** _____

Exam: Not indicated Abdomen: Normal Yes No Cervix: Normal Yes No Vagina: Normal Yes No
 Adnexa: Normal Yes No Uterus: Anteverted Retro Mid Shape: Normal Yes No Size _____

Plan:

Medications Administered:	Time Given:	Lot#:	Exp:
<input type="checkbox"/> Zofran 4 mg tablet, #1 before mifepristone	@ _____ am/pm		
<input type="checkbox"/> Phenergan 25 mg #1 tab, Sig: 1 tab to use po 30 minutes before misoprostol or po PRN nausea, dispensed.	@ _____ am/pm		
<input type="checkbox"/> Mifepristone 200 mg tablet, #3 po stat	@ _____ am/pm	Lot# _____ ID# _____	
<input type="checkbox"/> Doxycycline 100 mg #14 Sig: 1 tab po BID x 7 days, dispensed	@ _____ am/pm		
<input type="checkbox"/> new doxy regimen here	@ _____ am/pm		
If allergy, give <input type="checkbox"/> Azthromycin 250 mg tablet, #4 po stat	@ _____ am/pm		
<input type="checkbox"/> MicRhogam 50 mcg given IM site _____ administered by _____	@ _____ am/pm		
<input type="checkbox"/> Rhogam fact sheet given			

Medications Dispensed:	Rx Given:	Lot#:	Exp:
<input type="checkbox"/> Tylenol #3, # given _____ Sig: 1-2 tabs po q 4 hours prn pain, no refills.	<input type="checkbox"/>		
<input type="checkbox"/> Ibuprofen 800 mg, #10, Sig: 1 tab q4-6 hours as needed. Take 1 st tab 30 minutes after misoprostol.	<input type="checkbox"/>		
<input type="checkbox"/> Vicodin 5/500 mg, # given _____ Sig: 1-2 tabs po q 6 hours prn pain, no refills.	<input type="checkbox"/>		
<input type="checkbox"/> Zofran 4 mg Sig: 1 tab to use po 30 minutes before misoprostol, dispensed			
<input type="checkbox"/> Zofran 4 mg, #4 Sig: 1 tab po q 4 hrs prn nausea, dispensed			

Birth control method: HC patients only: planned/recent surgery requiring prolonged immobilization Yes No
 OrthoEvra 1 patch/wk x 3, none for 1 week x _____ NuvaRing PV x 3 wks, out for 1 week x _____ Rx given
 EC kit x 1 as directed x 1 year Client declined EC OC type _____ Sig: 1 PO qd x 28d x _____ Dispensed at health center
 DMPA at follow up Implanon or IUC at follow up

Notes: _____

MD signature: _____

DAY 3: Misoprostol Date: _____

Hgb (if indicated) _____ BP _____ / _____ Pulse _____ **Staff signature** _____

History: Amount of bleeding: Minimal Moderate Heavy _____
 Amount of cramping: Minimal Tolerable Unbearable _____
 Has taken Zofran: Yes No Time: _____ am/pm Has taken Phenergan: Yes No Time: _____ am/pm
 Has started antibiotics: Yes No
 Has ride: Yes No

Follow-up visit scheduled (date): _____
Exam: Not indicated Abdomen: Normal Yes No Cervix: Normal Yes No Vagina: Normal Yes No
 Adnexa: Normal Yes No Uterus: Anteverted Retro Mid Shape: Normal Yes No Size _____

Plan:
 Misoprostol 200 mcg tablet, #2 po stat. @ _____ am/pm Lot# _____ Exp _____

Notes: _____

MD Signature: _____

Exhibit C – Basement before shelving added

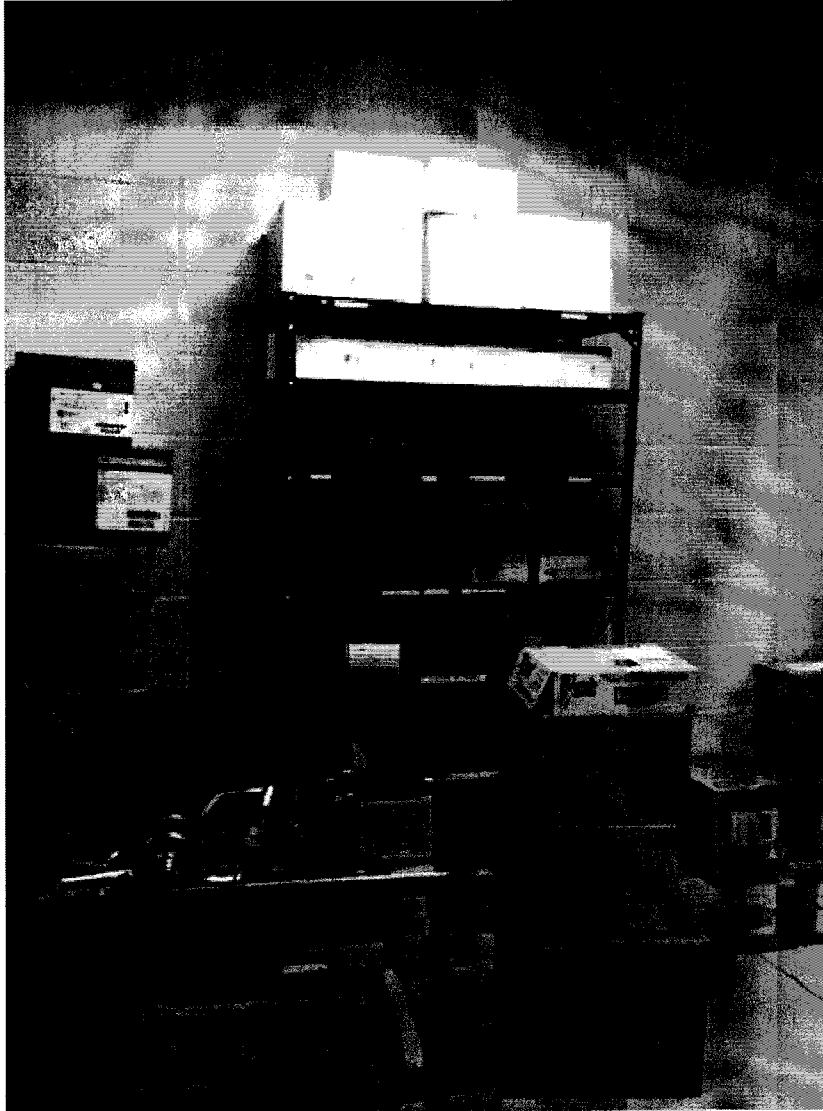


Exhibit C – Basement after shelving added



Exhibit C - Basement after shelving added





TREATMENT PLAN OF CARE PER PHYSICIAN'S ORDERS FOR:

Patient Label Here

Age _____ Ht _____ Wt _____ BMI _____ Hgb _____

Staff Signature _____ Date _____

Educator's Notes:

of pregnancies (incl. current): _____ Births _____ ABs _____ Miscar. _____ C-Sect. _____

ALLERGIES _____

Significant Medical/Surgical History: _____

MEDICATIONS: _____

Educator, Title: _____ Education Date _____

Physician Educator: _____ Phys. Ed. Date/Time _____

Medical History reviewed: _____ (date) Contraindications to Valium? Yes No Ibuprofen? Yes No

Contraindications to IV Sedation? Yes No Physician or RN Signature: _____

SURGERY DAY _____ / _____ / _____

PRE-OP ORDERS: Brought Durable Power of Attorney for Health Care or Living Will? NO YES (Copy on chart)

Any bleeding since Education Day? Y N **BIRTH CONTROL METHOD DESIRED AT END OF VISIT:** _____

Given at Pre-Op Wants written Rx Wants to fill Rx at health center

Rh _____ BP: _____ Pulse _____ Resp. _____ Temp. _____

Pre-Op Medication:	<input type="checkbox"/> acetaminophen 650 mg. p.o.	@ _____ am/pm	Lot # _____	Exp. _____
OR	<input type="checkbox"/> ibuprofen 400 mg. p.o.	@ _____ am/pm	Lot # _____	Exp. _____
	<input type="checkbox"/> valium 5 mg. p.o.	@ _____ am/pm	Lot # _____	Exp. _____
	<input type="checkbox"/> methergine 0.2 mg. p.o.	@ _____ am/pm	Lot # _____	Exp. _____

Other Medication _____ @ _____ am/pm Lot # _____ Exp. _____

Ordered By: Physician Signature: _____ Given By (Name/Title): _____

Time In Room: _____ **AM / PM**

Pre-Op	WNL	Abnormal Findings
Lungs		
Abdomen		
Vulva		
Vagina		
Cervix		
Adnexae		
Uterus	AV RV MID	

Estimated Gestation Today	
	# Weeks
By menstrual date: LMP _____	17
By ultrasound	17
By uterine size	17

TESTS DONE: GC CHL Declined

DIAGNOSIS: Unplanned pregnancy incomplete AB hematometra missed AB

Anesthesia: Local Local + IV sedation Lidocaine _____ cc to cervix for local 1% 2% Vasopressin _____ units

Dilated to Pratt # _____ Suction Cannula # _____ MVA Electromechanical Suction

Specimen consistent with dates and exam? Yes Gestational sac identified Fetal tissue identified

Estimated Blood Loss: _____ cc All fetal parts identified

Notes: _____

Physician Signature: _____

Notes continued on back

Additional Notes from Previous Side:

Patient Label Here

Physician Signature: _____

Recovery Room Record

CONDITION ON ADMISSION (Check all that apply):

Time Admitted: _____ AM/PM

- Nauseated Dizzy Clammy
 Vomiting Weak Crying

Time	BP	Resp./PO.	Pulse	Bleeding	Pain (Scale 1-10)	Initials

CONDITION ON ADMISSION (Check all that apply):

Time Admitted: _____ AM/PM

- Nauseated Dizzy Clammy
 Vomiting Weak Crying

Time	BP	Resp./PO.	Pulse	Bleeding	Pain (Scale 1-10)	Initials

FACT SHEETS GIVEN/REVIEWED:

- Post-Surgical AB packet Anemia CIIC (s) given: OC/NuvaRing/OrthoEvra Patch EC
 Rhogam BHCG follow-up DMPA IUC Implanon
 Other _____

DISCHARGE NOTE:

Condition on discharge: Satisfactory – able to walk under own power and understand post-procedure instructions Other (describe)
 Disposition: Home Hospital Other
 Birth Control Method if other than above: _____ Follow-up Appointment Offered

Medical Excuse given for Work School Dates: _____

Accompanied by _____ Time of departure: _____

Signature of Recovery Room Nurse _____ Date: _____

I hereby release Planned Parenthood of Central Ohio, Inc. and Central Ohio Women's Center from all responsibility for any injury or damage from taking myself home. I was advised to ask a friend to accompany me but I chose to leave alone. [Yo absuelvo a PPCO, Inc. Y COWC de toda responsabilidad por cualquier lesión o daño que pueda tomar lugar al irme a mi casa, fui aconsejada que le pidiera a un amigo(a) el acompañarme pero decidí irme sola.]

Patient's Signature (Firma del paciente) _____ Date (Fecha) _____ Witness Signature (Firma del testigo) _____

Patient does does not need to be accompanied. Circumstances of discharge: _____

Physician Signature _____ Date _____

Exhibit F

Planned Parenthood of Greater Ohio – East Columbus

Narcotics Log: **Fentanyl**

Lot Number / Expiration Date: _____ / _____ Page _____ of _____

Date	Count at Start of Shift	Patient Name	Amount Given	Amount Wasted	Amount Remaining	Administered by (initials)	Count at End of Shift	Staff Initials #1/#2 Shift Count/Waste

Exhibit F

Planned Parenthood of Greater Ohio - East Columbus

Narcotics Log: Diazepam

Lot Number / Expiration Date: _____ / _____ Page _____ of _____

Date	Count at Start of Shift	Patient Name	Amount Given	Amount Wasted	Amount Remaining	Administered by (initials)	Count at End of Shift	Staff Initials #1/#2 Shift Count/Waste

Exhibit F

Planned Parenthood of Greater Ohio – East Columbus

Narcotics Log: Midazolam

Lot Number / Expiration Date: _____ / _____ Page _____ of _____

Date	Count at Start of Shift	Patient Name	Amount Given	Amount Wasted	Amount Remaining	Administered by (Initials)	Count at End of Shift	Staff Initials #1/#2 Shift Count/Waste

Exhibit F

Planned Parenthood of Greater Ohio – East Columbus

Narcotics Log: Hydrocodone

Lot Number / Expiration Date: _____ / _____ Page _____ of _____

Date	Count at Start of Shift	Patient Name	Amount Given	Amount Wasted	Amount Remaining	Administered by (Initials)	Count at End of Shift	Staff Initials #1/#2 Shift Count/Waste



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

FACILITY INFORMATION DOCUMENT

Planned Parenthood East Health Ct.

Facility Name	East Columbus Health Center	NPI: 1568472207
Address	3255 East Main St.	
City/County	Columbus / Franklin	Zip + 4: 43213
Mailing Address	3255 East Main St 206 East State Street	
City/County	Columbus / Franklin	Zip + 4: 43215
E-Mail Address	Sarah.Courtney@ppcoh.org	
Administrator Name	Sarah Courtney	
Other Information	Telephone: (614) 358-8744	Fax: (614) 222-3529
	Provider No.: /	Licensure No.: 0530AS Medicaid
	No.: /	
	Fiscal Intermediary/Carrier: Name/Address/Phone No.	
	/	
	/	

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

ACCREDITED: Yes No Maternity License Expiration Date: N/A

Fiscal Year: 12/31

Action: Certification Licensure PCR/PSR Complaint No. _____ Other _____

FACILITY BEDS	TOTAL	HOSPITAL	HOSPICE	PPS PSYCH	PPS REHAB	MATERNAL BEDS	N/B
Total Beds OR	2	1	1	1	1	1	1
Total Census	16/0						

HEALTH SURVEYS

Survey Entry Date: <u>02-18-13</u>	Entrance Time: <u>8:30</u> (A.M.) P.M.
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: <u>02-14-13</u>	Exit Time: <u>3:30</u> A.M. (P.M.)

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: <i>[Signature]</i> Hm	Date: <u>2/13/13</u>
-------------------------------------	----------------------

Current -
2/13/13 - 3:45 pm

By Sarah

TRANSFER AGREEMENT

Transfer Agreement made this 11th day of JAN, 2013, by and between Grant Medical Center, 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 Greater Ohio, hereinafter referred to as "PPGOH", located at 206 East State Street, Columbus, Ohio.

WITNESSETH:

WHEREAS, PPGOH is organized and operated as an ambulatory surgical facility at 3255 E. Main St, Columbus, Ohio, under Ohio Administrative Code Section 3701-83-15; and

WHEREAS, PPGOH 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 PPGOH, including, but not limited to medical, diagnostic, emergency, and other supportive services; and

WHEREAS, PPGOH 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 PPGOH;

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 Greater Ohio, 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 MEDICAL CENTER

- 1. The Hospital shall provide the required back-up support services to patients referred to the Hospital by PPGOH when space is available for such patients and Hospital has the resources and expertise required to treat such patient. Care will be provided to PPGOH patients transferred for emergency situations, treatment of complications, or other reasons as they arise.**
- 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 PPGOH, the Hospital shall provide to PPGOH 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 PPGOH referral forms.**
- 4. The Hospital shall be entitled to, and PPGOH 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 PPGOH 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 PLANNED PARENTHOOD OF GREATER OHIO

- 1. PPGOH shall identify and refer patients to the Hospital upon the recommendation of the patient's attending physician or PPGOH'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. PPGOH 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 PPGOH from all patients referred by PPGOH to facilitate the regular flow of information between the Hospital and PPGOH.
4. PPGOH shall provide insurance or shall fund and maintain an adequate self insurance reserve as shall be necessary to insure PPGOH 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 PPGOH.
5. PPGOH shall indemnify and hold the Hospital harmless against any and all claims or liabilities resulting from any action by PPGOH or its employees, which arise out of services rendered by PPGOH to patients referred to the Hospital pursuant to this Agreement.
6. Non-discrimination: PPGOH 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:

Susan Hirt
Dir of Risk & Quality Management
Planned Parenthood of Greater
Ohio
444 W. Exchange St.
Akron, Ohio 44302

DONNA HANLY
CNO + VP PATIENT CARE
Grant Medical Center
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 PPGOH, 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 Medical Center

BY: *Donna Harv*
CNO, VP Patient Care
Grant Medical Center

Planned Parenthood of Greater Ohio

BY: *Stephanie Kight*
Stephanie Kight
President & CEO

POC REVIEW

Provider Name: Planned Parenthood East CCN: 0530 AS

Health Center
Facility Phone #: 614-358-8744 Survey Exit Date: 02/14/13

POC Reviewed By: SL Date Approved: 3/12/13

Desk Audit: _____

2567 signed and dated: yes 3/5/13 Completed Date: 3/4/13

	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #
	C 129	C 139	C 214										
Correction date within timeframe?	3/1/13	2/28/13	3/4/13										
If POC refers to creating new policies/procedures, is a copy included?	N/A	2/28/13 N/A	Δ of Medical tx form yes										
Does the plan address all of the deficient practice?	y	y	y										
Does the plan address who will monitor for compliance?	Charge Clinician	Center Manager	Medical Director										
Waiver/Variance requested?	No.	No.	No.										

COMMENTS:

POC sent by Regan Clawson 216-961-8804 x1201 ✓

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

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

POC REVIEW

Provider Name: Planned Parenthood East Health CCN: 0530AS
Regan Clawson Center

Facility Phone #: 216 961 8804 x 1201 Survey Exit Date: 2/14/13

POC Reviewed By: AL Date Approved: _____

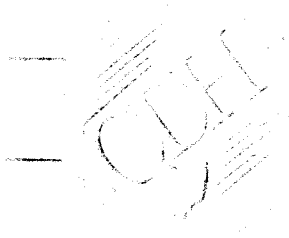
Desk Audit: _____

2567 signed and dated: AL Completed Date: 3/4/13

	Tag #129	Tag #139	Tag #214	Tag #231	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #
Correction date within timeframe?	yo	yo	yo	yo									
Address how to correct situation for specific patients; indicate situation and reason specific patients cannot be corrected.	yo	yo	yo	yo									
If staff change is corrective action taken, specify change made.	_____												
If POC refers to creating new policies/procedures, is a copy should be included?	_____												
Does the plan address all of the deficient practice?	yo	yo	yo	yo									
If in-servicing is provided, is all pertinent staff to attend identified?	yo	_____											
Waiver/Variance requested?	_____												

COMMENTS:

3/7/13 - Call to Regan Clawson Re: Signatures & dates 1st page.
C.129 Who will monitor
C.139
C.214
C.231



OHIO DEPARTMENT OF HEALTH

215 North High Street
Columbus, Ohio 43215

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

John R. Kasich - Governor

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

February 25, 2013

Sarah Courtney, Administrator
Planned Parenthood East Health Center
206 East State Street
Columbus, OH 43215-4388

RE: Planned Parenthood East Health Center - License: 0530AS
Survey Completed on February 14, 2013

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.

FILE COPY

Planned Parenthood East Health Center
February 25, 2013
Page Two of Two

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

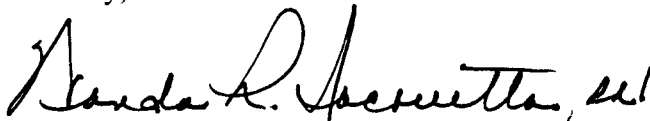
The projected date of correction must not exceed 30 days from the date of inspection exit date unless approval for an extended period for correction is obtained from this office.

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 may be contacted to request supporting documentation of compliance and/or receive a 2567B notifying you that your facility is now in compliance. The appropriate licensure action will also 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

FILE COPY



Planned Parenthood[®]
of Greater Ohio

WE'RE HERE.SM

Board of Directors

Chair

Catherine (Katie) Oratas
New Albany

Vice Chair

Iris Harvey
Kent

Treasurer

Barbara Singer
Dover

Secretary

Jennifer Mohr
Columbus

Edgar Amin

Perrysburg

Alexa Steeber Boardman

Boardman

Greg Gae

Rocky River

Paul Giorgio

Grandview

Liz Marie Calkins

Athens

Adarsh K. Israni

Akron

Joyce Lee

Hudson

Sandra Lopez

Reynoldsburg

Rebecca Lee

Columbus

William (Bill) Clark

Bexley

Jan Roller

Cleveland

Lou Steiner

Shaker Heights

Lonni Thomas

Columbus

Susan Wright

Canton

March 5, 2013

Ohio Department of Health
Ms. Wanda L. Iacovetta, R.N.
Non Long Term Care Unit Supervisor
Bureau of Community Health Care Facilities and Services
Division of Quality Assurance
246 North High Street
Columbus, OH 43215

Dear Wanda,

Planned Parenthood of Greater Ohio received the ODH inspection report for our ambulatory surgery center located at 3255 East Main Street, Columbus, Ohio on February 26, 2013. The site review was conducted on February 13 and 14, 2013.

Enclosed is our Plan of Correction written on the required Statement of Deficiency form. We have also enclosed documentary evidence of corrective action as appropriate. We hope that this evidence of corrective action will be sufficient and that a repeat onsite visit will not be required.

Please notify me by phone at 216-961-8804 x 1201 at your earliest convenience about the acceptability of our plan of correction. We hope that you can recommend the appropriate licensure action to the licensure administrator as soon as possible.

Sincerely,

Regan Clawson
Vice President, Health Services

Enclosures

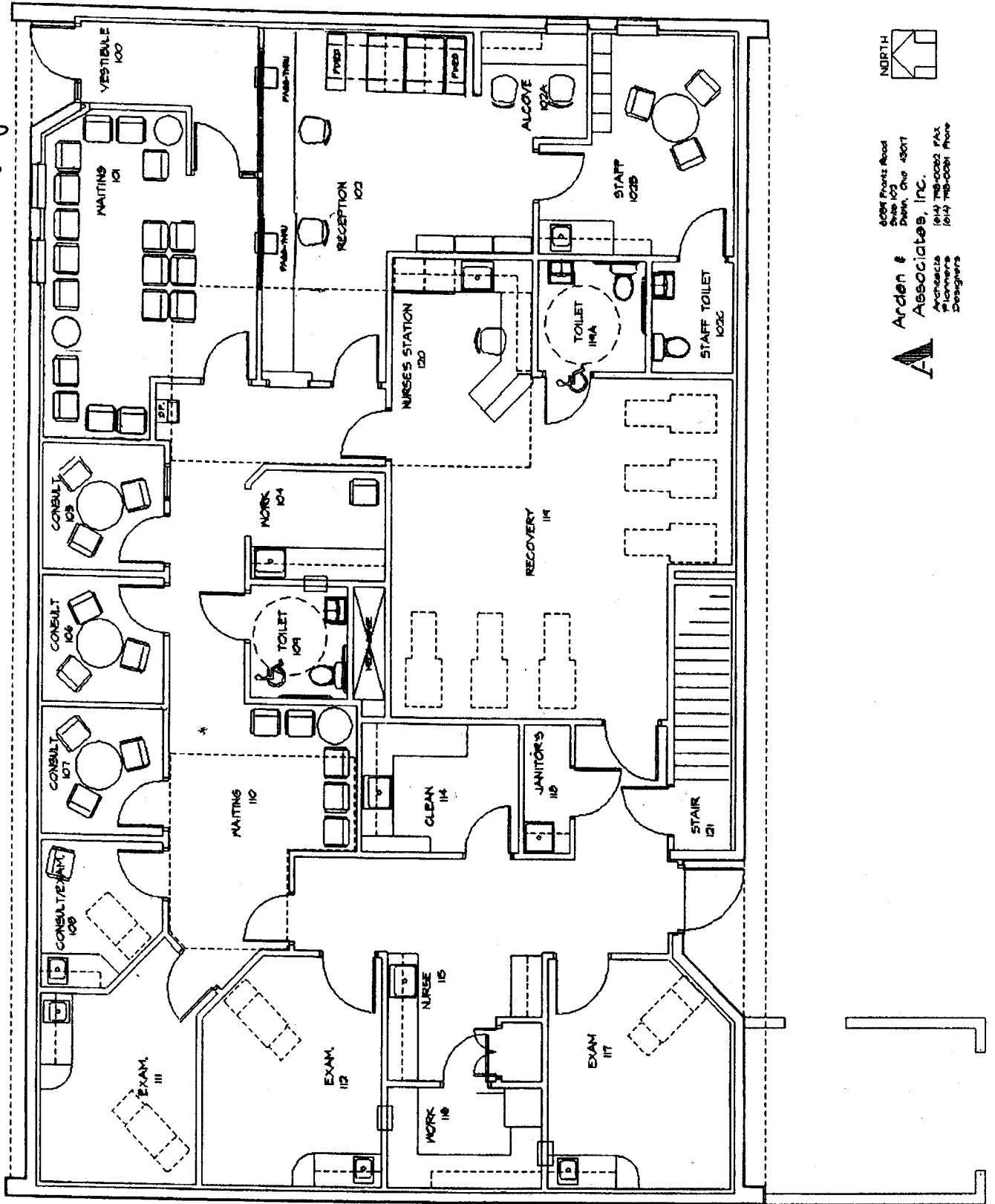
2013 MAR -6 PM 12:04

OHIO DEPT OF HEALTH
DDA-BCHCFS

File

Central Health Women Center

0530-AS 4/13/13 copy seal

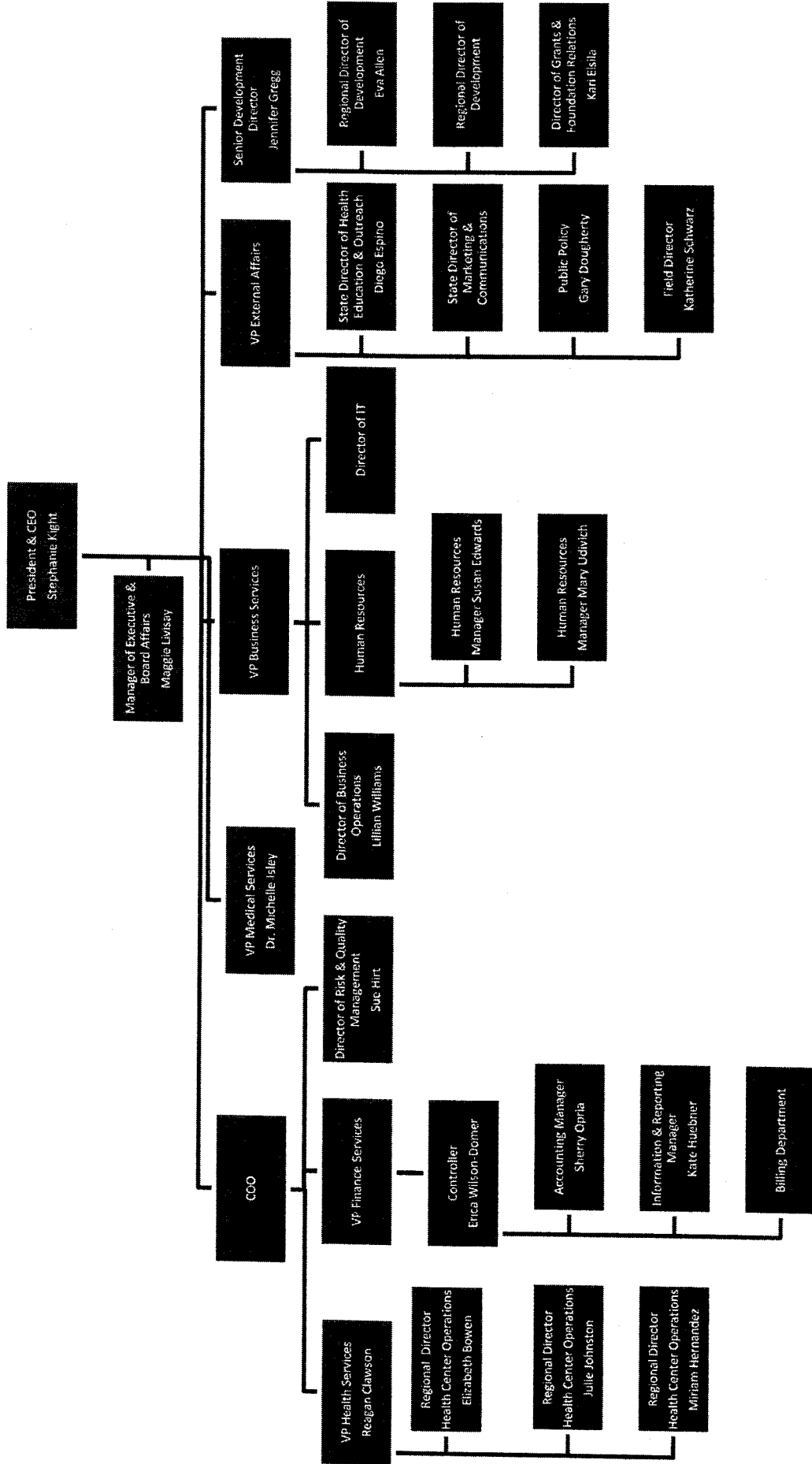


4086 Fronts Road
 Suite 107
 Dayton, Ohio 45317

A Arden & Associates, Inc.
 Architects
 Planners
 Designers

(614) 788-0082 FAX
 (614) 788-0081 Phone

0530-AS
 Catherine Wren Center
 copybook filed
 2/13/13



PPGOH Organizational Structure 2013

Planned Parenthood of Greater Ohio

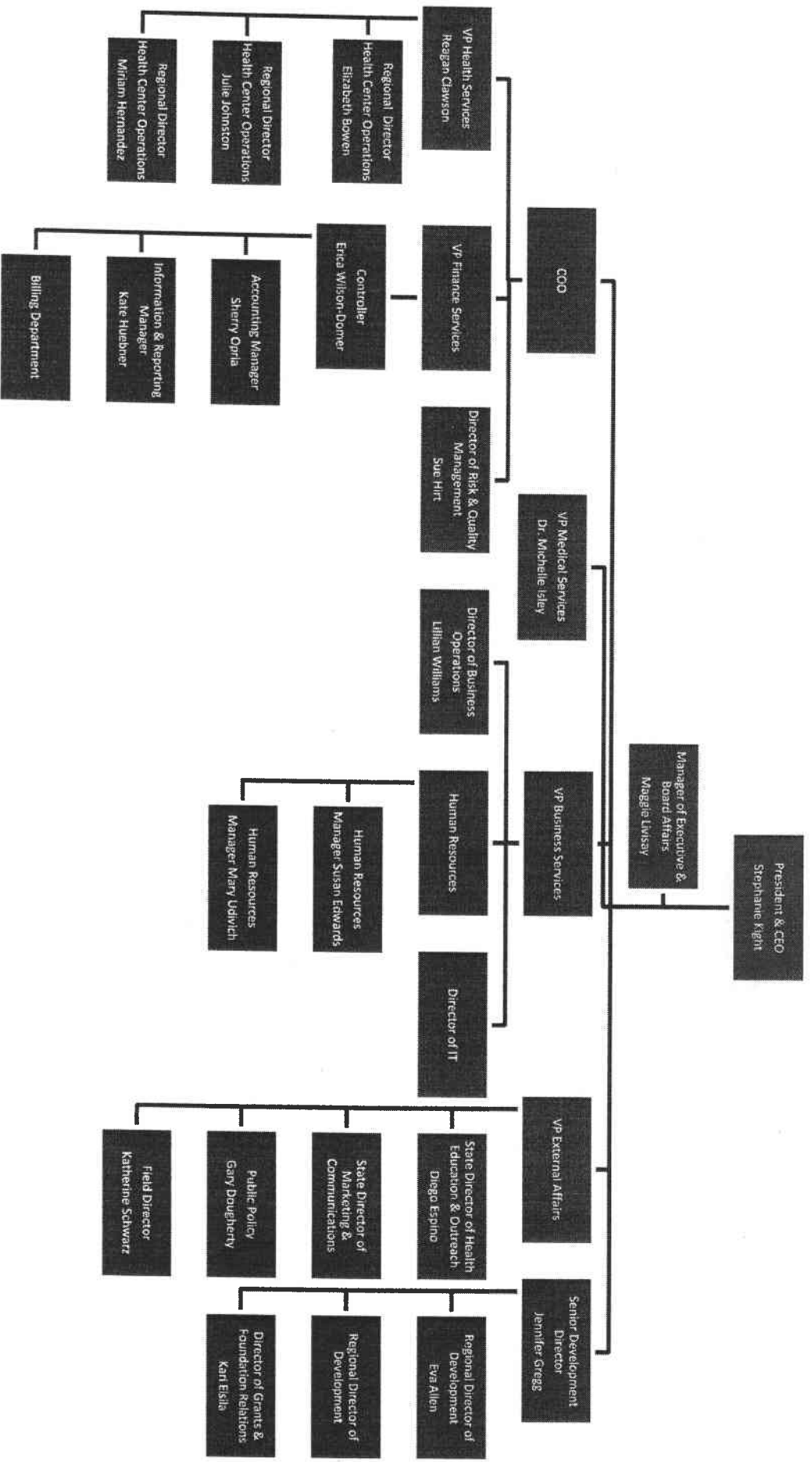
99203 New Patient Education
76830 Ultrasound

59840 AB to 13.6
01966 Anesthesia
59841 AB 11-15.6
59200 Dilator Insertion
90385 Micro Rhogam

S0190 Mifeprestone
S0991 Misoprpstol

59812c Incomplete AB
59820c Missed AB

0530-AS
 Contact the Human Resources Center copybook 2/13/13 JLS



PPGOH Organizational Structure 2013