

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 03/08/2011
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD EAST HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3255 EAST MAIN STREET COLUMBUS, OH 43213
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(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 CMu/KHo Inspection Inspection Administrator: Lisa Perks County: Franklin Capacity: 2 Operating Rooms The following violation was issued as a result of the inspection of an Ambulatory Surgery Center completed on 3/8/11.	C 000		
C231	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 a tour of the facility and staff interview it was determined that the facility failed to ensure that expired medications were not available for patient use. The patient census for 2010 was 1,412. Findings include: The facility tour was conducted on 03/08/11 at	C231		3/24/11

Ohio Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 03/24/11
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C231	Continued From page 1 10:20 AM with Staff A. The medication supply closet contained 23 bottles of an antibiotic that had expired on 10/1/10. This was confirmed with Staff A at 10:35 AM.	C231		