PRINTED: 12/04/2019 FORM APPROVED

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
AND I DIN OF CONNECTION			A. BUILDING:									
0530AS		B. WING		03/13/2014								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
PLANNED PARENTHOOD EAST HEALTH CENTER COLUMBUS, OH 43213												
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE							
C 000	0 Initial Comments		C 000									
	Licensure Compliance Inspection											
	Administrator: Kathy Crawford, RN, Chief Operating Officer											
	County: Franklin											
	Number of ORs: Two											
	The following violation is issued as a result of the licensure compliance inspection completed on 03/13/14.											
	A (regional clinical dir 10:00am on 03/13/14 An exit conference wa (regional clinical direct	nce was conducted with Staff rector) at approximately as completed with Staff A ctor) and Staff B (chief approximately 5:15pm on										
	Census: 1,115 proceed months	dures within the past 12										
C 146	O.A.C. 3701-83-11 (Confidentiality) Medical Records	C 146									
	record keeping system measures to protect r theft, loss, destruction The HCF shall have p	ain an adequate medical m and take appropriate medical records against n, and unauthorized use. policies and procedures to ality of patient medical										
	This Rule is not met	as evidenced by:										

Ohio Department of Health

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

TITLE

(X6) DATE

06/13/14

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		0530AS	B. WING		03/	13/2014						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
PLANNED PARENTHOOD EAST HEALTH CENTER COLUMBUS, OH 43213												
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)						
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	COMPLETE DATE						
C 146	Continued From page 1		C 146									
	Based on observation and staff interview, the facility failed to ensure the medical records were protected from fire and water damage in the event of a fire. The facility has treated 1,115 patients in the last 12 months.											
	Findings include:											
	During tour on 03/13/14 at 11:00 AM, the medical records area was observed to contain a mobile shelving unit with paper medical records. The shelves contained the patient medical records for the last six to twelve months. The shelving unit was open with no covering. The shelving unit was on a track system that the individual shelf units could be moved left or right with the turn of a crank. When in the most closed position, there was a gap of approximately three to four inches between the shelves as the medical records extended beyond the edges of the shelves. The room was observed to not have sprinklers. On 03/13/14 at 4:15 PM, Staff A stated that in the event of a fire the medical records shelving would not protect the paper medical records from fire or water damage. Staff A also stated that the medical records were only on paper and there were no back up copies or computerized copies of these medical records.											

Ohio Department of Health STATE FORM

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