

The Founder's **Women's Health Center**

1243 East Broad Street

Columbus, Ohio 43205-1438

614-251-1818

FWHC

Toll Free 1-800-282-9490

September 5,2013

RE: Deficiencies/corrections of ASF #0596AS

Attn: Wanda Iacovetta, RN

Dear Ms. Iacovetta,

Per our conversation on 9-5-13 regarding dates of correction, I have left the original dates in place as you indicated to me since we did not receive our deficiences notice until 7-1-13. There is one date of correction regarding C-105 and that correction has been made. Thank you for all of your assistance regarding this matter. Please feel free to contact me if further action is needed at 614-251-1818.

Judith Nolan

Executive Director

Ohio De	ot Health					TORMERS FILOVE	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NO.			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				A. BUILLIANS			
		\$4865¢		B. WING		04/30/2013	
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	ORESS, CITY,	STATE, ZIP CODE		
FOUNDE	R'S WOMEN'S HEAL	TH CENTER THE		ST BROAD ! US, OH 43/			
(X4) ID PREFIX TAG	(SACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY COLDENSWYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DE COMPLETS	E
C 000	Initial Comments	•	•	C 000			
	Licensure Complian	nce Inspection				an characteristics	
,	Executive Director:	Judith Nolan					
	County: Franklin						
	Number of Operation	•					
	Services Provided:			,			
		ons are issued as a iance inspection con					
C 105	O.A.C. 3701-83-03	(G) Liability Insuranc	ie (C 105	C 105 - Liability Insurance	07/05/20	13
A CARACHET MAN IN THE RESERVE AND A CO. SAME	appropriate liability i	ter maintain docume insurance coverage specialists or inform or or consulting spec ractice insurance.	of the patients		This deficiency will be correwith the following measures: a. Patients now receive a discinforming them of physician A's lace malpractice insurance, in accordance with OAC 3701-83-03 (G) (See extends).	losure k of ce	
	interview with facility the facility failed to r did not carry malpra deficient practice ha patients cared for at 2,128 patient visits i	of personnel files and y staff, it was determined that Pluctice liability insuran- id the potential to affilt this facility. There was	ined that hysician A ce. This ect all		2. The following measures ha taken to insure the deficiency does not recur: a. The disclosure has been ac patients charts b. The staff has been trained disclosure	ided to	
- Landerson State of the State	Findings include:						l
	·	x Physician A was re	viewed				⅃
hio Departm	ent of Health				TITLE	(X6) DAFE	

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

If continuation sheet 1 of 14

Ohio De	pt Health					FUNN	AFFRUVED.
	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI NDENTIFICATION NUMBER:			1 ` `	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		0596AS		B, WING		6A/3	0/2013
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		V/4 / V
FOUNDE	R'S WOMEN'S HEAL	TH CENTER THE		ST BROAD : US, OH 43:	- · · · · · · · ·		
(X4) KO PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SCHOENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	BE	(X5) COMPLETE DATE
C 105	Continued From page	ge 1		C 106	C 105 - Liability Insurance (Continu	ued)	07/05/2013
	on 04/29/13. There physician's personn insurance. Interview with Staff verified that Physicialiability insurance. So center used to have the patients to inform Physician A did not in Staff F further stated stopped using that if form to patients to so being made aware of malpractice insurancenter thought the interview of the int	was no documentated file of malpractice. Fon 04/30/13 at 2:5: an A did not have master that the surger is a form them prior to surger have malpractice in the mand stopped giving as acknowledges of the physician's lactice. Staff F stated the formation was controlled that the information form informed consent form filed that the information was controlled that the information was controll	5 P.M. alpractice a surgery sented to ary that urance. nter ing the ment of k of e surgery ained in rever, m on ation was orm. Staff nt, there nts had		3. The performance will be moto ensure solutions are permanent a. Chart review done quarterly 4. This deficiency was correct July 5, 2013.	onitored through: y	
C 119		(A) Professional Star	j	C 119	C 119 – Professional Standards		06/27/2013
	appropriate training services that they proved the standards including but not limit Ohio license, registraquired by law, and scope of practice. Copies of current Of certifications shall be personnel files or the	re personnel that has and qualifications for covide. Any staff meroressional capacity applicable to that protected to possessing a ation, or certification, working within his online ficenses, registrate kept in the employed provider of the HCI system to verify and	r the mber shall ofession, current , if r her tions and se's F shall		This deficiency will be correwith the following measures: Staff N is no longer administed medications to patients. Nurses will administer medications to patients.	stering	

Ohlo De	ept Health						<u> </u>
STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPE A. BUILDING	LE CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
	1	0596A8	!	B. WING	- Additional Control of the Control	04/3	30/2013
NAME OF P	PROVIDER OR SUPPLIER	7	STREET AD	DRESS, CITY,	STATE, ZIP CODE	2	
	ER'8 WOMEN'S HEAL	TH CENTER THE		ST BROAD S			
(X4) ED PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	r Full	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROV DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 119	Continued From pa	age 2		Ç 119	C 119 - Professional Standards		06/27/2013
	document the possilicenses, registratio required by law. No in accordance with 4723-7-07 of the Additional accordance with 4723-7-07 of the Additional accordance with 4723-7-07 of the Additional accordance interview, the facility had appropriate trait services they provide affected 7 of 10 sar 2,128 patient visits. Findings include: "Staff Member" is a direct care to patient temporary, contract temporary, contract temporary, contract temporary, contract temporary, and #10 we 04/30/13. Review of the medical record #8, #9, and #10 we 04/30/13. Review of the medical for administered by Staff Review of the medical for administered temporary and were administered temporary and were administered adminis	session of current Ohlons, or other certificate livenses shall be paragraph (E) of rule dministrative Code. Let as evidenced by: record review and staty falled to utilize persoling and qualification ided. This deficient prompted patients. There is in 2012. Let any individual who prompted patients. There is in 2012. Let or voluntary basis. L	aff sonnel that ons for the ractice ere were rovides art-time, #5, #7, 9/13 and ords of too were di Cytotec grams st taff N		(Continued) 2. The following measures hat taken to ensure the deficiency does recur: a. Personnel files have been to ensure facility personnel that have appropriate training and qualification. 3. The performance will be moreover to ensure solutions are permanent a. Facility nurses will review of the end of every surgery day to ensure are no deficiencies. b. Any deficiencies noted will immediately be reported to the Direct of Nursing. 4. This deficiency was correct June 27, 2013.	ave been es not reviewed ve cons conitored through: charts at sure that	
,	1						İ

STATE	Dept Health JENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPL	IER/Ct IA			FOR	ED: 05/16/ M APPRO	
	· word that	IDENTIFICATION N	UMBER	(X2) MULTIP	LE CONSTRUCTION		_	
		1		A BUILDING		(X3) DA	TE SURVEY MPLETED	
11.00		0596AS				1	.n_r&1₽₽	
AME OF	PROVIDER OR SUPPLIER		danies :	ADDRESS, CITY, STATE, ZIP CODE				
OUND	ER'S WOMEN'S HEAL'		OIRENTA	DDRESS, CITY, S	<u>i04</u>	/30/2013		
	- TOMENS MEAL	IH CENTER THE	COLUMN	ST BROAD S BUS, OH 4320	TREET			
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIE		700, OH 4326)6 			
TAG	REGULATORY OR I	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY IC IDENTIFYING INFORMA	a Full	iD .	PROVIDER'S PLAN OF COR	of the same of the	***	
		WHO WE WANTED	TION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS REFERENCED TO THE	SHOULD BE	(X8) COMPLET	
C 119	Continued From pag	_			CROSS-REFERENCED TO THE ACTION DEFICIENCY)	VPPROPRIATE	DATE	
	- Communed From pag	je 3		C 119				
	Patient #3 had surge documented adminis	ry on 03/29/13. Sta	#N I					
İ	documented adminis	tering Cytotec 400 n	no at	1			1	
ļ	12:42 P.M. and Ibupi P.M.	rofen 600 milligrams	at 12:48				1	
1	- 17 0 74					i		
	Patient #5 had surger documented administration	W Ωπ.Ω\$/94/49 . ⇔		1				
1			IN					
	ibuprofen 600 mg at	4:06 P.M.	y and	1		1		
. ;			I	1				
ĺ.	Patient #7 had surger	y on 04/02/13. Staff	N	-		į		
- 1	documented administration of the documented administration of the document of		g and			į		
	The state of the state of	0.51 P.M.						
1	Patient #8 had surgery	/ on 83/23/12 State	NI					
1 7		411071 E UMM+na 4777		}		1		
, ,	documented administering Cytotec 400 mg at 9:59 A.M. and 10:51 A.M. and Ibuprofen 600 mg at 9:59 A.M.			1		l l		
18						1		
F	Patient #0 had		-	-		ļ		
; u	Patient #9 had surgery locumented administe	FIOA CHAMBA 400 mm	A			ļ		
1	0:14 A.M. and 11:05 A	·"→ oytotac #UU Mg \M.	at			,		
1			1					
P	atient #10 had surger	y on 03/18/13. Staff	N	1				
§ 1441	ocumented administer	ring Cytotec 400 mg	at			ļ		
"	v. 10 M.M.	-				ş.		
ם	uring interview with SI	aff N on 04/20/49	44.00			1		
100	.w. uie stan member s	tratani than wan - e.		1		i i		
, m.,	versea Ligarical Mile	in Diff Mak had lakeh		***				
, ac	AMILDE INDSE SOMETIME	in the 1020's Class	ki i	4				
j IU:	ivier vermed that they	'Only warked in the i	ا بنائدها	1		[
ب ا	7 19 YYJUNGOM, XX TOAV 1	<i>NOTO</i> & raintain was well		ĺ		E establica		
ло	e nurses. Staff N furti of on the facility's payn	ner vermed that they	were	1			1	
1 AL	a d a medical Assistan	it. but could not sood		1			- 1	
64	ruerice of mis certifica	tion at the time of the	uce			1	l	
ins	spection.	····· vie ville of \$8	-	-		•	1	
1			1			į	1	
int	erview with Staff M on	05/01/13 per teleph	one			ĺ	į	
er	10:15 A.M. verified the	there was no	i	1		1	I	

Onio De	pt Health						
	TEMENT OF DEFICIENCIES OPLAN OF CORRECTION (X1) PROMOERISUPPLIENCILI (X2) PROMOERISUPPLIENCILI (X2) PROMOERISUPPLIENCILI (X3) PROMOERISUPPLIENCILI (X4) PROMOERISUPPLIENCILI (X4) PROMOERISUPPLIENCILI (X5) PROMOERISUPPLIENCILI (X6) PROMOERISUPPLIENCILI (X7)		! ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		0598A\$		8. WING			
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, 8	STATE, ZIP CODE		
	R'S WOMEN'S HEAL	TH CENTER THE		T BROAD S US, OH 432			
(XA) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE YMUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETE DATE
C 119	Assistant. Staff M only as a volunteer previously worked a documentation in a a locked cabinet withey would try to ge see if there was an certification as a Mi verified at the concithe facility could no	ge 4 Staff N was a Medic verified that Staff N wand stated Staff N hat the facility and may nold personnel file the a lost key. Staff M at access to this cabin y evidence of Staff N edical Assistant. Staff I produce evidence to esistant and able to a	vorked ad y have nat was in I stated net and 's ff M on that hat Staff	C 119			
C 123	Training Each HCF shall proprogram for its staff both orientation and conmembers. The oriente tasks that each to perform. Continut o assure appropriate and that staff are intechniques, philosomatters. The continuatending and particulate and semilatending and semilatending and semilatending and semilatending and semilated		ning provide staff ropriate to expected designed intained nilar clude ial	C 123	1. This deficiency will be correlated the following measures: a. Facility will conduct training staff members regarding their job dand responsibilities. b. Facility will provide written description for all staff members. 2. The following measure have taken to ensure the deficiency does not recur: a. HR manager will conduct a review of personnel files for complete b. Facility will create new hire orientation program to ensure all in staff fully understand their responsion and facility expectations.	ected g with all luties job ve been s unnual eteness.	07/16/2013
	that the facility faile facility staff (Staff D	d to ensure eight of it. E, F, G, H, I, J, and rientation appropriate	nine I K) had		erre reality expensions.		

Ohio De	pt Health						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE ID€NTIFICATION NU		ł ` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LIETED
		25225		B. WNG			
		0596AS				04/3	0/2013
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
FOUNDE	R'S WOMEN'S HEALT	TH CENTER THE		T BROAD S US, OH 432			
(X4) ID PREFIX TAG	(EACH DEFIGIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	3 5 £	(X5) COMPLETE DATE
C 123	Continued From page	ge 5		C 123	C 123 - Staff Orientation & Training	3	07/16/2013
	to perform. This def potential to affect all facility. There were Findings include: The facility's person 04/29/13 and 04/30/ files for Staff D, E, F no documentation til orientation approprimember would be of the personnel file following dates of hilisted above: Staff D (Registered Staff E (Registered Staff E (Registered Staff F (Registered Staff G (Licensed P 02/11/12 Staff H (Medical Ass Staff I (Patient Care 06/14/12 Staff J (Patient Care 10/23/11	f member would be a ficient practice had the light patients cared for a 2,128 patient visits in the files were review files. Review of the part the facility staff relate to the tasks that expected to perform, a further revealed the for each staff members. Hire Date: 00 Nurse) Hire Date: 00 Nurse) Hire Date: 00 Nurse) Hire Date: 00 Nurse) Hire Date: 00 Assistant)	red on ersonnel evealed each staff Review ember 9/01/10 614/12 8/14/13 Date:		(Continued) 3. The performance will be meto ensure solutions are permanent a. HR manager will be presenstaff training. b. HR manager will conduct a review of personnel files to ensure has been properly documented. 4. Staff training is scheduled to conducted on July 16, 2013 and wright job descriptions will be passed out that time.	through: nnual training to be itten	
	Interview with Staff	L on 04/30/13 at P.M. verified the lect	k of				
j		e staff's personnel fi					
C 129	O.A.C. 3701-83-09	(A) Standards of Pra	ıctice	C 129	C 129 - Standards of Practice		07/16/2013
a to a post of the second seco	services in accorda				This deficiency will be corn with the following measures:	ected	
	(1) Applicable curre	nt and accepted star	ndards of				

Ohio De	ot Health		······································			WAT BATE	enevey 1
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE		- ,	E CONSTRUCTION	(X3) DATE	LETED
AND PLAN	OF CORRECTION	IDENTIFICATION NU	MOEN,	A, BUILDING:		1	1
		0596A9				04/3	0/2013
NAME OF P	ROYIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		I
			1243 EAS	T BROAD S	TREET		1
FOUNDE	R'S WOMEN'S HEAL	TH CENTER THE	COLUMBI	US, OH 432	D5		
(X4) ID PREFIX TAG	/EAPH MEDICIENCS	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(XS) COMPLETE DATE
C 129	Continued From pa	ige 6	***************************************	C 129	C 129 - Standards of Practice (Co	ntinued)	07/16/2013
	practice and the cli	nical capabilities of t	he HCF:				
	and	,	•		a. The "Medical Notes" form		
					updated to reflect doctor's orders t	or	
		and federal laws an	id.	•	medications. (See exhibit B)		
	regulations.				 b. Nursing staff will be traine 		
					proper documentation procedures	•	
	·						
,					The following measures h	ave been	
	This Rule is not m	et as evidenced by:			taken to ensure the deficiency doe	38	
	Based on a review	of medical records a	and		not recur:		
	interview with the f	acility staff, the facilit	y failed to		a. Training will be conducted	with all	
	ensure there were	physician orders for econd doses of an o	uie mi		staff on a periodic basis to review	the	
	administration (Cytote	c/cervical softener) (incritwo		importance of proper documentati		
	notionte (Patiants i	#8 and #9) and failed	to provide			•	
	documentation of s	staff administering in	travenous		3. The performance will be r	nonitored	
	sedation for Patien	it#9. The sample sh	ze was 10.		·		
	There were 2,128	patient visits in 2012	•	***	to ensure solutions are permanen		
					a. Facility nurses will review		
	Findings include:			ĺ	at the end of every surgery day to	ensure	
	The medical recor	d of Patient #8 was r	aviewed	1	that there are no deficiencies.		
	on 04/30/13 The	patient had surgery	on.on.ou		b. Any deficiencies noted wi		
	03/23/13. The me	dical record revealed	that Staff	1	immediately be reported to the Di	rector	
	N administered Cy	totec 400 mg at 9:59	A.M. and		of Nursing.		
•	10:51 A.M. There	was no physician's o	order for				\$ *
	the second dose o	f the Cytotec. During	interview		4, "Medical Form" was upda	ted on	
		30/13 at 11:20 A.M.,			April 30, 2013. Nursing staff is so	heduled	
		Physician A wanted t /totec 400 mg given t			to be trained on July 16, 2013. Al		
		ver 13 weeks gestati			deficiencies will be remedied as o		
		Physician A wanted			July 16, 2013.	7	}
	dose of Cytotec 40	10 mg given on a hou	r after the	1	10, 2010		į
	initial dose and the	en proceed with surg	ery one				{
		inistration of the sec					
		. Staff N stated this v					ļ
	understood requés	st of Physician A, but	venred				
		oved protocol/doctor of the second dose					İ
	mis sommunismatioù	of the second dose (a cytolec	1			}

Ohio Dept Health

. .

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		•		ATE SURVEY
		0596AS		B. WING		4/30/2013
NAME OF F	ROYDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE	WOULD 10
FOUNDE	ER'S WOMEN'S HEAL	TH CENTER THE	7 - 1	T BROAD S US, OH 432		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCHOENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
C 129	to be given. The medical record on 04/30/13. The p 04/10/13. The med N administered Cyt and 11:05 A.M. The for the second dose medical record reveintravenous sedation at 12:10 P.M. and 1 milligrams at 12:05 procedure. There we the staff person ad This was confirmed F on 04/30/13 at 1:25 written protocol for second dose of Cyt signed by Physician of the signature. The An interview was co 04/30/13 at 1:25 P.f.	of Patient #9 was relatient had surgery of ical record revealed offer 400 mg at 10:14 re was no physician's of Cylotec. Patient was nof Fentanyl 125 mi 2:15 P.M. and Verse P.M. during the oper vere no signatures/in ninistering these meduring an interview of the patient was a signature.	that Staff A.M. s order #9's given crograms d 25 ative itials of tications. with Staff ted a the as d a date on this	C 129		
C 140	The HCF shall deve	(C) Disaster Planning slop a disaster prepart tation in the event of w evacuation procec	redness a fire.	: C 140	C 140 – Disaster Planning 1. This deficiency will be corrected with the following measures:	07/05/2013
	least annually, and staff at least once e This Rule is not me Based on a review of	conduct practice drill very six months.	s with		a. Facility will conduct a fire drill. b. Facility will conduct a disaster di	### * * * * * * * * * * * * * * * * * *

FWHC

Ohio Der	ot Health			2200 AR IL TIĞİ	E CONSTRUCTION	(X3) DATE SURVEY
STATEMEN AND PLAN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ER/CLIA IMBER:		E CONSTRUCTION	COMPLETED
	•	0596AS		B, WING		04/30/2013
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE	
FOUNDE	R'S WOMEN'S HEAL	TH CENTER THE	1243 EAS	T BROAD S JS, OH 432	05	
(X4) ID PREFIX TAG	/EACH DEEL/JENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	TFULL :	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE COMPLETE
Ç 140	Continued From pa	age 8		C 140	C 140 - Disaster Planning (Continu	ued) 07/05/2013
	staff, it was determ conduct fire and disk months with factor at the practice had the practice had the practice had the practice had the practice had the factor at this factor wists in 2012. Findings include: The facility's fire as reviewed on 04/29 revealed that a fire 04/11/12 and 01/11 documentation of 2012. In addition, documented disas on 04/08/12. Furth documentation of the members or patient distribution. Interview with Staff verified that these and confirmed their	saster drills at least of chility staff. This deficition tential to affect all problems. There were 2,1 and disaster drill record drill was conducted of the drill was conducted of the drill was conducted of the drill was only one ter drill which was conter review revealed representation of the names/titles of the names/titles of the names/titles of the names/titles of the names only drills of the was no documentates and patients particles and patients particles and patients particles.	conce every ient attents 128 patient 128 patient 128 patient 128 patient 128 patient 128 patient 128 patient 129 p		2. The following measures hat taken to ensure the deficiency doe not recur: a. The facility has created do to record the all drills (See exhibit of the Executive Director is responsible for conducting all drills completing all relevant documentars. 3. The performance will be more to ensure solutions are permanent at Verification of documents the monthly safety audit. (See exhibit monthly safety audit. (See exhibit See exhibit C-B) and disaster drill was conducted or performed on July 05, 2013 (See exhibit C-A). All deficiencies corrected as of July 05, 2013.	cuments C). and tion. conitored through: as part of bibit D)
C 162	O.A.C, 3701-83-12 Requirements	2 (C) Q A & Improven	nent	C 152	C 152 – QA & Improvement Requi	
	improvement progr (1) Monitor and ever including effectiver	ment and performan ram shall do all of the aluate all aspects of ness, appropriatenes nuity, efficiency, patie ant satisfaction;	e following: care is,		This deficiency will be conwith the following measures: The facility has created a comprehensive quality control projection (See exhibit E)	new
		ctations, develop plai ures to assess and in				

Ohio De	pt Health						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		i	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		0596AS		B. WING		04/3	0/2013
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
FOUNDE	R'S WOMEN'S HEAL	TH CENTER THE		IT BROAD S US, OH 432			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROV DEFICIENCY)	D BE	(X5) COMPLETÉ DATÉ
C 152	Continued From pa	ge 9		C 152	C 152 - QA & Improvement Requir	ements	07/16/2013
444	•	esolve identified pro	blems;		(Continued)		
	implement procedur health care facility's clinical and support (4) Establish inform data management proceded for quality a improvement, and tradata collection requiped the Administrative (5) Document and massessment and imagoverning body ever (6) Document and recomplications and a serious injury or decoperation or proceded (7) Hold regular medirector of the HCF but at least within sign death, to review and report findings.	ation systems and a processes to facilitate nent, and analysis of assessment and performents of Chapter a Code; eport the status of query provement program by twelve months; eview all unexpected ath, that arise during ure; and etings, chaired by the or designee, as necestly days after a serious Any pattern that mishall be investigated	prove the ement, ppropriate a the f data ormance plicable 3701-83 uality to the file an emedical essary, ous injuries ght		2. The following measures hataken to ensure the deficiency does not recur: a. All staff will be trained on no Quality Control protocols. b. Facilities CEO will conduct training. 3. The performance will be must be ensure solutions are permanent a. The governing board shall the quality assurance program on a annual basis in making the determination make alterations to the existing pure to make alterations are pure to make alterations and pure to make alterations are pure to make alterations are pure to make alterations are permanent at the existing pure to make alterations are pur	ew the onitored through: review an nation olan. as ing uality 13.	
	determined that the quality assessment	et as evidenced by: view and staff intervifacility falled to ensu and improvement proposed the quality of p	re the ogram				

	opt Health					FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLI	ER/CLIA	(X2) MULT	PLE CONSTRUCTION	(Yt) OAT	E SURVEY
MUFLA	OF CORRECTION	IDENTIFICATION N	MBER:	1 '	G:		PLETED
							,
		0596AS		B. WING		04/	30/2013
NAME OF	PROVIDER OR SUPPLIER		STREET AC	DRESS, CITY	, STATE, ZIP CODE		99/29 10
FOUND	ER'S WOMEN'S HEALT	TH CENTER THE	1243 EAS COLUMB	ST BROAD US, OH 43	STREET 205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY IC IDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 152	Continued From pag	je 10		C 152		<u> </u>	
	care and developed governance and ma practice had the pot cared for at this facil visits in 2012.	nagement. This del ential to affect all pa	icient tients				
1	Findings include:						
And the Party of the Control of the	During the entrance 9:30 A.M., Staff M ware meeting minutes of the Improvement Comm Review of the meeting had been he November, 2012 and requiring an improve current improvement	as asked to provide he Quality Assessm ittee for the last 12 in it minutes revealed and in the past 12 mo I had identified no is ment plan. There w	the ent and months. only one onths in sues	•			
	Review of the facility and the meeting mine evidence that the Qu Improvement Commi	utes on 04/29/13 rev ality Assessment an	realed no				
	Monitoring and eyalu including effectivenes accessibility, continui outcome, and patient	ss, appropriateness, ty, efficiency, patien					
	Establishing expectation implementing proceding the quality of care and problems;	ures to assess and	ins, and mprove			e de la companya de l	
te tu y que	Establishing expectat implementing proced the health care facility management, clinical	ures to assess and I /'s governance.	mprove			and the latest and th	
1	Establishing informati data management pro	on systems and appocesses to facilitate	propriate the				An the International Section (

STATEMEN	pt Health IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLI		(X2) MULTIPI	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION N	JMSER:	A. BUILDING		COMP	LETED
		AFAGA D		B. WING		04/2	0/2013
		0596A8	etoret ad	I	STATE, ZIP CODE	1 0410	0/2013
NAME OF P	ROVIDER OR SUPPLIER		1	ST BROAD S			
FOUNDE	R'S WOMEN'S HEAL	TH CENTER THE		US, OH 432			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(XS) COMPLETE DATE
C 152	Continued From pa	nge 11		C 152			
		ment, and analysis o assessment and per					
	Documenting and in assessment and in governing body ever	reporting the status on approvement program ary twelve months:	of quality to the				
	complications and	reviewing all unexpe adverse events, whe eath, that arise during dure; and	ether	August of the second se			
	director of the HCF but at least within s	retings, chaired by the for designer, as new sixty days after a ser all deaths and serio	cessary, ious injury	Rappings access de de la latera de latera de la latera de la latera de la latera de la latera de la latera de la latera de la latera de la latera de latera de la latera de la latera de la latera de latera de la latera de latera de la latera de la latera de la latera de la latera de la later			
	There was also no might have indicate and remedied.	evidence that any page a problem were in	atterns that ivestigated				
	revealed that no que had been impleme they are in the prochanges" to the que improvement progethose changes had	f L on 04/30/13 at 4:0 uality improvement p uality improvement 12 n cess of making "major uality assessment an arm. Staff L further of the not been finalized d to the governing bo	rojects nonths, but or d stated that and have			• • • •	
C 214	Discharge The ASF shall discaccompanied by a attending or discharge.	(I) Patient Accompa charge a patient only responsible person, arging physician, poo	if unless the liatrist, or	C 214	C 214 – Patient Accompanied 1. This deficiency will be with the following measures:		07/16/201

Ohio De	pt Health					FURM	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		0596AS		B. WING			
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DORESS, CITY,	STATE, ZIP CODE	1 04/3	10/2013
FOUNDE	R'S WOMEN'S HEAL	TH CENTER THE	1243 EAS	ST BROAD SUS, OH 43	STREET 205		•
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY BC IDENTIFYING INFORM	CIB:	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIENCY)	DBE	COMPLETE DATE
	Continued From page patient doesnot need documents the circulpatient's medical record and areview of interview with the facility failed discharging physicial circumstances of discharging physicial circumstances of discharging physicial circumstances of discharging physicial circumstances of discharging physicial circumstances of discharging physician (Patients #5 and #8) unaccompanied by a were 2,128 patient v. Findings include: The medical record on 04/29/13. The paprocedure on 03/21/discharged from the 03/21/13 at 10:51 A. documented the patient was not accompanied by significant (Physician discharge to self and discharge to self-and discharge to se	d to be accompanied in stances of dischalacerd. It as evidenced by: If medical records are cility staff, it was determed to ensure the attention documented the echarge in the patient who were discharged responsible adult, isits in 2012. Of Patient #6 was retained to the patient was recovery room to be medical received anied by a responsible adult acked documentation. A) of the circumstantalicers acked documentation.	rge in the		C 214 – Patient Accompanied at Di (Continued) a. The "Medical Form" Was use to reflect patient discharge status. (See exhibit B) b. Nursing staff and physician trained on proper document proceding regarding discharge status. 2. The following measures has taken to ensure the deficiency does not recur: a. Training will be conducted ustaff on a periodic basis to review the importance of proper documentation. 3. The performance will be most to ensure solutions are permanent to a. Facility nurses will review of the end of every surgery day to ensure are no deficiencies. b. Any deficiencies noted will immediately be reported to the Direct of Nursing.	pdated s will be ures ve been with all he n. pnitored hrough: harts at ure that	07/16/2013
	responsible adult. Ti Staff M on 04/29/13: The medical record of on 04/29/13. The pa procedure on 03/23/ discharged from the 03/23/13 at 1:27 P.M documented the patic and was not accomp	his finding was verified 4:00 P.M. If Patient #8 was revitent had a surgical I.3. The patient was recovery room to ho The medical recordent was discharged to anied by a responsite	ed with viewed me on to self ole adult.	•	4. "Medical Form" was updated April 30, 2013. Training is schedule July 16, 2013. All deficiencies will b corrected as of July 16, 2013.	d for	

Ohio De	pt Health						
		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		0598AS		8. WNG		04/:	30/2013
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
1243 EAST			ST BROAD STREET UB, OH 43205				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE YMUST BE PRECEDED BY SC IDENTIFYING INFORMA	'FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(XS) COMPLETÉ DATE
	physician (Physicial discharge to self ar responsible adult. Staff M on 04/29/13 During an interview M stated they were to document the city when a patient was	in A) of the circumstand being unaccompa This finding was veri	nled by a fied with P.M. Staff cian was ischarge and	C 214	DEFICIENCY)		
,			8	Andrews Principles and the Control of the Control o			and the state of t

C-1401.

THE FOUNDER'S WOMEN'S HEALTH CENTER FIRE DRILL CHECKLIST

DATE: 7-3-13 TIME: 9:3/07.9:330.M.
CHECKLIST:
Patients and staff were removed from immediate vicinity of fire or evacuated from building.
All persons in facility were accounted for.
Exact location of "fire" was announced over the Intercom System 3 times.
Designated person (administrator/ supervisor) simulated phone call to Fire Department.
All doors were closed.
Closed doors remained closed.
Staff knew location of and retrieved fire extinguishers.
Staff remained calm and moved quietly and swiftly.
COMMENTS: Weather conditions: Cloudy
Pt's # HAP 1114 H ISB 0815 Mary Flutte
Signature
al mo
Eden Pary 0
Tronga Mine gulle

QUART
WARTERLY FIRE DRILL
F

ченчанца жила	пончика фин		CD345	
	7-3-13			Date
	9 . S			Time
	and.			Weather
	d.m. Clauby		·	# of Evacuees
	tive			Type of Drill
	Conference			Conditions Simulated
	Via Intercon-			Alarm Sounded
	એ જોવી.	·		Evacuation Time
	none n-staff a-pt.			Problems Encountered and Resolution Taken
				Drill Administrator

QUARTERLY DISASTER DRILL

æ
F
مميد
at of

			<u> </u>	
Drill Administrator			991-D	
Problems Encountered and Resolution Takes	·		P.10 à.m. Statt -4 (1:13 i.m. Visitas-6 3 min	-
Response Time		·	9:1822. 9:1322. 3.min	·
Conditions Simulated				
Type of Drill			Distake- TomaBo	
# of Participants			\subseteq	
Weather			cloudy Office on rain	
Time			Q	
Date	·		7-5-13 9:10 dough	·
·		ика фактаг	от по подетиве	4mm Gamenor

4041-5

FWHC

1-129

July 16 2013

Meeting notes concerning change on patients chart

An inservice with medical staff is conducted today to explain the changes on patient records. The change includes a physician order for medications to be administered for each individual order. Physician medication orders are to be administered by an RN or an LPN within their scope of practice.

Each staff member is informed that if an error is made, to go to the director of nursing with the error in question without fear of reprimand. Additional training will be provided as necessary.

Attending were nurses and medical assistants

LAURA STEPHENSON

TERRIEHUBBARD

NAMEY WATTHICKA EILEEN PACZ MARYGENSB