

PRINTED: 03/21/2017
FORM APPROVED

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0596AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/15/2017
NAME OF PROVIDER OR SUPPLIER FOUNDER'S WOMEN'S HEALTH CENTER THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1243 EAST BROAD STREET COLUMBUS, OH 43205			
(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 and follow up to the licensure compliance inspection completed 10/22/15. Administrator: Terrie Hubbard County: Franklin Number of Procedure Rooms: 3 The following violations are issued as a result of the Licensure Compliance Inspection and follow up visit completed on 03/15/17.	C 000			
C 104	O.A.C. 3701-83-03 (F) Governing Body The HCF shall have an identifiable governing body responsible for the following: (1) The development and implementation of policies and procedures and a mission statement for the orderly development and management of the HCF; (2) The evaluation of the HCF's quality assessment and performance improvement program on an annual basis; and (3) The development and maintenance of a disaster preparedness plan, including evacuation procedures.	C 104	C 104 - Governing Body 1. This deficiency will be corrected with the following measures: a. Governing Board will evaluate the Quality Assessment program during meetings. 2. The following measures have been taken to ensure the deficiency does not recur: a. A template has been created to notate the evaluation of the program.	04/10/2017	

Ohio Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

YVS911

If continuation sheet 1 of 6

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C 104	Continued From page 1 This Rule is not met as evidenced by: Based on Governing Body Meeting Minutes review and staff interview it was determined the facility failed to evaluate the quality assessment and performance improvement program annually. This could potentially affect all clients served by the facility. There were 2434 procedures performed in the calendar year 2016. Findings include: Review of the minutes from the last Governing Body Meeting of 12/17/14 failed to show evidence of an evaluation of the facility's quality assessment and performance improvement program, nor was an evaluation completed in the calendar years 2015 and 2016. Documentation provided by the facility noted a meeting had been held on 12/08/16 and the quality assessment program was reviewed, but not evaluated by the governing body. This finding was confirmed with Staff A at 12:54 PM on 03/15/17.	C 104	C 104 - Governing Body (Continued) 3. The performance will be monitored to ensure solutions are permanent through: a. Meeting minutes will be kept in the Quality Assurance binder which is reviewed monthly as part of the monthly inspections. 4. This deficiency was corrected on April 10, 2017.	04/10/2017	
C 114	O.A.C. 3701-83-07 (A) Patient Care Policies The HCF shall develop and follow comprehensive and effective patient care policies that include the following requirements: (1) Each patient shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and	C 114	C 114 - Patient Care Policies 1. This deficiency will be corrected with the following measures: a. Policy & Procedure manual has been updated to reflect patient care policies including the right to privacy, refusal, and confidentiality.	04/10/2017	

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C 114	<p>Continued From page 2</p> <p>personal care needs;</p> <p>(2) Each patient shall be allowed to refuse or withdraw consent for treatment;</p> <p>(3) Each patient shall have access to his or her medical record, unless access is specifically restricted by the attending physician for medical reasons;</p> <p>(4) Each patient's medical and financial records shall be kept in confidence; and</p> <p>(5) Each patient shall receive, if requested, a detailed explanation of facility charges including an itemized bill for services received.</p> <p>This Rule is not met as evidenced by: Based on review of the facility's policy manual and interview, the facility failed to develop comprehensive and effective patient care policies which included how patients should be treated, the right to refuse or withdraw treatment, the right to access his/her medical record, and the right to receive a detailed explanation of facility charges. This could potentially affect all clients served by the facility. There were 2,434 procedures performed in the calendar year 2016.</p> <p>Findings include:</p> <p>The facility's Policy Manual was reviewed. The manual did not contain policies that included:</p> <p>(1) Each patient shall be treated with consideration, respect, and full recognition of dignity and</p>	C 114	<p>C 114 - Patient Care Policies (Continued)</p> <p>2. The following measures have been taken to ensure the deficiency does not recur:</p> <p>a. Staff training has been scheduled for Wednesday May 3, 2017 to review changes to the Policy & Procedure manual.</p> <p>3. The performance will be monitored to ensure solutions are permanent through:</p> <p>a. The Governing Board will review the Policy & Procedure manual on an annual basis.</p> <p>4. This deficiency was corrected on April 10, 2017.</p>	04/10/2017	

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C 114	Continued From page 3 Individuality, including privacy in treatment and personal care needs; (2) Each patient shall be allowed to refuse or withdraw consent for treatment; (3) Each patient shall have access to his or her medical record, unless access is specifically restricted by the attending physician for medical reasons; (4) Each patient shall receive, if requested, a detailed explanation of facility charges including an itemized bill for services received. On 03/15/17 at 1:11 PM, the findings were shared with Staff A and confirmed.	C 114			
C 231	O.A.C. 3701-83-19 (B) Drug Control & Accountability Each 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 observation and interview, the facility failed to ensure medications available for patient use were not expired. This could potentially affect all clients served by the facility. There were 2,434 procedures performed in the calendar year 2016.	C 231	C 231 - Drug Control & Accountability 1. This deficiency will be corrected with the following measures: a. The expired medication was properly disposed of. b. New medication was stocked to replace the expired supply. 2. The following measures have been taken to ensure the deficiency does not recur: a. Monthly Medication expiration checks will be completed. 3. The performance will be monitored to ensure solutions are permanent through: a. Inspections will be kept in the Inspections binder for review. b. Binder will be reviewed every month.		03/31/2017

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C 231	Continued From page 4 Findings include: A tour of the facility was conducted on 03/15/17 at 8:46 AM. The recovery room was observed with six boxes of Epinephrine 1mg (0.1mg/ml), Lot #54-439-DK, with an expiration date of 03/01/17. The findings were shared with Staff A on 03/15/17 at 8:51 AM and confirmed.	C 231	C 231 - Drug Control & Accountability (Continued) 4. This deficiency was corrected on March 31, 2017.	03/31/2017	
C 255	O.A.C. 3701-83-21 (A) - (E) Medical Records Each medical record required by paragraph (A) of rule 3701-83-11 of the Administrative Code shall contain at least the following information as applicable for the surgery to be performed: (A) Admission data: (1) Name, address, date of birth, gender, and race or ethnicity; (2) Date and time of admission; and (3) Pre-operative diagnosis, which shall be recorded prior to or at the time of admission. (B) History and physical examination data: (1) Personal medical history, including but not limited to allergies, current medications and past adverse drug reactions; (2) Family medical history; and (3) Physical examination. (C) Treatment data: (1) Physician's, podiatrist's or dentist's orders; (2) Physician's, podiatrist's or dentist's notes; (3) Physician assistant's notes, if applicable; (4) Nurse's notes; (5) Medications; (6) temperature, pulse, and respiration; (7) Any special examination or report, including but not limited to, x-ray, laboratory, or pathology reports; (8) Signed informed consent form; (9) Evidence of	C 255	C 255 - Medical Records 1. This deficiency will be corrected with the following measures: a. The Health History chart paperwork has been updated to reflect any issues of concern with a patient's family history. 2. The following measures have been taken to ensure the deficiency does not recur: a. Chart reviews will be conducted to ensure that charts are filled out in their entirety. 3. The performance will be monitored to ensure solutions are permanent through: a. Chart reviews will be used to identify any issues, with proper corrective action being taken in terms of retraining or disciplinary action. 4. This deficiency was corrected on March 31, 2017.	03/31/2017	

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C 255	<p>Continued From page 5</p> <p>advanced directives, if applicable; (10) Operative record; (11) Anesthesia record, if applicable; and (12) Consultation record, if applicable.</p> <p>(D) Discharge data: (1) Final diagnosis; (2) Procedures and surgeries performed; (3) Condition upon discharge; (4) Post-treatment care and instructions; and (5) Attending physician's, podiatrist's or dentist's signature.</p> <p>(E) Other information required by law.</p> <p>This Rule is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure family medical history information was obtained for ten (Patients #1, 2, 3, 4, 5, 6, 7, 8, 9, and 10) out of ten medical records reviewed. This could potentially affect all clients served by the facility. There were 2,434 procedures performed in the calendar year 2016.</p> <p>Findings include:</p> <p>The medical records of Patients #1 - #10 were reviewed. The records did not contain a family medical history.</p> <p>The findings were shared with Staff A on 03/15/17 at 10:41 AM and confirmed.</p> <p>The agency's Medical Records policy, which is awaiting approval from the Governing Body, was reviewed. The policy stated the medical records shall contain family medical history.</p>	C 255			