OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

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

John R. Kasich / Governor

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

AUG 0 2 2013

Terrie Hubbard, RN, Owner
Capital Care Network of Toledo
1243 E. Broad Street
Columbus, OH 43205

Re: Proposed License Revocation and Refusal to Renew
ID # 0763AS

Dear Ms. Hubbard:

I propose to issue an Order revoking and refusing to renew Capital Care Network of Toledo's health care facility license (ambulatory surgical facility) in accordance with Revised Code (R.C.) Chapter 119 and R.C. 3702.32(D)(2) due to a violation of Ohio Administrative Code (O.A.C.) 3701-83-19(E). O.A.C. 3701-83-19(E) requires an ambulatory surgical facility have a transfer agreement with a hospital for the transfer of patients in the event of medical complications, emergency situations, and for other needs as they arise. Capital Care Network of Toledo does not have a transfer agreement with a hospital, as required in O.A.C. 3701-83-19(E).

On July 30, 2013, the Ohio Department of Health (ODH) faxed and emailed you a letter reminding you that the transfer agreement between Capital Care Network of Toledo and the University of Toledo Medical Center was set to expire on July 31, 2013 based on the April 4, 2013 letter from University of Toledo Medical Center that you provided to the department. Our letter also stated that O.A.C. 3701-83-19(E) requires an Ambulatory Surgical Facility have a written transfer agreement with a hospital for the "transfer of patients in the event of medical complaints, emergency situations, and for other needs as they arise." You were further notified that you must notify ODH of the status of the transfer agreement by submitting a copy of another transfer agreement or your facility's plan for how it will comply with O.A.C. 3701-83-19(E), no later than 5:00 pm on July 31, 2013. The department has not received any response to the July 30, 2013 letter.

On August 1, 2013, ODH surveyors were present at your facility and were not provided with a current transfer agreement. While you indicated that you were finalizing a written transfer agreement, to date, ODH has not received a copy of a transfer agreement or a plan from Capital Care Network of Toledo setting forth how it plans to comply with O.A.C. 3701-83-19(E).

You may request a hearing before me or my duly authorized representative concerning my proposal to revoke and refuse to renew Capital Care Network of Toledo's health care facility license. Such request must be made in writing and received within thirty (30) days of receipt of this letter and should be directed to Kaye Norton, Ohio Department of Health, 246 N. High Street, Office of the General Counsel, Columbus, Ohio, 43215. A request is considered timely if it is received by ODH via FAX, hand delivery,

or ordinary United States mail, within thirty days of the date of receipt of this letter.

At a hearing, you may appear in person or be represented by an attorney. You may present evidence and you may examine witnesses for and against you. You also may present your position, contentions, or arguments in writing, rather than appear in person for a hearing. If you are a corporation, you must be represented by an attorney licensed to practice in Ohio. Please be advised that if you do not request a hearing within thirty days of receipt of this letter, I may revoke and/or refuse to renew Capital Care Network of Toledo's health care facility license.

Please contact Rachel Belenker, Assistant Counsel, at (614) 466-4882, if you have questions about this matter.

Sincerely,

Theodore E. Wymyslo, M.D.
Director of Health

CMRRR: 7011 3500 0001 9186 5434

c: Drema Phelps, Bureau of Regulatory Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0763AS	A. BUILDING: _____ B. WING _____	08/01/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL CARE NETWORK	1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612

(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 Complaint Inspection Complaint Number OH00071208 County: Lucas Administrator: Terri Hubbard Number of operating rooms: Two The following violation is issued as a result of the complaint inspection completed on 08/01/13.	C 000		
C 234	O.A.C. 3701-83-19 (E) Transfer Agreement The ASF shall have a written transfer agreement with a hospital for transfer of patients in the event of medical complications, emergency situations, and for other needs as they arise. A formal agreement is not required in those instances where the licensed ASF is a provider-based entity of a hospital and the ASF policies and procedures to accommodate medical complications, emergency situations, and for other needs as they arise are in place and approved by the governing body of the parent hospital. This Rule is not met as evidenced by: Based on telephone interview and review of facility documentation the facility failed to have a written transfer agreement with a hospital for transfer of patients in the event of medical	C 234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 234	Continued From page 1 complications, emergency situations or for other needs as they arise. The facility provided services for 247 patients from 02/16/13 through 07/30/13. Findings included; A telephone interview with Staff A took place on 08/01/13 at 10:20 AM. Staff A stated the facility's transfer agreement expired yesterday (07/31/13), but also stated they do have another transfer agreement with another hospital although it has not been signed into agreement yet. A transfer agreement was presented that did not contain the name of the hospital or the appropriate signatures. Staff A went on to state they are expecting the agreement to be signed by Friday (08/02/13). During the onsite visit on 08/01/13, the facility had patients waiting for procedures. This finding substantiates the complaint.	C 234		