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September 7, 2017

Mr. Greg Glass
Chief, Bureau of Regulatory Operations
Ohio Department of Health
246 North High Street, 4th Floor
Columbus, OH 43215
nltcsurvey@odh.ohio.gov

Re: Facility License Number: 0763AS
Response to Inspection Report and Plan of Correction

Dear Mr. Glass:

I have enclosed Capital Care Network of Toledo's response to Director Himes's letter dated August 21, 2017 and the Inspection Report attached thereto.

If you have any questions about the response, the plan of correction, or the attached exhibits, please contact me.

Sincerely,

Jennifer L. Branch

C: Capital Care Network of Toledo
Lance D. Himes
Heather Coglianese
Shannon Richey
Bill Robbins

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 _____	C 04/11/2017

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

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C 000	Initial Comments Complaint Inspection Complaint Number OH00090642 Administrator: Angela Flores County: Lucas Number of OR's: 3 The following violations are issued as a result of complaint inspection completed on 4/11/17.	C 000	On August 28, 2017, Capital Care received the inspection report from the April 11, 2017 inspection. Capital Care disputes the deficiencies noted in the report except C-123. Capital Care started its investigation and QA review of Patient #1's care prior to ODH's inspection on April 11, 2017. As a result of its investigation, Capital Care re-trained its staff on April 18, 2017 on emergency transfers. As a result of the inspection report, Capital Care has created a new "Non-Emergency Patient Transfer" policy and will conduct a staff training on this policy. After receiving the inspection report the Governing Body scheduled a meeting for September 20, 2017 to review whether any policies need to be added or revised, any additional training is required, or other changes are necessary. ODH will be notified of any additional response as a result of the Governing Body's review.	
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 assesment 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 Patient #1 was not in need of an emergency transfer to the hospital. The physician requested she be referred to the hospital for an ultrasound and observation for a potential complication. Patient #1 was taken to the hospital, given an ultrasound, observed, and released. Capital Care Network did not need to follow its prior "Medical Emergency" policy (Exhibit 1) or its current "Emergency Patient Transfer" (Exhibit 2, effective 3/28/17 and revised 4/4/17). As a result of the need to transfer Patient #1 for a non-emergency potential complication, Capital Care has created a "Non-Emergency Patient Transfer" policy to explain how to transport a patient to a health care facility in a non-emergency. Capital Care re-trained its staff on the Medical Emergency policy on April 18, 2017. Capital Care will train its staff on the Non-Emergency Patient Transfer Policy.	

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C 104	Continued From page 1 This Rule is not met as evidenced by: Based on medical record review and staff interview, the Governing Body failed to ensure the Medical Emergencies policy was implemented as written. This affected one (Patient #1) of three patients reviewed. The facility performed 895 abortions in 2016. Findings include: The medical record for Patient #1 was reviewed on 4/11/17. Patient #1 came to the facility on 4/01/17 for an elective surgical abortion. The patient was determined via ultrasound to be 11.5 weeks pregnant. The medical record revealed the procedure was performed at 11:15 AM by using a plastic vacuum tip and suctioning the uterine contents. An ultrasound at the end of the procedure revealed possible retention of products of conception. Gross tissue examination revealed the "placenta with complete fetal parts". The physician who performed the procedure noted, "possible perforation of bowel in cavity" and wrote to transfer the patient to the hospital for an ultrasound. Interview with Staff A (Patient Advocate) on 4/11/17 9:15 AM revealed it was Staff A herself who drove the patient and the patient's significant other to the hospital. Staff A reported, "they (the patient and significant other) didn't have a car so I was told to drive them to Toledo Hospital so she could get checked out." When Staff A was questioned as to why the policy for "Medical Emergencies" was not followed, Staff A reported, "I guess the Doctor didn't feel it was that much of an emergency."	C 104		

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C 104	Continued From page 2 The facility's policy entitled, "Medical Emergencies" was reviewed on 4/11/17. The policy reads, "In the event of a medical emergency, the first staff member to arrive on scene will remain with the individual throughout the process. 1. Assess the subject. If medical attention is required follow the following steps: 2. Call 911 a. Describe the situation to the operator and follow first-aid instructions B. Relay the location's address: 1160 West Sylvania Avenue. 3. Continue First-Aid until emergency responders arrive on scene and take over the situation. Interview with Staff B (Director of Nursing) on 4/11/17 at 12:15 PM confirmed the policy for "Medical Emergencies" was the only facility policy she could find relating to patient transfer and that 911 was not called for the incident on 4/01/17 described above.	C 104		
C 131	O.A.C. 3701-83-09 (C) Adverse Events Each HCF, as part of the quality assessment and performance improvement program required by rule 3701-83-12 of the Ohio Administrative Code, shall document and review any complications and adverse events which arise during the provision of the facility's service. This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to document and review an adverse event while providing services to one (Patient # 1) patient. The total sample size	C 131	C-131 Patient #1's potential complication was document in the "follow up/complications log" on April 4, 2017. See Exhibit 4 (redacted). Capital Care's Governing Body reviewed the potential complication involving Patient #1 on April 5, 2017. The follow up/complications log and the minutes of the Governing Body meetings are available for inspection. Capital Care disputes that the Director of Nursing told the surveyor that Capital Care had no policy for reviewing unusual incidents and no log of unusual incidents. The Director of Nursing knows of the policies, documents and logs. Capital Care does have a log of transfers, but the log had always been blank until Patient #1 was transferred to the hospital. The transfer log is available for inspection.	

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C 131	Continued From page 3 was three. The facility performed 895 surgical abortions in 2016. Findings include: The medical record for Patient #1 was reviewed on 4/11/17. Patient #1 came to the facility on 4/01/17 for an elective surgical abortion. The patient was determined via ultrasound to be 11.5 weeks pregnant. The medical record revealed the procedure was performed at 11:15 AM by using a plastic vacuum tip and suctioning the uterine contents. An ultrasound at the end of the procedure revealed possible retention of products of conception. Gross tissue examination revealed the "placenta with complete fetal parts". The physician who performed the procedure noted, "possible perforation of bowel in cavity" and wrote to transfer the patient to the hospital for an ultrasound. Interview with Staff A (Patient Advocate) on 4/11/17 9:15 AM revealed it was Staff A herself who drove the patient and the patient's significant other to the hospital. Staff A reported, "they (the patient and significant other) didn't have a car so I was told to drive them to Toledo Hospital so she could get checked out." When Staff A was questioned as to why the policy for "Medical Emergencies" was not followed, Staff A reported, "I guess the Doctor didn't feel it was that much of an emergency." The facility's policy entitled, "Medical Emergencies" was reviewed on 4/11/17. The policy reads, "In the event of a medical emergency, the first staff member to arrive on scene will remain with the individual throughout the process. 1. Assess the subject. If medical attention is required follow the following steps: 2.	C 131		

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C 131	Continued From page 4 Call 911 a. Describe the situation to the operator and follow first-aid instructions B. Relay the location's address: 1160 West Sylvania Avenue. 3. Continue First-Aid until emergency responders arrive on scene and take over the situation. Interview with (Staff B) at 12:15 PM confirmed this incident has not been through peer review. Staff B reported there is no facility policy for reviewing unusual incidents and there is no log kept of transfers or unusual events.	C 131		
C 152	O.A.C. 3701-83-12 (C) Q A & Improvement Requirements The quality assessment and performance improvement program shall do all of the following: (1) Monitor and evaluate all aspects of care including effectiveness, appropriateness, accessibility, continuity, efficiency, patient outcome, and patient satisfaction; (2) Establish expectations, develop plans, and implement procedures to assess and improve the quality of care and resolve identified problems; (3) Establish expectations, develop plans, and implement procedures to assess and improve the health care facility's governance, management, clinical and support processes; (4) Establish information systems and appropriate data management processes to facilitate the collection, management, and analysis of data needed for quality assessment and performance improvement, and to comply with the applicable data collection requirements of Chapter 3701-83 of the Administrative Code;	C 152	C-152 See response to C-131. Capital Care has a Quality Assurance and Improvement Program, which ODH has reviewed during prior inspections. The Quality Assurance and Improvement Program Binder was available for inspection on April 11, 2017 and is currently available for re-inspection.	

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C 152	Continued From page 5 (5) Document and report the status of quality assessment and improvement program to the governing body every twelve months; (6) Document and review all unexpected complications and adverse events, whether serious injury or death, that arise during an operation or procedure; and (7) Hold regular meetings, chaired by the medical director of the HCF or designee, as necessary, but at least within sixty days after a serious injury or death, to review all deaths and serious injuries and report findings. Any pattern that might indicate a problem shall be investigated and remedied, if necessary. This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to document and review all adverse events as part of it's Quality Assurance program. This affected one (Patient #1) of three patients reviewed. The facility performed 895 abortions in 2016. Findings include: The medical record for Patient #1 was reviewed on 4/11/17. Patient #1 came to the facility on 4/01/17 for an elective surgical abortion. The patient was determined via ultrasound to be 11.5 weeks pregnant. The medical record revealed the procedure was performed at 11:15 AM by using a plastic vacuum tip and suctioning the uterine contents. An ultrasound at the end of the	C 152		

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C 152	Continued From page 6 procedure revealed possible retention of products of conception. Gross tissue examination revealed the "placenta with complete fetal parts". The physician who performed the procedure noted, "possible perforation of bowel in cavity" and wrote to transfer the patient to the hospital for an ultrasound. Interview with Staff B (Director of Nursing) on 4/11/17 at 12:15 PM revealed this incident has not been through peer review. Staff B reported there is no facility policy for reviewing unusual incidents and there is no log kept of transfers or unusual events.	C 152		
C 211	O.A.C. 3701-83-17 (F) MR With Patient Transport Patients transported to a hospital shall be accompanied by their medical records that are of sufficient content to ensure continuity of care. This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a patient (Patient #1) transported to the hospital was accompanied by their medical record. The total sample size was three. The facility performed 895 surgical abortions in 2016. Findings include: The medical record for Patient #1 was reviewed on 4/11/17. Patient #1 came to the facility on 4/01/17 for an elective surgical abortion. The patient was determined via ultrasound to be 11.5 weeks pregnant. The medical record revealed the	C 211	C-211 Patient #1 was transported to the hospital with sufficient medical records to ensure continuity of care. The staff member who accompanied Patient #1 turned the medical records over to the hospital staff. In addition, the hospital resident was contacted and provided all necessary information. Patient #1's medical record is available for inspection.	

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C 211	Continued From page 7 procedure was performed at 11:15 AM by using a plastic vacuum tip and suctioning the uterine contents. An ultrasound at the end of the procedure revealed possible retention of products of conception. Gross tissue examination revealed the "placenta with complete fetal parts". The physician who performed the procedure noted, "possible perforation of bowel in cavity" and wrote to transfer the patient to the hospital for an ultrasound. The documentation in the medical record did not reveal what time the patient was transported, by whom, or the parts of the medical record which had accompanied the patient to the hospital. Interview with Staff B on 4/11/17 at 12:15 PM confirmed the medical record did not contain documentation that documents in the chart were sent with Patient #1 to the hospital. Staff B reported during the interview, "I'm pretty sure we copied some of the notes and sent them with her", but could not ascertain exactly what was sent along with the patient.	C 211		
C 213	O.A.C. 3701-83-17 (H) Receipt of Discharge Instructions The physician, podiatrist, dentist, or a nurse shall ensure that the patient or patient's representative acknowledge, in writing, receipt of the physician's, podiatrist's, or dentist's written discharge instructions. This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure written	C 213	C-213 Patient #1 medical chart does not contain documentation that the discharge instructions had been reviewed with the patient prior to the transfer to the hospital. Nor does the chart contain documentation that the patient had been given a copy of the discharge instructions prior to leaving. The plan of correction is to re-train staff that this must still be done even in a hospital transfer. In addition, the new Non-Emergency Patient Transfer Policy includes the direction to complete the discharge instructions before the transfer.	

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C 213	Continued From page 8 discharge instructions were provided to all patients upon discharge from the facility. This affected one (Patient #1) of three patients reviewed. The facility performed 895 surgical abortions in 2016. Findings include: The medical record for Patient #1 was reviewed on 4/11/17. Patient #1 came to the facility on 4/01/17 for an elective surgical abortion. The patient was determined via ultrasound to be 11.5 weeks pregnant. The medical record revealed the procedure was performed at 11:15 AM by using a plastic vacuum tip and suctioning the uterine contents. An ultrasound at the end of the procedure revealed possible retention of products of conception. Gross tissue examination revealed the "placenta with complete fetal parts". The physician who performed the procedure noted, "possible perforation of bowel in cavity" and wrote to transfer the patient to the hospital for an ultrasound. The medical record did not contain documentation that discharge instructions had been reviewed with the patient prior to transfer to the hospital, nor a copy of discharge instructions given to the patient prior to leaving the facility. This finding was confirmed with Staff B on 4/11/17 at 12:15 PM.	C 213		