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**Kelly Burden, Administrator
 Capital Care Network of Toledo
 1160 W. Sylvania Avenue
 Toledo, OH 43612**

Street, or PO box _____
 City, State, _____

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Print Name) _____ C. Date of Delivery <u>4/11/11</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Kelly Burden, Administrator Capital Care Network of Toledo 1160 W. Sylvania Avenue Toledo, OH 43612</p>	<p>OHIO DEPT OF HEALTH DOMESTIC MAIL PROGRAM</p> <p>Mail <input type="checkbox"/> Express Mail Mail <input type="checkbox"/> Return Receipt for Merchandise Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. <u>7010 0290 0003 0726 6526</u></p>	

*Approved
at 6/9/11*

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0763AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2011
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NAME OF PROVIDER OR SUPPLIER CAPITAL CARE NETWORK OF TOLEDO	STREET ADDRESS, CITY, STATE, ZIP CODE 1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612
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*LD
5/8/11*

(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
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C 000 Initial Comments

JS/DK

County: Lucas
Administrator: Kelly Burden
Type of Survey: Licensure
Number of Operating Rooms: Three

The following violations were based on the licensure survey completed on 04/14/11.

C 000

POA = Plan of action
POM = Plan of measures
MOC = monitoring of corrections
CCN = Capital Care Network

C 125 3701-83-08 (G) Staff Performance Evaluation

Each HCF shall evaluate the performance of each staff member at least every twelve months.

This Rule is not met as evidenced by:
Based on review of facility personnel files and staff interview and verification, the facility failed to ensure that evaluations of staff performance was completed for each staff member at least every twelve months. The facility provided surgical services for 1454 patients in the past year.

Findings included:

On 04/14/11 personnel files for facility staff were reviewed. The following personnel files did not contain documented evidence that staff were evaluated in the past twelve months.

1. Staff AA was noted to have been hired on 03/22/10. There was no documented performance evaluation completed since hired.

2. Staff EE was noted to have been hired on 09/13/08. There was no documented evidence that a performance evaluation had been completed in the past year.

C 125

5-7-11

POA = Evaluations for facility staff will be held every June to ensure timely annual evaluations. See attached updated evals to be used. Inc. missing Staff AA, EE + CC will have an evaluation by 5-13-11 and again in June 2011 to keep all staff evals on a regular scheduled basis.

Per: Administrator of CCN Toledo will be responsible for employee evaluations every June, using the attached forms and evaluations will ensure the deficient practice from recurring.

MOC = ALL Evaluations are due on July 01 to CEO for Review.

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

Terrie Hubbard

TITLE
Owner

(X6) DATE
5/9/2011

TERRIE Hubbard

Ohio Dept Health

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C 125	Continued From page 1 3. Staff GG was noted to have been hired on 09/28/09. There was no documented evidence that a performance evaluation had been completed in the past year. Interview of Staff A on 04/14/11 at 10:45 AM, verified that if performance evaluations were not in the personnel files, then the evaluations were not likely to have been completed in the past twelve months.	C 125		
C 132	3701-83-09 (D) Infection Control Policies & Procedures The HCF shall establish and follow written infection control policies and procedures for the surveillance, control and prevention and reporting of communicable disease organisms by both the contact and airborne routes which shall be consistent with current infection control guidelines, issued by the United States centers for disease control. The policies and procedures shall address: (1) The utilization of protective clothing and equipment; (2) The storage, maintenance and distribution of sterile supplies and equipment; (3) The disposal of biological waste, including blood, body tissue, and fluid in accordance with Ohio law; (4) Standard precautions/body substance isolation or equivalent; and (5) Tuberculosis and other airborne diseases.	C 132	<p><i>PDA = New Policy and Procedure were created or located for</i></p> <ul style="list-style-type: none"> <i># 1 See attached</i> <i># 2 See attached</i> <i># 3 See attached</i> <i># 4 See attached</i> <i># 5 See attached</i> <p><i>POM = Administrator of CCN TOLEDO will be responsible for staff following all new Policy + Procedures. Staff not following new P+P's will endure a written notice of warning.</i></p> <p><i>PNDC = IF HCF + employees do not follow the written Infection control P+P's, They and Receive a written notice, CEO will be notified by administrator and action/termination will follow.</i></p>	5-3-11

Ohio Dept Health

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C 132	Continued From page 2 This Rule is not met as evidenced by: Based on review of the facility's written policy and procedures and staff interview, the facility failed to ensure that all required infection control areas were covered and were consistent with current guidelines. The facility provided surgical services for 1454 patients in the past year. Findings included: On 04/13/11, during review of the facility's policies and procedures for infection control, it was noted that not all required areas were addressed. The policies and procedures lacked information to address personal protective equipment (PPE), the storage, maintenance and distribution of sterile supplies and equipment; the disposal of biological waste including blood, body tissue and fluid in accordance with Ohio law and universal precautions/body substance isolation. On Thursday, 04/14/11, Staff A was asked if there were any further policies or procedures that had not been reviewed. No additional information was presented at the time of exit.	C 132	<i>POA = Policies were found for most policies which were updated 9-01-10, saved in documents on computer PDM = CCN of Toledo will establish a new P+P manual to replace outdated manual. This shall be done by administrator MDC = COE will monitor administrator and to ensure establishment of new P+P is complete.</i>	5.3.11
C 139	3701-83-10 (B) Safety & Sanitation The HCF shall be maintained in a safe and sanitary manner. This Rule is not met as evidenced by: Based on review of facility policies and procedures, observations made during tour and staff interview, the facility failed to ensure that all areas of the facility were maintained in a safe and sanitary manner. The facility provided surgical	C 139		

Ohio Dept Health

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C 139	<p>Continued From page 3</p> <p>services for 1454 patients in the past year.</p> <p>Findings included:</p> <p>During tour of the facility on the afternoon of 04/13/11, the following was observed;</p> <ol style="list-style-type: none"> 1. In the second waiting area, a brown leather-like couch that was noted to have torn seams on the seats revealing the stuffing of the couch. Carpet in the same area was noted to be stained. 2. Observation of walls in the main waiting and second waiting areas revealed nicks and dents. 3. Observation of two operating rooms revealed the presence of ceiling fans. The blades of the fans were noted to be dusty and soiled. <p>During review of the policies and procedures on 04/13/11, it was noted there were no policies or procedures for cleaning between patient cases. In addition there was no procedure noted for more thorough cleaning of the operating rooms at the end of a surgical day.</p> <p>Interview of Staff A and B, during tour, revealed that staff clean surfaces of surgical tables and other surfaces as necessary between patient cases. Staff A indicated that thorough cleaning, that included washing of walls occurred a few months ago. Staff A verified the facility had no hired or contracted cleaning staff.</p> <p>On Thursday afternoon, 04/14/11, Staff A was asked if there were any other policies and procedures that addressed housekeeping duties. No further information was presented before exit.</p>	C 139	<p>POA</p> <p># 1 POA 5-8-11 Brown leather couch Removed from Building. See attached Pictures Carpet cleaned by Professional cleaning company</p> <p># 2 POA 5-8-11 Walls with nicks and dents are repaired filled and Repainted. Chair Rails are now in place to help prevent further damage to walls. Attached are receipts for repair</p> <p># 3 POA Terminal cleanings will be done after every surgery day. Attached are schedules for cleaning. A professional cleaning company has been hired to assist in cleaning.</p> <p>POA A new Policy + Procedure for ensuring HCF was established for the safe + sanitary manner of the facility. See attached. Quality assurance forms made for ensuring this P+P was established see attached</p>	5-8-11
		C 139 #1, 2, 3	cont on next pg	

Ohio Dept Health

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C 152 C 152	<p>Continued From page 4</p> <p>3701-83-12 (C) Q A & Improvement Requirements</p> <p>The quality assessment and performance improvement program shall do all of the following:</p> <p>(1) Monitor and evaluate all aspects of care including effectiveness, appropriateness, accessibility, continuity, efficiency, patient outcome, and patient satisfaction;</p> <p>(2) Establish expectations, develop plans, and implement procedures to assess and improve the quality of care and resolve identified problems;</p> <p>(3) Establish expectations, develop plans, and implement procedures to assess and improve the health care facility's governance, management, clinical and support processes;</p> <p>(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;</p> <p>(5) Document and report the status of quality assessment and improvement program to the governing body every twelve months;</p> <p>(6) Document and review all unexpected complications and adverse events, whether serious injury or death, that arise during an operation or procedure; and</p> <p>(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</p>	C 152 C 152	<p>C139 MOC = monitoring shall be done by administrator and shall then be confirmed by CED. Confirmation complete by new Quality Assurance form. See attached.</p> <p>* monitoring shall be performed by administrator every month as schedule attached orders</p>

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C 152	<p>Continued From page 5</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on review of the facility's policies and procedures, review of the quality assessment and improvement information and staff interview, the facility failed to ensure the quality program encompassed all required areas. The facility provided surgical services for 1454 patients in the past year.</p> <p>Findings included:</p> <p>On 04/14/11, review of the facility's policies and procedures that addressed quality assessment and improvement was initiated. Review of the policy revealed that components of the program such as aspects for monitoring and evaluating all aspects of care, establishing expectations, developing plans and implement procedures to assess and improve the quality of care were not addressed. In addition the policy for the quality program did not address resolution of identified problems, improvement for governance, management, clinical and support processes. Reporting the status of the quality assessment and improvement program to the governing body every twelve months and holding regular meetings was not addressed.</p> <p>A request was made on 04/13/11 for all quality assessment and improvement meeting minutes. Information presented revealed there were no minutes from any quality assurance meetings. There was no documented evidence of a report</p>	C 152	<p>C152</p> <p>POA =</p> <p>A new Policy + Procedure was initiated. The Governing Board shall meet at least 1 time annually for QA meetings. A meeting for QA with Governing Board commenced @ 7pm on 5/6/11.</p> <p>See attached New P+P for QA</p> <p>* QA meetings will be held at least Once per year and as needed or requested by CEO or Physicians on governing Board.</p> <p>QA meetings will be held every 8 weeks by administrators. See Revised policy</p>

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C 152	Continued From page 6 noting the status of quality assessment and improvement program to the governing body every twelve months. On Thursday afternoon, 04/14/11, Staff A was asked if there was any other meeting minutes that addressed activity of the quality assessment and improvement program. No additional information was provided prior to exit.	C 152	The gov. Board meeting addressed complications, patient surveys, performance of licensed staff members, Quality of lab program, Recurring Recurring medical tasks, Staff member QA Reports and Chart Review POM C152 = ALL QA'S shall be updated monthly by administrator. MOC C152 = A QA'S will be given to CEO. A gov board meeting will be held annually OR as needed within the annual time.	5-6-11
C225	3701-83-18 (F) Nurse Duty Requirements At all times when patients are receiving treatment or recovering from treatment until they are discharged, the ASF shall meet the following requirements: (1) At least two nurses shall be present and on duty in the ASF, at least one of whom shall be an RN and at least one of whom is currently certified in advanced cardiac life support and who shall be present and on duty in the recovery room when patients are present; (2) In addition to the requirement of paragraph (F) (1) of this rule, at least one RN shall be readily available on an on-call basis; and (3) Sufficient and qualified additional staff to attend to the needs of the patients shall be present. This Rule is not met as evidenced by: Based on review of patient medical records, review of personnel files and staff interview and verification, the facility failed to ensure that a registered nurse (RN) with advanced cardiac life	C225		

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C225	<p>Continued From page 7</p> <p>support (ACLS) was present and on duty in the recovery room when patients were present. The facility provided surgical services for 1454 patients in the past year.</p> <p>Findings included:</p> <p>During tour of the facility, with Staff A on Wednesday afternoon, 04/13/11, the recovery area was observed. Staff A stated there was always a licensed practical nurse (LPN) on duty in the recovery room, that monitored patient vital signs and gave discharge instructions to the patients. Staff A further explained that an RN was on duty, however, the RN was usually in the operating room with the physician. The RN may be "in and out" of the recovery area when patients were brought to the recovery area.</p> <p>A review of 15 patient medical records revealed that all of the recovery room documentation of vital signs and pain assessment were signed as completed by the LPN. In all 15 medical records reviewed, discharge instructions were signed by the LPN.</p> <p>On Thursday morning, 04/14/11, Staff A confirmed that only the LPN was in the recovery area along with a medical assistant. The RN on duty was in the building and available, but not in the recovery area itself.</p> <p>On 04/14/11, review of personnel files for facility RNs revealed that two of three RN personnel files were available for review. One of the two RNs had current certification in ACLS. The third RN file was not available for review.</p> <p>This information was verified by Staff A on 04/14/11 at approximately 10:45 AM.</p>	C225	<p>C225 POA = A new RN was hired. ACLS provided by new RN. 5 RNS now available for CCN TOLEDO. 4 are ACLS. The 5th RN has scheduled her Recertification and will have it completed at the end of May. She will not work unless another RN with current ACLS is working.</p> <p>HCF will always have an RN available for recovery room.</p> <p>C225 POM Administrator will only schedule RNS who are ACLS certified on a Surgery Date. If 2 RNS are scheduled at least one must have this certification. ALL RNS hired @ CCN must obtain ACLS.</p> <p>MOC = CEO will do MONTHLY Reviews of schedule after administrator does scheduling</p>	5.03.11

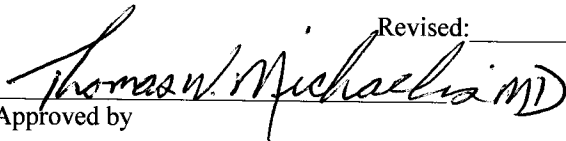
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C244	<p>3701-83-20 (E) Emergency Power</p> <p>Each ASF shall have emergency power available in operative, procedure, and recovery areas.</p> <p>This Rule is not met as evidenced by: Based on facility observation and staff interview and verification, the facility failed to ensure there was emergency power available in the operative and recovery areas of the facility. The facility provided surgical services for 1454 patients in the past year.</p> <p>Findings included:</p> <p>During tour of the facility on Wednesday afternoon, 04/13/11, with Staff A and B, it was noted there was no emergency power available in the operating rooms or the recovery area.</p> <p>Interview of Staff A regarding availability of emergency power, revealed there were only flashlights, placed in different areas of the facility. When interviewed about procedures that may be underway in the event of a power outage, both Staff A and B indicated there was a "hand" suction on the emergency cart. Staff A further noted that it would be up to the physician if they would proceed or not. Staff A and B verified none of the equipment had battery back-up capabilities.</p>	C244	<p>POA = Back up Battery operated generator for power emergency outage ordered. Date of Delivery is for 5-20-11.</p> <p>POM = Administrator shall contact CEO if Delivery has not been made. Back up Battery to be tested as Instructions state. Emergency Power will be included in Routine annual check of all Equipment.</p> <p>MOC = CEO will confirm delivery of equipment on 5.21.11.</p>	

Revised: _____ Reviewed: _____

Revised: _____ Reviewed: _____

Revised: _____ Reviewed: _____

Approved by 

5.03.11
Date

PURPOSE

To outline use and procedure for utilization of personal protective clothing and equipment.

POLICY

All persons with occupational exposure of biological and infectious material must utilize personal protective clothing and equipment.

PROCEDURE

- ❖ Staff positions with definite risk of occupational exposure to biological and infectious material:
 - Physicians
 - Registered Nurses and Licensed Practical Nurses
 - Medical Assistants or Technicians
 - Laboratory Technicians
 - Nurse Practitioners
- ❖ Staff positions with possible occupational exposure to biological and infectious material:
 - Patient Advocate: handling lab cultures and urine samples, running pregnancy tests, assisting patients post-surgery, assisting with surgery set-up
 - Receptionist: handling urine samples, running pregnancy tests
 - Billing Clerk: handling urine samples, running pregnancy tests
 - Director: cleaning surgical packs, handling POC's, handling urine samples, running pregnancy tests, handling lab cultures, assisting patients post-surgery
- ❖ Employees must assume that every patient is potentially infectious; that every instrument and item (e.g. drapesheet, exam table paper, gowns, instruments, emesis containers) which has had patient contact is potentially infectious.
- ❖ The laboratory specimens for which universal cautions apply are:
 - Unfixed tissue or organs
 - Blood (serum, plasma, whole blood)
 - Semen and vaginal secretions
 - Amniotic, cerebrospinal, synovial, pleural, peritoneal, and pericardial fluids
 - Any other fluid in which blood is visibly present
 - All body fluids in situations where it is difficult or impossible to differentiate between body fluids
- ❖ Any employee who has been accidentally exposed to potentially infectious body fluids must immediately contact the physician on duty for evaluation and follow-up, as well as the Director, who will document the incident in the employee's permanent medical file.

- ❖ Capital Care Network will provide the following items of Personal Protective Gear and Equipment, which shall be handled in an appropriate manner at the end of use, or end of shift (i.e. if disposable, in biohazard containers if they are visibly soiled, or in regular trash receptacles otherwise; and if washable, in appropriate receptacles):
 - Latex, vinyl, and utility gloves
 - Scrubs, lab coats, and barrier gowns
 - Face shields, masks, or eye protection (goggles or the employee's prescription eyeglasses with side shields are acceptable)
 - Mouthpieces and breathing bag for resuscitation
 - Antiseptic hand cleaners

- ❖ The care of durable items, and the replacement of disposable items and worn-out durable items, will be the responsibility of Capital Care Network.

- ❖ Employees should immediately wash hands and other skin surfaces that are contaminated with blood and/or other potentially infectious material. Wash hands and other skin surfaces with an antimicrobial soap, effective against HIV, for at least 10 seconds. Rinse under a stream of water.
 - After each venipuncture or injection
 - After handling and collecting lab specimens and collection containers
 - Before leaving the immediate area (lab, exam room, surgery room, etc)
 - Before eating and drinking
 - Whenever gloves or other personal protective devices are removed

- ❖ Employees must wear gloves when:
 - Examining patients for sexually transmitted diseases
 - Processing body fluid specimens
 - You have hangnails, chapped hands, or other abrasions on your hands
 - Touching patient mucous membranes or non-intact skin during specimen collection
 - Performing phlebotomy or other vascular access procedures
 - Performing fingersticks or heelsticks
 - Touching items contaminated with blood and/or body fluids
 - Cleaning up biohazard spills
 - Treating for lacerations, abrasions, and compound fractures
 - Assisting in surgical or exam rooms
 - Handling contaminated equipment or laundry
 - At any time when the potential for possible exposure exists

- ❖ Before donning gloves, check for tiny punctures, discoloration, or other defects. Change gloves between patient contacts. If possible, wear your gloves to fit over the cuff of your barrier gown or lab coat. Remove gloves before handling non-contaminated items (e.g. telephone) and when leaving your area (i.e. lab, exam, or surgery, or recovery room). Wash hands immediately after removal of gloves.

- ❖ Employees working in the P.O.C Lab area are required to use the following protective gear:
 - Goggles or prescription eyeglasses
 - Apron
 - Gloves
 - Shoe Covers
 - Face Masks
 - **Note: Apron and Gloves should be removed when wrapping packs or using the autoclave**

- ❖ Employees working in the surgery room are required to use the following protective gear:
 - Lab coat or scrubs
 - Gloves
 - Shoe covers

Revised: _____

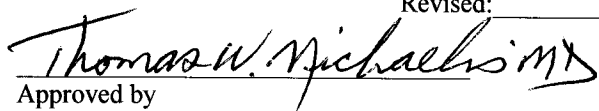
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Revised: _____

Reviewed: _____


Approved by

9-01-10
Date

PURPOSE

To establish a policy for the sterilization of surgical instruments.

POLICY

All surgical instruments should be properly wrapped and sterilized.

PROCEDURE

- ❖ **Wrapping instruments:** Instruments that are wrapped and packaged correctly will remain sterile longer. Before using any pack or wrapped instrument, always check for rips or tears in the wrapping, as this compromises the sterility of the instrument. Under normal circumstances, all packs or wrapped items remain sterile for one year from sterilizing date. After one year has passed, the instrument or pack must be re-wrapped and re-sterilized. The correct procedure for wrapping instruments is as follows:
 - **Instrument packs:** For all abortion packs and laminaria packs, use two sheets of woven autoclave wrap (blue).
 - 1) Fold the inside sheet in a square around the instruments.
 - 2) Position the outer sheet in a diamond and envelope-fold.
This system helps to reduce tearing of packs, and also allows instruments to remain partially covered when packs are opened onto a tray. The packs must be taped with sterilization indicator tape (forms black lines when the pack reaches sterilizing temperatures).
 - 3) Using a sharpie marker, mark all packs with the pack contents, date of sterilization, and your initials.
 - **Individual instruments:** All instruments that are not included in a pack, must be autoclaved separately. This often includes large-sized dilators, small or large speculums, and large forceps. Many of these instruments or sets can fit into a sterilization pouch. If this is the case, make sure the pouch seals correctly, and label the pouch with the contents, date of sterilization, and your initials using a sharpie marker.
- ❖ **Using the Autoclave:** Prior to autoclaving, visually check that all wrapped instruments and packs are free from rips or tears, and check that the autoclave's reservoir is filled with distilled water. **Note: All steps in the autoclaving process must be performed without a break, in order to ensure that instruments are properly sterilized.**
 - **Tuttnauer Autoclave:**
 - 1) Check that the temperature knob is set to 115° Celsius and turn the power switch to the "On" position.
 - 2) Load the autoclave by placing the instruments/packs on trays, being careful not to overload the autoclave (do not load more than 2 packs per tray).
 - 3) Turn the bottom knob to "fill", and allow distilled water to fill the chamber until it reaches the indicator line in the front of the chamber.
 - 4) Turn the bottom knob to "sterilize" and close the door tightly. Set the timer for 35 minutes.
 - 5) When the timer reaches zero and "dings", turn the bottom knob to "exhaust". This allows the pressure to be reduced inside the chamber and returns the majority of the water to the reservoir.
 - 6) Once the pressure reaches zero, slowly open the chamber door so that it is cracked open approximately ½ inch. **Use caution: Steam escaping autoclave will be very hot.**
 - 7) Begin the dry cycle by leaving the bottom knob in the "exhaust" position, and setting the timer for 20 minutes.

8) When the timer reaches zero and “dings”, the autoclave will automatically turn itself off. Remove instruments from the autoclave using a heat-resistant glove. **Use caution: packs and autoclave will be very hot.**

○ **Pelton & Crane Autoclave:**

- 1) Fill the reservoir with distilled water.
- 2) Turn middle knob arrow towards “steam sterilize”.
- 3) Load instruments onto tray, being careful not to overload the autoclave and making sure that no instrument wraps or packs are touching the wall of the chamber.
- 4) Turn bottom knob to “fill”, and allow distilled water to fill chamber until the indicator plate has been covered with water.
- 5) Turn bottom knob to “sterilize” and close and latch the chamber door. Set the timer for 35 minutes.
- 6) When the timer reaches zero and “dings”, turn the bottom knob to “vent”. This allows the pressure to be reduced inside the chamber and returns the water to the reservoir.
- 7) Once the pressure reaches zero, carefully open the chamber door, leaving it cracked open approximately ½ inch. **Use caution: Steam escaping autoclave will be very hot.**
- 8) Begin the dry cycle by leaving the bottom knob in the “vent” position, and setting the timer for 20 minutes.
- 9) When the timer reaches zero and “dings”, turn the bottom knob to the “off” position. ***Note: the Pelton & Crane Autoclave does not have an automatic shutoff, therefore, the heater will remain on until it is manually turned off*.**
- 10) Remove instruments from the autoclave using a heat-resistant glove. **Use caution: packs and autoclave will be very hot.**

Capital Care Network
Department: Medical Staff
Subject: Needle and Syringe Storage
Effective: 9/01/10

page 1 of 1

Revised: _____

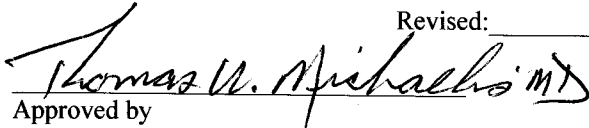
Reviewed: _____

Revised: _____

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Revised: _____

Reviewed: _____


Approved by

9.01.10
Date

PURPOSE

To ensure proper storage of needles and syringes.

POLICY

Needles and syringes must be stored in the locked sterilization lab at all times, unless they are being used in surgery, and they must be kept in the surgery suite in a drawer inaccessible to patients.

PROCEDURE

- ❖ Needles and syringes will be transferred to the locked sterilization lab immediately upon receipt of a new order. Medical personnel have access to the sterilization lab to remove needles and syringes as needed for Birth Control injections, and needles for blood draws.
- ❖ On surgery day needles and syringes necessary for that day only will be taken from the sterilization lab before patients arrive and will be stored in the appropriate surgery suite in an unmarked storage drawer inaccessible to patients. Any needles or syringes unused during the surgery day will be placed back in the locked sterilization lab at the end of the surgery day.
- ❖ Needles and syringes must never be left unattended in an area that has potential to be visible or accessible to patients.

Revised: _____

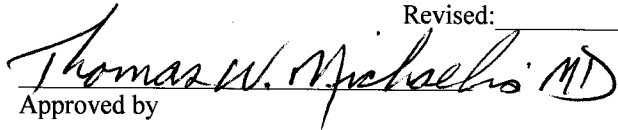
Reviewed: _____

Revised: _____

Reviewed: _____

Revised: _____

Reviewed: _____


Approved by

9-01-10
Date

PURPOSE

To establish a policy for cleaning and disinfecting of instruments used in surgical abortions.

POLICY

All surgical instruments should be properly rinsed, disinfected, and cleaned immediately following use.


PROCEDURE

- ❖ **Rinse:** Soiled instruments need to be rinsed thoroughly immediately following use in order to remove most organic material. After putting protective gear, rinse instruments under warm water until most of the tissue, blood, and other materials have been visibly removed. It is important to keep organic material from drying onto the instruments, as this can cause staining and make cleaning more difficult. If rinsing is not immediately available, a product such as Maxi-zyme foam (enzymatic spray cleaner) can be used to prevent drying.
- ❖ **Disinfect:** After instruments have been thoroughly rinsed, they must be placed in a high-level disinfectant in order to remove most organisms. This ensures that the instruments can be safely handled prior to sterilization. Be sure to immerse instruments completely in disinfectant solution (Cetylcode-G), and then set timer for 40 minutes, or the appropriate soaking time according to the product label instructions. Always use a disinfectant product specifically designed for surgical instruments, such as Cetylcode-G, in order to prevent corrosion.
- ❖ **Manual Cleaning:** After instruments have soaked in the high-level disinfectant, they must be rinsed thoroughly and cleaned with a pH-neutral enzymatic cleaner, such as Maxi-zyme. Enzymatic cleaners are designed to help remove any excess organic material from the instruments, such as blood or other body fluids, from instruments which have already been disinfected. After rinsing instruments, fill a clean sink or basin with warm water, and add one pump of Maxi-zyme per gallon of water. Place disinfected instruments in cleaning solution and scrub with a stiff-bristle brush, ensuring that no foreign matter remains on instrument surfaces. Be sure to inspect instruments for any remaining blood or tissue, especially in areas where matter can catch and pool, such as speculum screws and tenaculum joints. Rinse instruments thoroughly, and allow them to dry.

Revised: _____ Reviewed: _____

Revised: _____ Reviewed: _____

Revised: _____ Reviewed: _____


Approved by

4.14.11
Date

PURPOSE

To outline procedure for proper handling, storage, and disposal of infectious waste.

POLICY

Infectious waste, such as lab specimens of blood and body fluids, should be placed in a container (i.e. red biohazard bag). All contaminated material will be disposed of through our commercial pick-up system. *If an item (e.g. drape sheet, table paper, gloves) is visibly contaminated, it must be disposed of as potentially infectious waste, and should not be thrown in regular trash.*

PROCEDURE

❖ Handling and storage

- The container must be leak-proof.
- The infectious waste must be kept in a manner to prevent putrescence, such as freezing or refrigeration if necessary.
- The infectious waste container must be protective against infestation of animals or insects, such as becoming a food and/or breeding source.
- Any infectious waste containers stored outside must be kept locked at all times to prevent unauthorized access.
- Infectious waste container storage areas outside that are unlocked, must be marked with the international biohazard symbol and display a sign stating "Warning: Infectious Waste".

❖ Infectious waste spills

- Keep all unauthorized persons away from the spill area.
- Remove spills of blood and body fluids by sprinkling an absorbent powder on the liquid to solidify it to a gel consistency.
- Wearing rubber gloves, and all appropriate Personal Protective Equipment (PPE), remove the gel spill with a disposable rigid scoop (never directly with your hands!) and place in a biohazard container intended for infectious waste, including the absorbent material.
- Decontaminate the area with a surface disinfectant and decontaminant cleaner such as CaviCide, (which is bactericidal, virucidal, fungicidal, and tuberculocidal) or a bleach solution. CaviCide should remain on the contaminated area for 3 minutes. The bleach solution must remain on the contaminated area for at least 30 minutes before being removed to ensure proper decontamination.
- Broken containers should be placed in the appropriate infectious waste container(s).
- For very small spills (i.e. drops), spray the area with CaviCide and allow spray to remain for at least 3 minutes. Wipe up with paper towel while wearing gloves. Dispose of contaminated towel(s) in biohazard containers and decontaminate the area with CaviCide or the bleach solution.
- Clean and disinfect all non-disposable items.
- If emergency help is required, contact the local fire department, the local police department, the local health department, and/or any local emergency management office, or the Ohio EPA.

- A copy of the infectious waste spill procedure will be posted or available on location to all personnel which will be handling infectious wastes. The procedure will include the name and contact information for the manager of the facility.
- Bleach spray solution must be a minimum of 10% solution of household bleach and must be prepared immediately prior to use. Solution to be as follows: 1:10 dilution (1 part bleach to 9 parts water)
- Never attempt to clean up a spill of any size with bare hands!

Spill kits will be kept available near sites where spills might occur and must contain:

- Absorbent material for spilled liquids
- Red or biohazard labeled bags
- U.S. EPA registered hospital disinfectant following manufactures instructions; or materials to prepare a solution containing minimum of 10% sodium hypochlorite with a minimum contact time of 30 minutes
- Personal Protective Equipment (PPE) including disposable gloves
- Safety equipment including a first aid kit (unless emergency medical care is available on site), and boundary tape.

❖ Disposal

- Medical Waste treatment facilities will pick up hazardous waste twice monthly. Shipping manifest copies are to be initialed and signed by Capital Care Network staff and waste treatment facility transporter. Capital Care Network staff will add manifest papers to Medical Waste Treatment Log, and will add manifest number and date of waste pickup to a check-off log to ensure that shipping papers are returned to Capital Care Network within 45 days of infectious waste pickup, with signature of Waste Treatment facility staff.
- If shipping papers are not returned to Capital Care Network within 45 days, LPN staff at Capital Care Network will contact the waste treatment facility(s).
- Capital Care Network QA/Safety Director will monitor Medical Waste Treatment Log Manual paperwork and the check-off log to ensure manifest copies are being received, and check-off log is being maintained.

Capital Care Network
Department: Administration
Subject: Employee TB testing
Effective: 9/01/10

page 1 of 1

Revised: _____

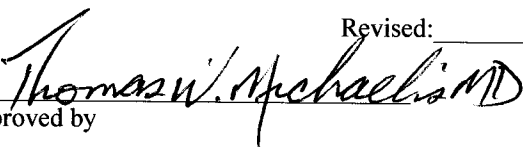
Reviewed: _____

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Revised: _____

Reviewed: _____


Approved by

9.01.10
Date

PURPOSE

To ensure proper evaluation of TB status of employees.

POLICY

Per Ohio Department of Health guidelines Capital Care Network is considered a minimal risk facility and as such TB testing is only required as a baseline PPD and repeat testing is only required if exposure is suspected.

PROCEDURE

- ❖ All employees will have a baseline PPD upon hire, unless they provide proof upon hire. If the PPD is negative additional testing is not required unless exposure is suspected. This testing will be provided by Capital Care Network and administered by an RN and read by an RN or Physician within 48 to 72 hours. A negative PPD requires no additional testing unless TB exposure is suspected or the guidelines change. A positive PPD requires a chest X-ray.
- ❖ If an employee has a positive skin test, and a negative chest X-Ray, the following year, the employee should undergo a health assessment. During the health assessment, the doctor should complete the T.B. Health Assessment Form. This is to be done on a yearly basis with all affected employees, reviewed by the medical director and if no action is taken, filed in the employee's file – this is confidential information.

Capital Care Network
Department: Administration
Subject: Employee Influenza Vaccination
Effective: 5/03/11

page 1 of 1

Revised: _____

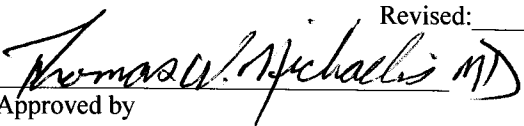
Reviewed: _____

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Reviewed: _____


Approved by

5.03.11
Date

PURPOSE

To ensure influenza preventative vaccinations are available to all employees.

POLICY

Capital Care Network shall make available, on a voluntary basis for all employees, seasonal influenza vaccinations.

PROCEDURE

- ❖ Capital Care Network Registered Nurse will ask each employee, on a yearly basis, if they would like to receive an influenza vaccine.
- ❖ Capital Care Network Registered Nurse will order and administer influenza vaccinations to those employees wishing to be vaccinated against seasonal influenza.

Revised: _____

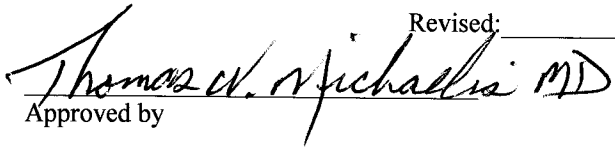
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Revised: _____

Reviewed: _____


Approved by

5-03-11
Date

PURPOSE

To maintain a high quality of patient care from both the medical and support staff, and identify areas for continuous improvement.

POLICY

The Quality Assurance Program monitors existing Clinic practices and staff performance in order to evaluate all aspects of care, resolve identified problems, and improve governance and management.

PROCEDURE

- ❖ Signed confidentiality statements by all employees and independent contractors.
- ❖ Daily review and analysis of Patient Feedback Surveys. This feedback from patients will be used to develop services and improve staff performance.
- ❖ A formal complaint response procedure is in place to gather information, investigate the situation, and resolve the problem. The Governing Board will conduct a review of patient complaints at their meetings and/or as dictated by the situation.
- ❖ Chart reviews of at least 10% of patient charts for each physician, are to be conducted at least monthly by the Director and/or his/her designee. The chart reviews must be signed by a physician.
- ❖ Annual Quality Assurance Reports will be submitted to the Governing Board to review complications, patient feedback surveys, performance of license personnel, in-house laboratory program, and drug logs.
- ❖ The Clinic Directors will meet at least every 12 months to establish expectations, develop plans, and implement procedures to assess and improve the quality of care. Annual QA Reports will be reviewed at this meeting. In addition, agenda for all staff meeting will be developed and scheduled to inform staff of all QA activities.
- ❖ The Governing Board will meet at least every 12 months to review/update procedures and review Quality Assurance issues.
- ❖ Routine, periodic equipment maintenance will be supervised by the facilities supervisor, under direction of the Director and/or Medical Director.
- ❖ In-Service training for the appropriate staff, as needed, to include: OSHA regulations, CLIA regulations, CPR, on-site machinery operation, customer service, emergency guidelines, and medical protocols. All employees will receive fire and safety training.
- ❖ Annual employee evaluations will be conducted as outlined in the employee manual. The goal of these evaluations is to keep employees performing up to the Clinic's expectations, as well as the employee's individual potential.

Capital Care Network
Department: All Staff
Subject: Safety and Sanitation
Effective: 5.3.11

page 1 of 1

Revised: _____

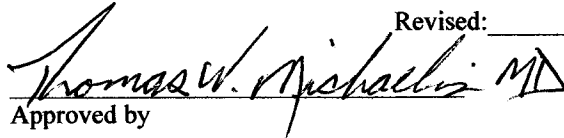
Reviewed: _____

Revised: _____

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Revised: _____

Reviewed: _____


Approved by

5.3.11
Date

PURPOSE:

To ensure that all areas of the facility are maintained in a safe and sanitary manner.

POLICY:

The facility is to be maintained in a safe and sanitary manner. All staff are responsible for ensuring the safety and sanitation of the clinic.

PROCEDURE:

❖ **Furniture**

- All furniture will be inspected for damage on a monthly basis.
- Damaged furniture will be reported to the Owner for replacement.
- Waiting room furniture is to be cleaned on a bi-weekly basis.
- Note: Recovery room furniture is to be cleaned after each patient and at the end of each surgery day.

❖ **Flooring**

- All flooring will be inspected for damage on a monthly basis.
- Damaged flooring will be reported to the Owner for replacement.
- Floors in the waiting room will be swept after each patient day.
- Floors in the operating rooms and recovery room will be cleaned after each surgery day.

❖ **Walls**

- All walls will be inspected for damage on a monthly basis.
- Damaged walls will be reported to the Owner.
- Walls in the operating rooms will be washed down after each surgery day. The remainder of the building will be washed down on at least a monthly basis.

❖ **General cleaning**

- A schedule will be released by the Director detailing cleaning duties, including: dusting, vacuuming, sweeping, mopping, washing down walls, taking out trash, etc.
- If the individual clinic's budget allows, a cleaning service will be hired to assist with terminal cleaning of the entire facility.

Governing Board Meeting

May 6, 2011

Capital Care Network meeting commenced at 7pm on the date indicated above. In attendance were:

- Michael Kyle, LPN
- Jane Stephenson, MSN, RN
- Dr. Harley Blank, MD
- Thomas Hubbard, MD, Medical Director
- Seamus [redacted], 49% owner
- Thomas Hubbard, 51% owner, CEO, RN

Absent:

- [redacted], MD

The Governing Board met to review Capital Care Network of Toledo's Quality Assurance Report from September 2010 through April 2011. No board members had concerns about report submitted, but did offer some suggestions for future Quality Assurance Reports.

Thomas Hubbard explained that Quality Assurance reports similar to these will be submitted on a yearly basis by all clinic Directors. Thomas Hubbard will meet with the Directors of each location prior to submitting the annual reports to detail expectations of such report. In addition, following submission of these reports to the Governing Board, staff meetings will be held to share quality assurance related information.

Signatures of staff in attendance:

Thomas Hubbard MD
Dr. Harley Blank MD
Jane Stephenson
Seamus [redacted]
Thomas Hubbard
Michael Kyle LPN

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

- 8) When the timer reaches zero and "dings", the autoclave will automatically turn itself off. Remove instruments from the autoclave using a heat-resistant glove. **Use caution: packs and autoclave will be very hot.**
- o **Pelton & Crane Autoclave:**
 - 1) Fill the reservoir with distilled water.
 - 2) Turn middle knob arrow towards "steam sterilize".
 - 3) Load instruments onto tray, being careful not to overload the autoclave and making sure that no instrument wraps or packs are touching the wall of the chamber.
 - 4) Turn bottom knob to "fill", and allow distilled water to fill chamber until the indicator plate has been covered with water.
 - 5) Turn bottom knob to "sterilize" and close and latch the chamber door. Set the timer for 35 minutes.
 - 6) When the timer reaches zero and "dings", turn the bottom knob to "vent". This allows the pressure to be reduced inside the chamber and returns the water to the reservoir.
 - 7) Once the pressure reaches zero, carefully open the chamber door, leaving it cracked open approximately ½ inch. **Use caution: Steam escaping autoclave will be very hot.**
 - 8) Begin the dry cycle by leaving the bottom knob in the "vent" position, and setting the timer for 20 minutes.
 - 9) When the timer reaches zero and "dings", turn the bottom knob to the "off" position. ***Note: the Pelton & Crane Autoclave does not have an automatic shutoff, therefore, the heater will remain on until it is manually turned off*.**
 - 10) Remove instruments from the autoclave using a heat-resistant glove. **Use caution: packs and autoclave will be very hot.**

Recovery Room

- Empty wastebaskets; replace liners as necessary
- Spot clean walls, doors, door handles, door frames, switch plates, etc.
- Clean & disinfect reception counter
- Spot clean conference room door glass & partition glass
- Clean open areas of desks, tables, counters, cabinets, etc.
- Clean & disinfect telephones
- Maintain high & low dusting; remove cobwebs as necessary
- Dust windowsills
- Dust picture frames & other wall hangings & blinds
- Vacuum carpet (also hallway in office area)
- Dust & damp mop hard floors

Rest Rooms (3)

- Empty wastebaskets; replace liners & spot wash
- Maintain high & low dusting; remove cobwebs
- Spot clean walls & doors
- Clean & disinfect sinks & toilets
- Clean & polish mirrors & chrome
- Clean & disinfect floor completely

General Notes

- Dust louvers & ceiling vents
- Keep janitorial area neat & clean
- Report any damage or unusual occurrences
- Turn off all lights as specified
- Set alarm as directed

❖ **Operating Room cleaning**

- Terminal cleaning, whether by professional cleaning staff or Capital Care Network staff, will be completed in operating rooms after each surgery day.
- Terminal cleaning includes using a bactericidal, virucidal cleaning agent.
- Terminal cleaning of the operating rooms also includes: the floors swept and mopped, dusted, sinks cleaned, machines and carts wiped down, walls washed from top to bottom, biohazard and trash removed.
- Note: After each patient, surgery table and other tables should also be washed down by a bactericidal, virucidal cleaning agent.

Capital Care Network
Safety and Sanitation Quality Assurance

Indicated damage observed	January	February	March	April	May	June
Furniture						
Flooring						
Walls						
Owner contacted for follow-up						

Indicated damage observed	July	August	September	October	November	December
Furniture						
Flooring						
Walls						
Owner contacted for follow-up						

OHIO WOMEN'S CAPITAL NETWORK

General Janitorial Duties

Bi-weekly service

Entrances

- Maintain high & low dusting; remove cobwebs as necessary
- Spot clean door glass & walls
- Dust & damp mop floors

Waiting Areas (2)

- Empty wastebaskets; replace liners as necessary
- Spot clean walls, doors & door frames
- Maintain high & low dusting; remove cobwebs
- Dust windowsills & chair rails
- Dust chairs & chair bases
- Straighten chairs & magazines
- Vacuum carpet & furniture
- Wet mop tile floors

Procedure Rooms & Lab (2)

- Empty wastebaskets, clean as necessary; replace liners (does not include Hazardous Waste containers)
- Maintain high & low dusting; remove cobwebs
- We will not dust equipment
- Clean & disinfect countertops
- Clean fans & vents
- Dust chair rails & baseboards
- Clean walls, doors & switch plates
- Dust mop & disinfect vinyl floors

JANITORIAL CONTRACT

THIS IS A ONE (1) YEAR CONTRACT. All pricing will remain as shown for the entire length of the contract unless there is a change in the details / amount / schedule etc. of the service agreed upon by both Sun-Shine Services and Ohio Women's Capital Network. Contract may be terminated at any time with a 30 (thirty) day written notice by either party.

CONTRACT PROVISIONS:

- 1) Sun-Shine Services agrees to furnish all labor, equipment, cleaning chemicals, and other costs to perform the services described in our janitorial proposal. Trash liners, toilet paper, paper towels, hand soap, deodorizers, etc. will be invoiced as provided.
- 2) Ohio Women's Capital Network agrees to refrain from the hiring of any Sun-Shine Services personnel assigned to your facility for a minimum of one year after said person(s) have left the employ of Sun-Shine Services.

BONDING: American Surety Bond #58438941 (certificate enclosed)

LIABILITY INSURANCE: Western Reserve Insurance Company (Agent: Diversified Insurance Services) (certificate enclosed)

WORKERS' COMPENSATION: Ohio Bureau of Workers' Compensation Policy #965430 (certificate enclosed)

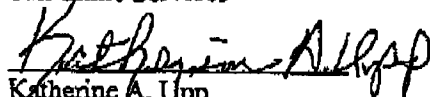
PRICING: \$81.00/service

PAYMENT TERMS: Net 30 days from receipt of invoice

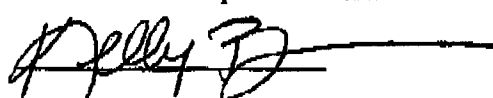
NOTE: 6.75% sales tax will be added to all invoices unless proof of tax exemption is provided.

EFFECTIVE DATE(S) OF CONTRACT:

Sun-Shine Services


Katherine A. Upp
President

Ohio Women's Capital Network



[Print](#) | [Close Window](#)

Subject: Quick staff meeting after consults Friday!
From: kellyb@capitalcarenetwork.com
Date: Thu, Apr 21, 2011 2:07 pm
To: "Toledo Center" <twefrontdesk@gmail.com>

I want to have a brief staff meeting after consults on Friday. Hope that fits into everyone's schedule. Thanks!

Agenda:

- May schedule Draft #1, discussion regarding coverage
- Coverage for Carrie's responsibilities (in full)
- Cleaning schedule and assignments
- ODH To Do, review of items completed- - appts for estimates scheduled
- Open

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Sign in 4/22/11

- ~~Kelly B~~
- ~~Jessica~~
- ~~Kim~~
- ~~John O~~
- ~~Christina~~

Staff A Administrator
 Staff B
 Staff C
 Staff D
 Staff E

5/4/11

Agenda for Meeting

Review of Quality Assurance Report

Staff reports - explained, discussed and assigned

-Patient Surveys, Marketing Surveys -- Jackie

-QA report on confidentiality - - Jackie

-QA report on documentation - - Kim, including Chart Reviews (peer and staff)

-QA report on OSHA - - Tiara

-QA report on disaster preparedness - - Tiara

Discussion regarding ODH inspection and results of that inspection

Revised P&P – some highlights, new forms

Inventory list CURRENT, supplies ordered bi-weekly (non-pay weeks).

Columbus ordering medical, Kelly ordering office from Staples

Phone bank ending beginning May 31st, new phone coverage

Staff schedule, hours

June staff evals, new job descriptions, revised handbook

Communication – request for memo's

Responsibilities, cleaning

Vacation coverage

Relationship with Choice Network

Drill(s)

Open

Administrator held in service

Sign In:

~~Kim Mack~~

Staff C

~~JDA~~

Staff B

~~Tiara~~

Staff C

Capital Care Network
Department: Administration
Subject: Quality Assurance
Effective: 5/03/11

page 1 of 1

Revised: _____

Reviewed: _____

Revised: _____

Reviewed: _____

Revised: _____

Reviewed: _____

Approved by

Date

PURPOSE

To maintain a high quality of patient care from both the medical and support staff, and identify areas for continuous improvement.

POLICY

The Quality Assurance Program monitors existing Clinic practices and staff performance in order to evaluate all aspects of care, resolve identified problems, and improve governance and management.

PROCEDURE

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- ❖ The Governing Board will meet at least every 12 months to review/update procedures and review Quality Assurance issues.
- ❖ Routine, periodic equipment maintenance will be supervised by the facilities supervisor, under direction of the Director and/or Medical Director.
- ❖ In-Service training for the appropriate staff, as needed, to include: OSHA regulations, CLIA regulations, CPR, on-site machinery operation, customer service, emergency guidelines, and medical protocols. All employees will receive fire and safety training.

- ❖ Annual employee evaluations will be conducted as outlined in the employee manual. The goal of these evaluations is to keep employees performing up to the Clinic's expectations, as well as the employee's individual potential.

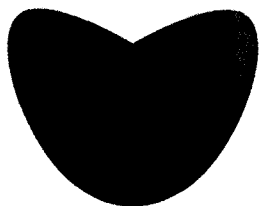
Capital Care Network
T and S Management Staff Evaluations
 Clinic Name: _____

Staff will be evaluated yearly in June beginning in 2011. All staff, regardless of whether they have been reviewed within the last year, will receive another evaluation in June 2011. Staff and Director will sign after evaluation is completed

	June 2011	June 2012	June 2013	June 2014	June 2015	June 2016
Staff evaluated signature						
Director or staff who completed evaluation signature						
	June 2011	June 2012	June 2013	June 2014	June 2015	June 2016
Staff evaluated signature						
Director or staff who completed evaluation signature						
	June 2011	June 2012	June 2013	June 2014	June 2015	June 2016
Staff evaluated signature						
Director or staff who completed evaluation signature						
	June 2011	June 2012	June 2013	June 2014	June 2015	June 2016
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Staff						

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signature						
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	June 2011	June 2012	June 2013	June 2014	June 2015	June 2016
Staff evaluated signature						
Director or staff who completed evaluation signature						
	June 2011	June 2012	June 2013	June 2014	June 2015	June 2016
Staff evaluated signature						



Capital Care Network

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Director

To manage all aspects of women's health/outpatient abortion clinic. Position reports to Owner and Board of Directors.

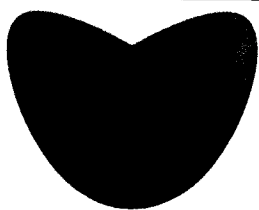
Responsibilities:

- Establishes, carries out, and enforces personnel policies and procedures.
- Responsible for all staff management and leadership.
 - Hiring or approving employment of all clinic staff in conjunction with managing physician.
 - Conducting or approving all staff orientation and training.
 - Conducting or arranging in-service staff orientation and training.
 - Development and provision of a policy manual and job descriptions.
 - Coordinates annual employee evaluations and salary reviews.
- Represents clinic to law enforcement, media, medical community, and the community at large.
- Represents the interests of abortion and reproductive rights in local and state government arenas.
- Responsible for financial management.
- Responsible for insuring the clinic is in compliance with OSHA and ODH standards and regulations.
- Responsible for upholding superior patient care standards.
- Responsible for effectively preserving the company philosophy and mission.
- Responsible for maintaining all legal licenses and contracts.
- Promotes ongoing outreach programs and activities.
- Maintains research statistics, current abortion legislation information, and current family planning statistics/information.
- Responsible for reports to the Board.
- Responsible for attending Director and Board meetings.
- Other duties as needed

			Full Time
	Yes		\$ /hr.
	Yes		No
			Yes
			Other staff as needed

Career Goals (including Due Date when appropriate, initial after each goal to indicate acceptance and understanding):

By signing this form, you accept and fully understand your responsibilities under T and S Management.



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Assistant Administrative Director

To assist the Clinic Director in management of the clerical aspects of the business. To provide guidance and support to patient advocates and receptionists.

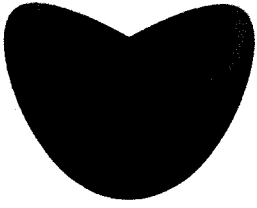
Responsibilities:

- Add up payroll hours for all staff and document vacation days, sick time, and attendance.
- Order office supplies.
- Update appointment information (laminaria, schedule changes, etc.) and distribute new and updated schedules.
- Work with administrative staff to ensure proper phone techniques and scheduling procedures.
- Assist Clinic Director with advertising research and projects.
- Complete periodic projects at the request of the Clinic Director or Medical Director.
- Assist in clinic management:
 - Co-facilitate monthly staff meetings.
 - Handle scheduling and staffing of administrative employees.
 - Work with staff and management regarding patient flow to improve efficiency and reduce wait times.
 - Meet weekly with Clinic Director to discuss current issues, ideas.
 - Ensure training procedures for administrative staff are updated and revised periodically.
 - Act as a liaison between management and staff.
- Assist Clinic Directors at other locations with training, procedure implementation, updates, etc.
- Co-manage clinic, in conjunction with Assistant Medical Director and Facilities Supervisor, in absence of Clinic Director.
- Provide on-call availability in absence of the Clinic Director.
- Other duties as needed.

		Part Time	Full Time
		\$	/hr.
	Yes	Yes	
	Clinic Director	Yes	
		Other staff as needed	

Career Goals (including Due Date when appropriate, initial after each goal to indicate acceptance and understanding):

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Assistant Medical Director

To assist the Clinic Director in management of the medical aspects of the business. To provide guidance and support to medical assistants.

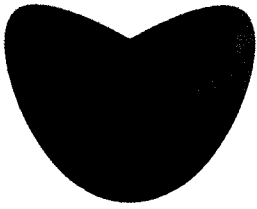
Responsibilities:

- Order medical supplies.
- Demonstrate commitment to promoting proper adherence to regulations and guidelines among all staff members.
- Complete periodic projects at the request of the Clinic Director or Medical Director.
- Assist in clinic management:
 - Co-facilitate monthly staff meetings.
 - Handle scheduling and staffing of medical employees.
 - Work with staff and management regarding patient flow to improve efficiency and reduce wait times.
 - Meet weekly with Clinic Director to discuss current issues, ideas.
 - Ensure training procedures for medical staff are updated and revised periodically.
 - Act as a liaison between management and staff.
- Assist Clinic Directors at other locations with training, procedure implementation, updates, etc.
- Co-manage clinic, in conjunction with Assistant Administrative Director and Facilities Supervisor, in absence of Clinic Director.
- Provide on-call availability in absence of the Clinic Director.
- Other duties as needed.

		Part Time	Full Time
		\$	/hr.
	Yes	Yes	
	Clinic Director	Yes	
		Other staff as needed	

Career Goals (including Due Date when appropriate, initial after each goal to indicate acceptance and understanding):

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Billing Clerk

To keep business office functioning in an efficient and professional manner.

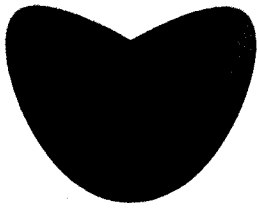
Responsibilities:

- Receives payment for services from all patients.
- Records payments and services provided, on day sheet.
- Keeps an accurate intake record on all patients.
- Prepares chart numbers.
- Answers incoming phone calls and assists at reception desk, as needed.
- Maintains and updates, as needed, patient charts and filing system.
- Completes monthly statistical reports for the Clinic Director.
- Reconciles payments for services daily.
- Miscellaneous duties as required.
- Reports to the Clinic Director.

		Part Time	Full Time
		\$	/hr.
		Yes	
	Clinic Director	No	
		Other staff as needed	

Career Goals (including Due Date when appropriate, initial after each goal to indicate acceptance and understanding):

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Janitor

To maintain the ongoing cleanliness of the clinic and to do miscellaneous and deep cleaning projects as needed.

Responsibilities:

- Sweep and mop floors, under rugs, in corners, under easily movable furniture and supplies.
- Clean restrooms, labs and surgery rooms, scrub all sinks, toilets, mirrors, spots on floors.
- Vacuum all carpets.
- Refill all paper and soap dispensers as needed.
- Empty trash bins.
- Clean out all exterior ash trays.
- Sterilize recovery room recliners.
- Clean and bleach trash cans on a weekly basis.
- Scrub restroom stalls on a weekly basis.
- Dust furniture, window sills, ceiling cobwebs.

Part Time

\$ /hr.

No

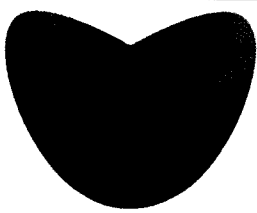
Clinic Director

No

Other staff as needed

Career Goals (including Due Date when appropriate, initial after each goal to indicate acceptance and understanding):

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Lab Technician

To maintain lab area, as well as POC inspection.

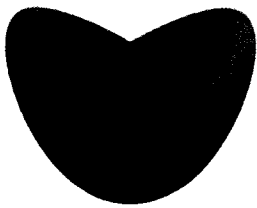
Responsibilities:

- Conduct surgery day laboratory responsibilities as outlined in the policy and procedure manual.
 - Clean instruments as they are sent in from surgery
 - Wrap AB and LAM packs as they are clean and dry
 - Sterilize packs when enough to fill autoclave
 - Ensure packs are returned to surgery as they are sterilized
 - Keep area clean
- Inspect POC as instructed by Physician, and prepare POC for final inspection by Physician.
- Store POC as directed at the end of the surgery day.
- Ensure that all instruments are clean and stored.
- Ensure that the lab is clean and ready for the next surgery day.
- Manage biohazard materials as outlined in the policy and procedure manual.
- Reports to the Clinic Director

		Part Time
		\$ /hr.
		Yes
Clinic Director		No
		Other staff as needed

Career Goals (including Due Date when appropriate, initial after each goal to indicate acceptance and understanding):

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Medical Assistant

To maintain lab area, assist with surgeries, and perform surgery preparation duties, as well as POC inspection. On consultation days, responsible for patient intake, blood draw/testing, pregnancy testing, ultrasounds, and patient assessment.

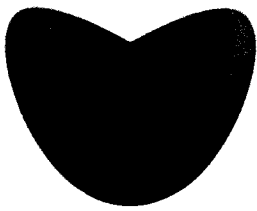
Responsibilities:

- Conduct surgery day laboratory responsibilities as outlined in the policy and procedure manual.
 - Clean instruments as they are sent in from surgery
 - Wrap AB and LAM packs as they are clean and dry
 - Sterilize packs when enough to fill autoclave
 - Ensure packs are returned to surgery as they are sterilized
 - Keep area clean
- Conduct patient check-in as outlined in the policy and procedure manual.
- Conduct laminaria laboratory responsibilities and assist physician with laminaria insertion as needed.
- Ensure ultrasound rooms are stocked in preparation for patients.
- Ensure surgery rooms are stocked in preparation for surgery as outlined in the policy and procedure manual.
- Assist in surgery when needed.
- Perform ultrasounds
- Clean surgery rooms and set up for the next surgery, or end of day cleaning protocols as outlined in the policy and procedure manual.
- Manage biohazard materials as outlined in the policy and procedure manual.
- Perform miscellaneous duties as required.
- Reports to the Clinic Director

		Full Time	Part Time
		\$	/hr.
		Yes	
	Clinic Director	No	
		Other staff as needed	

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Patient Advocate/ Receptionist

To assess patient needs in individual consultations, providing emotional and physical assistance as needed, and to offer support to patients throughout the abortion process. To provide state mandated information / materials.

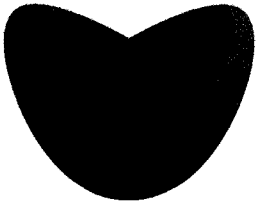
Responsibilities:

- Conduct individual consults according to Ohio State law, as outlined in the receptionist/advocate training manual.
- To provide emotional and physical support to patients as needed, in consultations, over the phone, in surgery, and in recovery.
- To maintain adequate inventory control of State mandated education materials.
- Receptionist duties as outlined in the receptionist/advocate training manual:
 - Answer incoming phone calls and make appointments.
 - Greet all patients who enter the clinic and have them fill out applicable paperwork in a confidential manner.
 - Perform pregnancy testing on patients.
 - Accept and sign for deliveries.
 - Notify support persons as to patient progress and address any needs they may have while waiting.
 - Notify the Administrator of any difficult, possible threatening situations, at once.
 - Copy and update forms as needed for staff.
 - Update data entry of the computer and assist with chart prep.
 - Opening and/or closing of the clinic daily.
- Miscellaneous duties as required.
- Reports to the Clinic Director.
-

		Full Time	Part Time
		\$	/hr.
		Yes	
	Clinic Director	No	
		Other staff as needed	

Career Goals (including Due Date when appropriate, initial after each goal to indicate acceptance and understanding):

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Recovery Room Nurse

To provide abortion service support by providing assistance to the physician in the recovery room.

Responsibilities:

- Assures that recovery room is in a state of readiness.
- Provides supportive care and monitoring of patients during the immediate post-operative period.
- Administers post-operative medications.
- Discharges patients upon completion of patient assessment, self-care, medication, and birth control education.
- Answers general medical questions and responds to emergency medical calls at the clinic.
- Completes necessary documentation for all duties assigned.
- Participates in staff meetings and training sessions.
- Assists in training new staff, interns, and volunteers as appropriate.
- Assists in inventory maintenance.
- Reports to the Clinic Director.

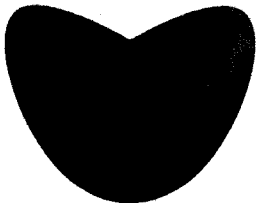
Requirements:

- Must have a valid Ohio Nursing license
- Responsible for all continuing education requirements.
- Must be ACLS certified.

		Part Time
		\$ /hr.
		Yes
	Clinic Director	No
		Other staff as needed

Career Goals (including Due Date when appropriate, initial after each goal to indicate acceptance and understanding):

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Staff Nurse

To provide abortion service support by providing assistance to the physician in the surgery or in the recovery room.

Responsibilities:

- Performs medical intakes on patients.
- Assists in preparing procedure rooms for surgery.
- Administers either Demoral/Phenergan IM or IV conscious sedation.
- Monitors sedated patients during surgery with additional person assisting physician.
- Assists Physician during surgeries.
- Reacts in medical emergencies as prescribed in policy and procedure manual.
- Assists in preparing room for next surgery, with Medical Assistant.
- Assures that the recovery room is in a state of readiness.
- Provides supportive care and monitoring of patients during the immediate post-operative period.
- Administers post-operative medications.
- Discharges patients upon completion of patient assessment, self-care, medication, and birth control education.
- Answers general medical questions and responds to emergency medical calls at the clinic.
- Completes necessary documentation for all duties assigned.
- Participates in staff meetings and training sessions.
- Assists in training new staff, interns, and volunteers as appropriate.
- Assists in inventory maintenance.
- Reports to the Clinic Director.

Requirements:

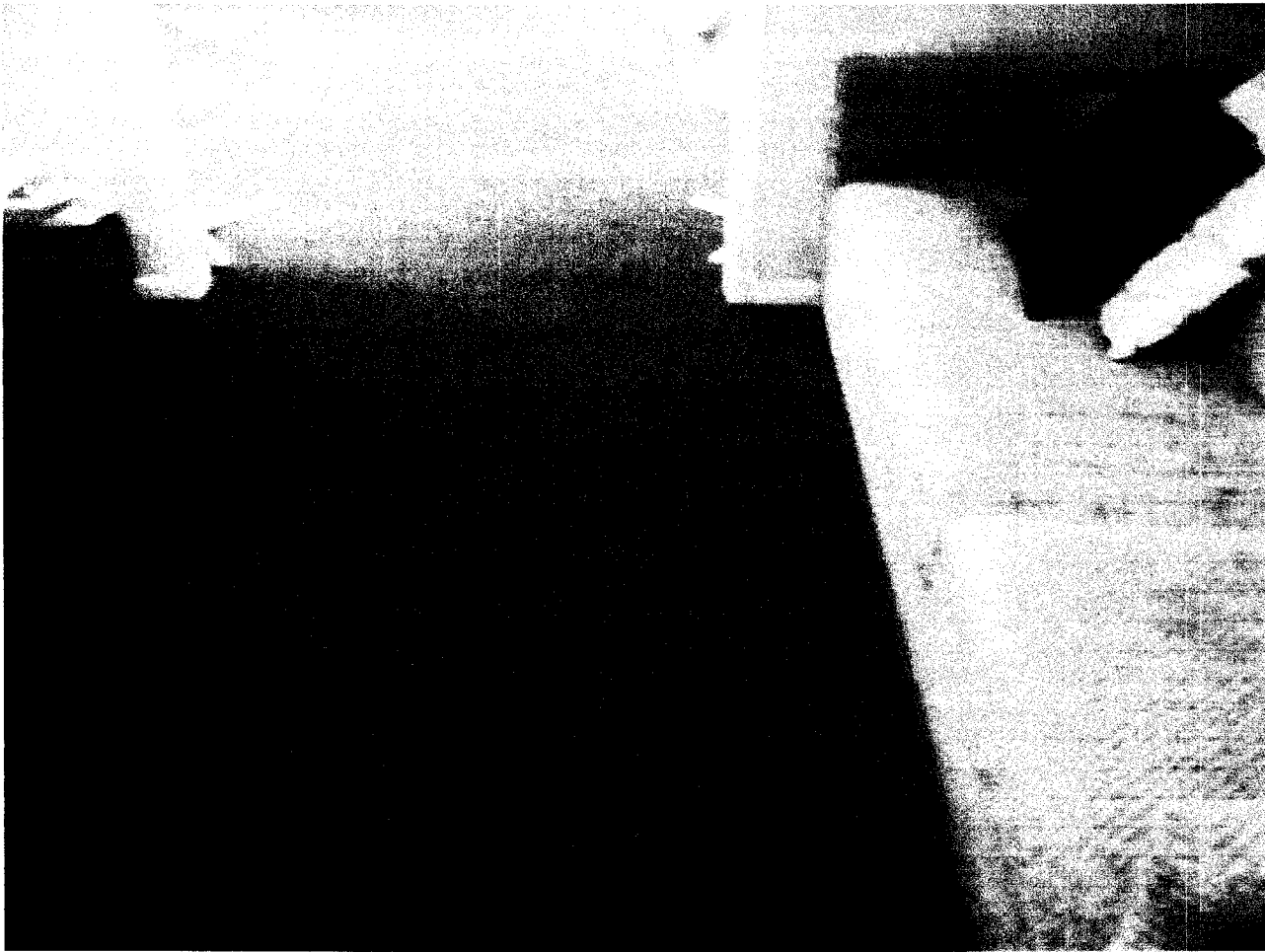
- Must have a valid Ohio Nursing license
- Responsible for all continuing education requirements.
- Must be ACLS certified.

			Full Time	Part Time
			\$	/hr.
			Yes	
	Clinic Director			
			Other staff as needed	

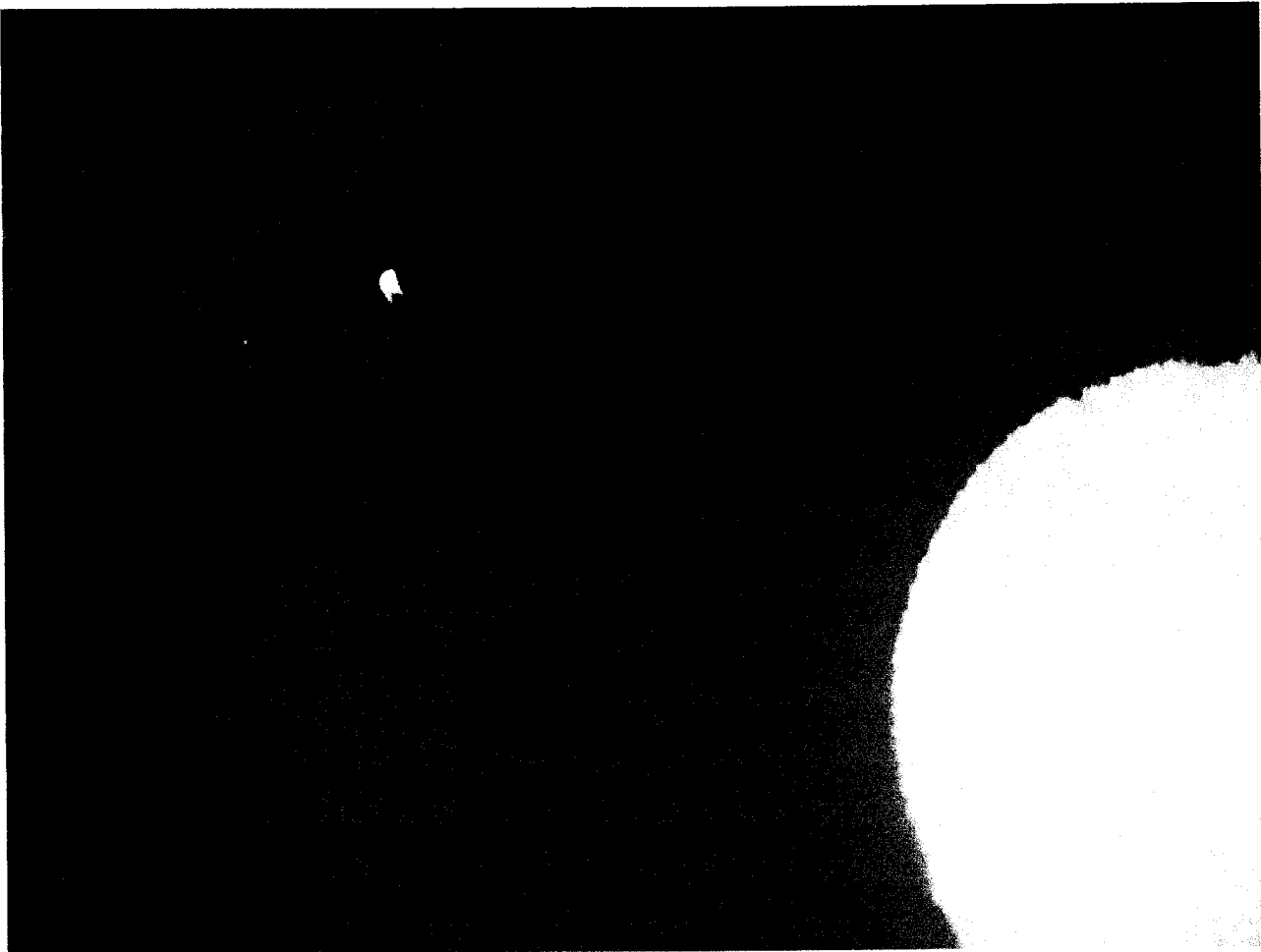
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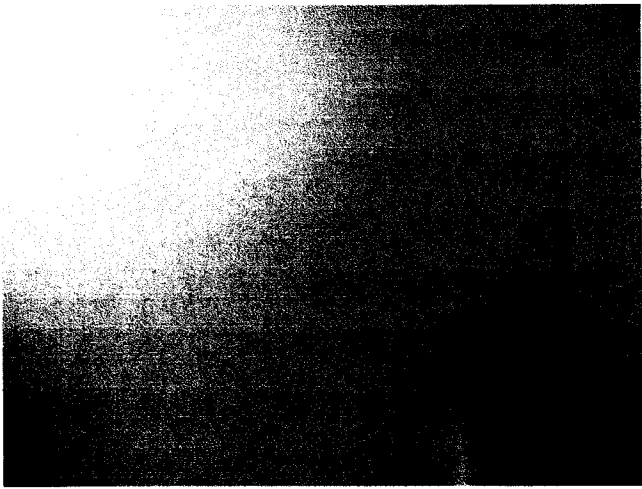
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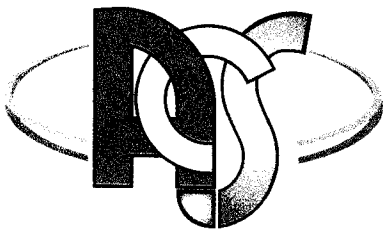




Carpet Cleaned By Professional
Cleaners. Attached is Receipt for
Service







ALL CLEANING SERVICES

757 Warehouse Rd. Suite G Toledo, Ohio 43615
Phone: 419-244-5400 Fax: 419-724-2626

Customer Information

DATE 5-5-11
NAME Capital Care Netw
ADDRESS 1160 W. SYLVANIA AVE
CITY STATE, ZIP TOLEDO OH 43612
PHONE # 419-338-1119

COMPLETE AIR DUCT CLEANING

- Carpet Stretching/Install
- Tile & Grout
- Automobile
- 24 HR Flood Response
- Deluxe Carpet Cleaning
- Upholstery
- Power Washing
- Janitorial

Carpet Clean		350.00

NOTES

paid by ch#
2802910006

SUBTOTAL	350.00
TAX	23.62
	373.62

DRYING TIPS

Turning your thermostat up during the cold season or opening your windows during the warm season. Fans will help your fabric dry quicker. Give your fabric 24 HR to completely dry

CARPET AND FABRIC ANALYSIS

- Mildew Stains
- Assorted color spots causing permanent discolorations
- Stains on baseboards
- Excessive soap prior to ACS cleaning
- Animal Stains/ Pet odors
- Sun fading of carpet or upholstery
- Excessive fabric wear & breakdown
- Furniture stains
- Fabric ripples or swells
- Fabric nap runs in opposite direction (May show as dirty)

PLEASE READ CAREFULLY

Carpets loose at seams or along walls or concrete floors, or that have been incorrectly or defectively installed are cleaned at customers risk. If furniture will be moved upon customers request, All Cleaning Services will not be responsible for any damaged furniture. Fabric exposed to pets may sometimes not be able to be cleaned effectively.
WARNING: Customer acknowledges being informed and agrees that carpet is damp during and after cleaning and that personal care should be taken to avoid slipping, and hereby releases ACS from any and all liability of possible injuries as a result thereof, **I HAVE READ AND FULLY AGREE TO THE ABOVE AND WAS SATISFIED WITH SERVICE PROVIDED**

Amount Paid

Check # 2802910006

Cash _____

CC _____

paid by
KCH #

Customer's Signature _____

Proposal and Agreement



Welcome to All Cleaning Services

On behalf of our company and staff, we would like to thank you for taking the time to familiarize yourself with our company and services. Due to our strong background and experience, we are confident you will be satisfied with our management and services.

Utilizing a complete diverse cleaning company is what most of our clients find essential to their company's needs. Today's technology allows us to deliver the best cleaning solutions, leaving facilities clean and worry free.

About All Cleaning Services and its Successors

All Cleaning Services has been serving the Toledo area for more than six years. It changed hands in 2007, purchased by Esmat Safi, who brings with him a strong business background. Equipped with the latest in cleaning methods and a highly trained staff, Mr. Safi feels at ease that the business will be able to achieve its true potential.

About Our Services

Our services and expertise have developed over the years with developing technology. 21st century floor coverings demand 21st century machinery and chemicals to maintain finishes.

We also offer a flexible service working around your needs. We can provide final cleans when customers vacate a premises, VIP cleans for that special visit or special 'spring' cleans outside the usual cleaning shift.

Whatever your requirements, our management would call the site to discuss the details and then monitor the work to insure the schedule is adhered to.

Daily office cleaning
 Window cleaning
 Carpet shampooing
 Upholstery shampooing
 Washroom services
 Confidential waste disposal

24 Hr flood restoration
 Tile and Grout cleaning
 Power washing
 Duct Cleaning
 Janitorial/Housekeeping
 Post-event cleaning

Proposal and Agreement



Client' Name:

Capital Care Network

Contact :

Kelly

Address:

All Cleaning Services, LLC

757 Warehouse Rd Suite G

Toledo Ohio, 43615

B 419-244-5400

C 209-552-6556

F 419-724-2626

Phone:

419-308-1119

Date:

All Cleaning Services, LLC proposal and agreement for the following cleaning services:

- 1-Cleaning the carpet in all the office areas and hallways for \$350.00**
- 2-We will Strip and Wax all the VCT floors in the building including moving furniture for \$350.00**
- 3- We will clean your tile and grout for both rest-rooms for \$100.00**

CLEANING SCHEDULE

Week 1 and 2 – Kelly and Kim

Week 3 and 4 – Tiara and Jackie

***Includes all daily, weekly and bi-weekly activities. “Terminal cleaning” or deep cleaning, including washing down walls should be completed at least one time during your two week interval. Staff assigned are responsible for all trash removal during the two week period also.**

Non-cleaning related NOTE: This schedule will also include being available for deliveries and appointments outside of scheduled patient times.

Cleaning TO DO

Medical Assistant:

Surgery rooms & hallway-

- sweep and mop floors
- dust
- clean sinks
- wipe down the stainless carts, shelves on the walls, ultrasound machines, suction machines or any other item in the room you think needs to be wiped from dust.
- trash removed including biohazard waste
- **(Done once a week after Sx dates, at minimum)**

****Wash down walls in ALL medical areas (Done after each Sx date)**

Front desk lab-

- keep area clean
- wipe down countertop, sink, door handles

- trash removed including biohazard waste
- **(Done once a week, but trash and bio-waste daily if needed)**

Front ultrasound room-

- vacuum room
- disinfect sink and working station desk
- wipe down ultrasound machine
- wipe off excess gel from the tip of ultrasound gel bottles
- trash removed including biohazard waste
- **(Disinfect, Remove regular trash and biohazard waste on patient days, everything else done once a week)**

Recovery room-

- wipe down all patients recliner chairs with antibacterial spray
- vacuum
- dust
- trash and biohazard waste removed on surgery day.
- spray and wipe down working station with antibacterial spray
- **(Done once a week at minimum)**

Recovery bathroom-

- sweep and vacuum floors
- clean mirror, sink, faucet and toilet
- make sure biohazard trash is put away
- stock toilet paper, paper towels and pads if needed
- **(Done once a week at minimum)**

Patient surgery waiting area-

- Lysol spray all the furniture
- vacuum floors
- wipe down private screening desk area and short hallway to entrance of main waiting area
- make sure you Lysol the railing
- **(Done once a week at minimum)**

Front desk personnel:

Working station-

- keep clean as much as possible
- spray down the countertops, shelves, door handles that are surrounded by you in your area
- wipe keyboard, phones down
- vacuum floors and hallway to the break room
- empty the 3 trash cans in your area.
- **(Done once a week minimum)**

Main waiting area-

- Lysol the furniture, door handle
- wipe down the tables
- wipe the window sill free from dust and bugs
- keep table clean and magazines put away on the magazine rack.
- make sure all the pillows are looking neat
- vacuum the floor
- **(Done at least weekly, preferably after patient days)**

Patient restroom-

- sweep and mop the floor
- clean the toilet and sink
- stock toilet paper and paper towels if needed
- remove garbage from the restroom.
- **(Done once a week at minimum)**

****Wash down walls of all non-medical areas (Done every two weeks)**

All staff:

Staff restroom- Sweep and mop the floor and disinfect the toilet bowl, sink, mirrors, and countertop.

Staff kitchen- Washing dishes, cleaning the countertop, removing the garbage.

JANITORIAL CONTRACT

THIS IS A ONE (1) YEAR CONTRACT. All pricing will remain as shown for the entire length of the contract unless there is a change in the details / amount / schedule etc. of the service agreed upon by both Sun-Shine Services and Ohio Women's Capital Network. Contract may be terminated at any time with a 30 (thirty) day written notice by either party.

CONTRACT PROVISIONS:

- 1) Sun-Shine Services agrees to furnish all labor, equipment, cleaning chemicals, and other costs to perform the services described in our janitorial proposal. Trash liners, toilet paper, paper towels, hand soap, deodorizers, etc. will be invoiced as provided.

- 2) Ohio Women's Capital Network agrees to refrain from the hiring of any Sun-Shine Services personnel assigned to your facility for a minimum of one year after said person(s) have left the employ of Sun-Shine Services.

BONDING: American Surety Bond #58438941 (certificate enclosed)

LIABILITY INSURANCE: Western Reserve Insurance Company (Agent: Diversified Insurance Services) (certificate enclosed)

WORKERS' COMPENSATION: Ohio Bureau of Workers' Compensation Policy #965430 (certificate enclosed)

PRICING: \$81.00/service

PAYMENT TERMS: Net 30 days from receipt of invoice

NOTE: 6.75% sales tax will be added to all invoices unless proof of tax exemption is provided.

EFFECTIVE DATE(S) OF CONTRACT:

Sun-Shine Services

Ohio Women's Capital Network

Katherine A. Upp
President

Submit Request Change Cert Holder Add Cert Holder Bottom of Form Help Service Menu

CERTIFICATE OF LIABILITY INSURANCE

Template Dates:
11/22/2010 - 11/1/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Producer
Diversified Insurance Service
349 Rice St PO Box 258

Elmore, OH 43416

Insured
Sunshine Services

3420 Upton Ave

Toledo OH 43613

CONTACT

NAME:
PHONE: (A/C, No, Ext): 419-866-1716 **FAX:** (A/C, No): 419-866-4520
EMAIL:
ADDRESS: lrozek@divinsurance.com
PRODUCER
CUSTOMER ID: SUNSH-1

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A: Western Reserve	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** New **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	Policy EFF (MM/DD/YYYY)	Policy EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			3401314819	11/1/2010	11/1/2011	Each Occurrence 1,000,000
	X Com Gen Liab						Damage to Rented Premises (Ea Occurrence) 300,000
	X Occurrence						Med Exp (any one person) 10,000
	Gen Agg Lmt Applies Per:						Personal & Adv Injury 1,000,000
	Policy						General Aggregate 3,000,000
	Project						Products-Comp/OP Agg 2,000,000
	Location						
A	AUTOMOBILE LIABILITY			3401314819	11/1/2010	11/1/2011	Combined Single Limit (Ea accident) 1000000
	X Any Auto						Bodily Injury (Per person)
	All Owned Autos						Bodily Injury (Per accident)
	Scheduled Autos						Property Damage (Per accident)
	Hired Autos						
	Non-Owned Autos						
	EXCESS LIABILITY						Each Occurrence Aggregate
	Umbrella Liab		Occurrence				
	Excess Liab		Claims Made				
	Deductible						

Retention

**WORKERS
COMPENSATION AND
EMPLOYERS' LIABILITY** N/A

Any Proprietor/Partner/Executive
Officer/Member Excluded?

(Mandatory in NH)
If yes, describe under
DESCRIPTION OF
OPERATIONS below

OTHER

WC
Statu-
tory
Limits Other

E.L. Each Accident

E.L. Disease Ea
Employee

E.L. Disease Ea Policy
Limit

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

Agency Specific Portion

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE
DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Mark T. Reilly

Top of Form

Ohio

**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

965430

01/01/2011 Thru 08/31/2011

TKU INC
SUNSHINE SER
3420 UPTON A
TOLEDO, OH 4



ohiobwc.com

Stephen Bucher
Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

**Bureau of Workers'
Compensation**

You must post this language with the certificate of premium payment.

DP-29 BWC-1628 7/7/08



More saving.
More doing.™

1035 W ALEXIS RD
TOLEDO, OH 43612 (419)4764573

3848 00056 96505 05/05/11 06:32 PM
CASHIER SELF CHECK OUT - SCOT56

049437172812 PFJ618B <A> 85.36
64.68 1.32 16.58
759501109261 2" NAIL <A>

SUBTOTAL 101.94
SALES TAX 6.88
TOTAL \$108.82
TOTAL 108.82

XXXXXXXXXXXX9638 DEBIT
AUTH CODE 630484



3848 56 96505 05/05/2011 9104

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 08/03/2011

THE HOME DEPOT RESERVES THE RIGHT TO
LIMIT / DENY RETURNS. PLEASE SEE THE
RETURN POLICY SIGN IN STORES FOR
DETAILS.

GUARANTEED LOW PRICES
LOOK FOR HUNDREDS OF
LOWER PRICES STOREWIDE

ENTER FOR A CHANCE
TO WIN A \$5,000
HOME DEPOT GIFT
CARD!



More saving.
More doing.™

5900 AIRPORT HIGHWAY
TOLEDO, OH 43615 (419)866-3024

3801 00002 49698 05/05/11 04:55 PM
CASHIER JUNE - JLM136

678885051280 INT PAINT <A> 185.08
7026.44
NLP Savings \$0.00
022384135086 6PK COVER <A> 7.97
NLP Savings \$1.00
021091123867 TRIM CUP <A> 3.98
201.99
NLP Savings \$0.00
022384015753 SHLPRMCORN <A> 4.45
NLP Savings \$0.00
037064182465 3-PC. PACK <A> 2.47
NLP Savings \$0.00
022384002005 PAINTEDGRFL <A> 7.62
302.54
NLP Savings \$0.00
022384010000 EDGER PRO <A> 4.47
NLP Savings \$0.50
073257009560 3.5CLSHG2PK <A> 14.98
NLP Savings \$0.00
073257009584 3-PACKDROP <A> 5.28
NLP Savings \$0.00
6927732912170 4PC PERF SET <A> 15.97
NLP Savings \$2.00
070798123793 100% FREE <A> 2.98
NLP Savings \$0.00
039932009362 3-6FT ALUM/F <A> 8.98
NLP Savings \$0.00
051115092213 2090 1.5"CP <A> 30.57
NLP Savings \$0.00

SUBTOTAL 294.80
SALES TAX 19.90
TOTAL \$314.70

XXXXXXXXXXXX9638 DEBIT
AUTH CODE 962938

NEW LOWER PRICE (NLP)SAVINGS \$3.50



3801 02 49698 05/05/2011 1064

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 08/03/2011

THE HOME DEPOT RESERVES THE RIGHT TO
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DETAILS.

GUARANTEED LOW PRICES
LOOK FOR HUNDREDS OF
LOWER PRICES STOREWIDE

ENTER FOR A CHANCE
TO WIN A \$5,000
HOME DEPOT GIFT
CARD!

APR-28-2005 07:14P FROM:

TO:14194786968

P:1/1

0763A5

#8, #13

Copy

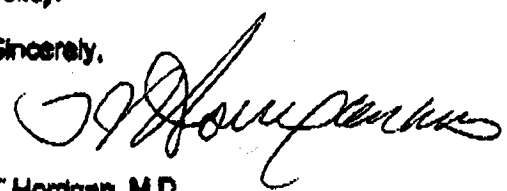
*Hospital
Transfer
agreement*

March 30, 2005

Toledo Women's Center -
1160 West Sylvania Ave
Toledo, OH 43612

This letter will serve as my agreement to treat Toledo Women's Center patients at Medical College of Ohio Hospital in the event that they need to be transferred to an inpatient setting. Toledo Women's Center agrees to give as much advance notice of a pending transfer as possible and is responsible for effecting the transfer of the patient, along with her medical records in accordance with their policy.

Sincerely,

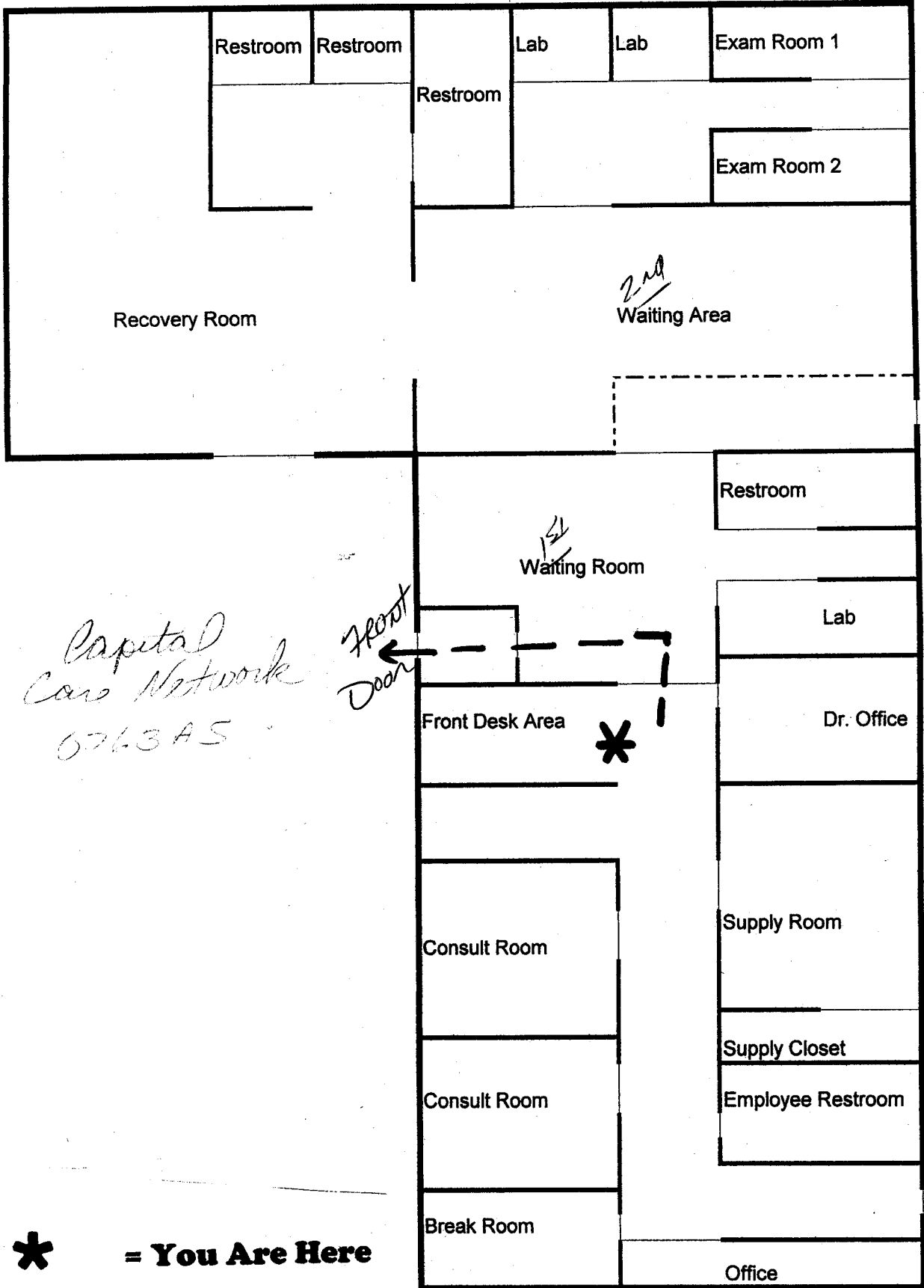


T Horrigan, M.D.

Fire Escape Plan

0763AS

#6



*Capital
Care Network
0763AS*

*Front
Door*

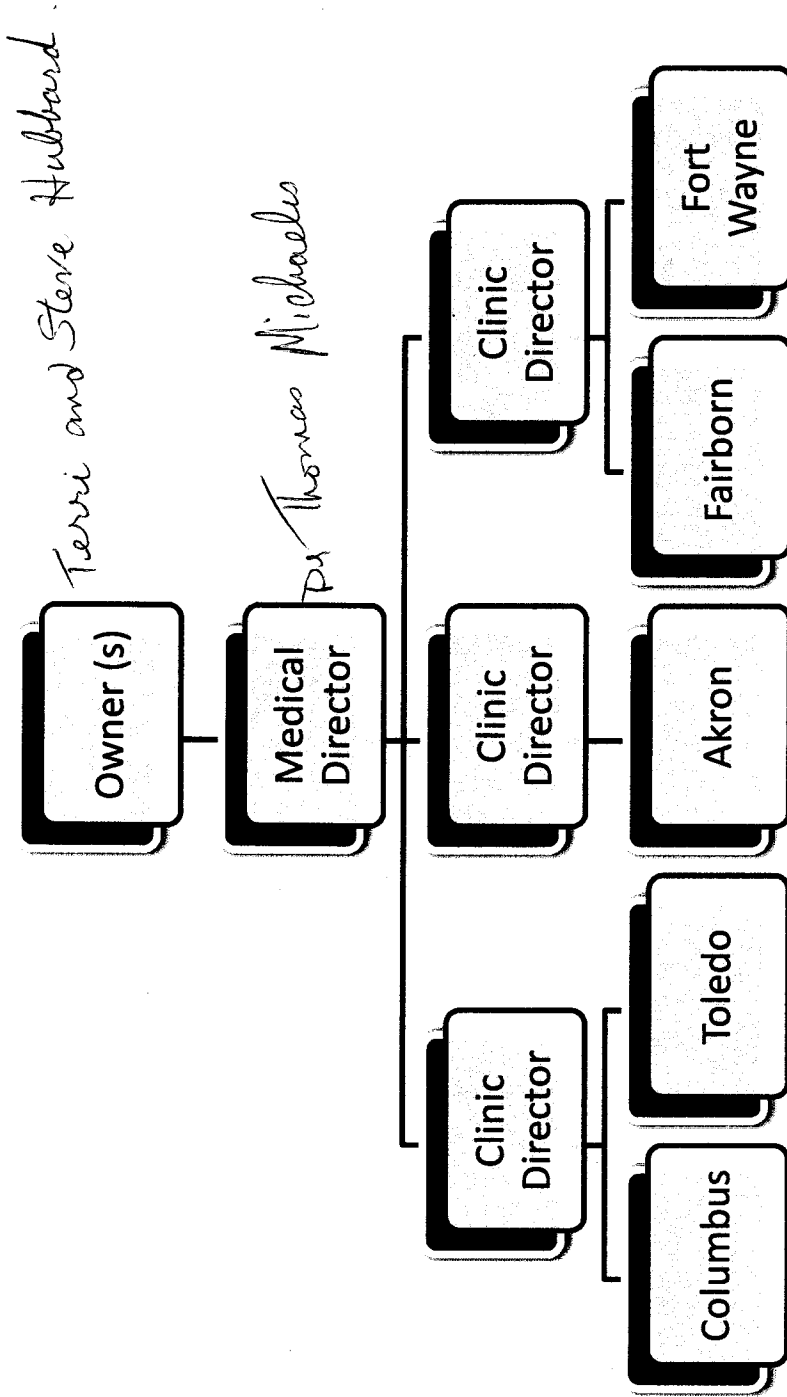
*** = You Are Here**

#5

0763 AS

Capital Care Network Columbus

Employee Flow Chart



0763AS

Capital Care Network of **Columbus**
4818 Indianola Ave
Columbus, OH 43214
614-430-3711
800-466-2205
614-430-3744 (FAX)

SX

Capital Care Network of **Fort Wayne**
916 W. Coliseum Blvd. # 8
Fort Wayne, IN 46808
260-484-8200
866-850-8537
260-969-0503 (FAX)

CONSULTS
ONLY

FORWARDING CALLS
*72 then phone number

CANCEL FORWARD
*73

VOICEMAIL

1. Dial 419.698.2699
2. Enter pin: 116011 then #

Capital Care Network of **Toledo**
1160 W. Sylvania Ave.
Toledo, OH 43612
419-478-6801
800-458-7775
419-478-6968 (FAX)

SX

Capital Care Network of **Lima**
222 S. Elizabeth Street
Lima, OH 45801
419-221-0404
419-221-0404 (FAX)

med clinic
ONLY

GOOGLE ACCOUNT

Email: twcfrontdesk@gmail.com

Password: 11601160

Security Question:

We are on the corner of...

Answer: North Haven

Capital Care Network of **Akron**
215 E. Waterloo Rd. #16
Akron, OH 44319
330-785-9760
888-762-4009
330-785-9765 (FAX)

med clinic
ONLY

Other locations
owned by Terri Hubbard RN.

POC REVIEW

Provider Name: Capital One Network of Toledo CCN: 076345

Facility Phone #: 800-458-7775 Survey Exit Date: 4/14/11

POC Reviewed By: HOSE Date Approved: _____

Desk Audit: (NO) poc date cant exceed 5 ⁶ 4/14/11
(30 days)

2567 signed and dated: resubmitted poc forced on 5/11/11 Completed Date: _____

	Tag #925	Tag #932	Tag #939	Tag #152	Tag #325	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #	Tag #
Correction date within timeframe?	✓	✓	NO	(NO)	y								
If POC refers to creating new policies/procedures, is a copy included?	NA	✓	NA	y	NA								
Does the plan address all of the deficient practice?	✓	(NO)	(NO)	y	y								
Does the plan address who will monitor for compliance?	✓	✓	✓	y	y								
Waiver/Variance requested?	NO	NO	NO	NO	NO								

COMMENTS:

C132 - Involving of staff to new policies?
 where is attach. for #4 - standard precautions/body substance isolation?
 Is that included in attachment #1?

C139 - How often is monitoring?
 any in service in cleaning policy?
 need only 1 poc date - other dates should be in the body of statement + only 1 to fit right column.

Did they sign a contract with Sun-shine services?
 C152 - too many poc dates - only need 1
 OK - where is new PTP? - Approved? cover all areas?
 OK OK
 any QA mtgs other than annually?



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

April 26, 2011

Kelly Burden, Administrator
Capital Care Network of Toledo
1160 W. Sylvania Avenue
Toledo, OH 43612

RE: Capital Care Network Of Toledo - License: 0763AS
Survey Completed on April 13, 2011

Dear Kelly Burden:

The Ohio Department of Health, under the authority of Chapter 3702 of the Ohio Revised Code, inspects Health Care Facilities to determine compliance with the licensure requirements set forth in Chapter 3701-83 of the Ohio Administrative Code. To attain and maintain licensure, a health care facility must be in compliance with each licensure requirement and not have any violations that jeopardize the patients' health and safety or seriously limit the facility's capacity to provide adequate care and services.

On the date noted above, we completed an inspection of your facility and cited the violation(s) annotated on the enclosed form. Therefore, in order to recommend your agency for licensure, we must receive an acceptable plan of correction **signed and dated within ten (10) calendar days** after you receive this notice. **Failure to provide an acceptable plan of correction may result in denial, revocation, or non-renewal of your license.**

This plan of correction must contain the following at a minimum:

What action(s) will be accomplished to correct the situation(s) or condition(s) causing or contributing to the noncompliance.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance/improvement program will be put into place.

FILED

Capital Care Network Of Toledo
April 26, 2011
Page Two of Two

The Plan of Correction must be written on the enclosed Statement of Deficiency form.

The projected date of correction must not exceed 30 days from the date of inspection exit date unless approval for an extended period for correction is obtained from this office.

Where documentary evidence of corrective action is appropriate, such evidence should accompany the plan of correction wherever possible. When this is not possible, these documents should be provided not later than the latest correction date submitted in your plan of correction **and accepted by this office**. Evidence of compliance may include documentation of facility monitoring, in-service training records, consultant reports, work orders, purchase orders, invoices, photographs, or other information that would confirm compliance.

Normally, an onsite revisit will be conducted to verify corrective action has been taken per the plan of correction. However, after our review of the plan of correction and any evidence of compliance, it is possible that an onsite visit will not be required. If this is the case, you will be advised by phone that your plan of correction was accepted and that the appropriate licensure action will be recommended to the licensure administrator.

If you have any questions regarding this notice, please feel free to contact me at (614) 387-0801.

Sincerely,



Wanda L. Iacovetta, R.N.
Non Long Term Care Unit Supervisor
Bureau of Community Health Care Facilities and Services
Division of Quality Assurance

WLI/cc

Enclosure: STATE FORM Licensure

FILE 02-1

REPORT OF CONTACT

FACILITY: Capital Care Network of Toledo

PROVIDER NUMBER: 0763AS

COUNTY: Lucas

TYPE ACTION: psr to licensure

DATE	NAME & TITLE OF CONTACT--SUMMARY OF CONVERSATION	SIGNATURE
6/6/11	p.c. to fac. to request updated pt. of connection	Rose
	(see comment section on POC review pg.)	
	Andrea Martinez (pt-advocate)	
	Spoke to her to tell fac. to update their	
	pt. of c. & fac. it back by	
6/7/11	Tomorrow afternoon for our review -	Rose

MIFEPREX® (Mifepristone) Tablets, 200 mg

*Capital
Case Network
0763AS*

PATIENT AGREEMENT

Mifeprex* (mifepristone) Tablets

1. I have read the attached MEDICATION GUIDE for using Mifeprex and misoprostol to end my pregnancy.
2. I discussed the information with my health care provider (provider).
3. My provider answered all my questions and told me about the risks and benefits of using Mifeprex and misoprostol to end my pregnancy.
4. I believe I am no more than 49 days (7 weeks) pregnant.
5. I understand that I will take Mifeprex in my provider's office (Day 1).
6. I understand that I will take misoprostol in my provider's office two days after I take Mifeprex (Day 3).
7. My provider gave me advice on what to do if I develop heavy bleeding or need emergency care due to the treatment.
8. Bleeding and cramping do not mean that my pregnancy has ended. Therefore, I must return to my provider's office in about 2 weeks (about Day 14) after I take Mifeprex to be sure that my pregnancy has ended and that I am well.
9. I know that, in some cases, the treatment will not work. This happens in about 5 to 8 women out of 100 who use this treatment.
10. I understand that if my pregnancy continues after any part of the treatment, there is a chance that there may be birth defects. If my pregnancy continues after treatment with Mifeprex and misoprostol, I will talk with my provider about my choices, which may include a surgical procedure to end my pregnancy.
11. I understand that if the medicines I take do not end my pregnancy and I decide to have a surgical procedure to end my pregnancy, or if I need a surgical procedure to stop bleeding, my provider will do the procedure or refer me to another provider who will. I have that provider's name, address and phone number.
12. I have my provider's name, address and phone number and know that I can call if I have any questions or concerns.
13. I have decided to take Mifeprex and misoprostol to end my pregnancy and will follow my provider's advice about when to take each drug and what to do in an emergency.
14. I will do the following:
 - contact my provider right away if in the days after treatment I have a fever of 100.4°F or higher that lasts for more than 4 hours or severe abdominal pain.
 - contact my provider right away if I have heavy bleeding (soaking through two thick full-size sanitary pads per hour for two consecutive hours).
 - contact my provider right away if I have abdominal pain or discomfort, or I am "feeling sick", including weakness, nausea, vomiting or diarrhea, more than 24 hours after taking misoprostol.
 - take the MEDICATION GUIDE with me when I visit an emergency room or a provider who did not give me Mifeprex, so that they will understand that I am having a medical abortion with Mifeprex.
 - return to my provider's office in 2 days (Day 3) to check if my pregnancy has ended. My provider will give me misoprostol if I am still pregnant.
 - return to my provider's office about 14 days after beginning treatment to be sure that my pregnancy has ended and that I am well.

Patient Signature: _____ Date: _____

Patient Name (print): _____

The patient signed the PATIENT AGREEMENT in my presence after I counseled her and answered all her questions. I have given her the MEDICATION GUIDE for mifepristone.

Provider's Signature: _____ Date: _____

Name of Provider (print): _____

After the patient and the provider sign this PATIENT AGREEMENT, give 1 copy to the patient before she leaves the office and put 1 copy in her medical record. Give a copy of the MEDICATION GUIDE to the patient.

G&H Management

9/10/10 *Stacy*

Job Description

Position: Recovery Nurse

Purpose: To provide abortion service support by providing assistance to the physician in the recovery room.

Duties and Responsibilities:

Assures that recovery room is in a state of readiness.

Provides supportive care and monitoring of patients during the immediate post-operative period.

Administers post-operative medications

Discharges patients upon completion of patient assessment, self-care, medication, and birth control education.

As well as:

Answers general medical questions and responds to emergency medical calls at the clinic or at home, as arraigned.

Completes necessary documentation for all duties assigned.

Participates in staff meetings and training sessions.

Assists in training new staff, interns and volunteers as appropriate.

Assists in inventory maintenance.

Reports to the Clinic Administrator

Requirements:

Must have a valid Ohio Nursing license. Responsible for all continuing education requirements. Must be ACLS certified.

#34

INFORMED CONSENT TO ABORTION

1. I, _____, request and consent to have medical and surgical procedures performed to terminate any pregnancy I may have, presently scheduled to be performed on _____, 20_____.
2. I agree Dr. _____, or a designated physician, will perform my abortion.
3. I understand that physicians furnishing medical care or services to me are independent contractors. The office is not liable for the wrongful, negligent, improper, or illegal actions or omissions of any independent contractor physicians. I understand the physicians do not carry malpractice insurance.
4. The abortion procedure to be used is vacuum aspiration up to 16 weeks gestation, or dilation and evacuation from 16 weeks to 19 weeks gestation. The nature of this procedure is the remove fetal tissue from the uterus under _____ anesthesia.
5. I have fully and completely disclosed my medical history to the medical staff.
6. I consent to the administration of anesthetics or other medication as may be considered necessary or advisable by my attending physician. I understand that the after effects of Versed, Demerol and Phenergan may be impaired judgment, and altered reaction times, and that it would be dangerous to myself and others to drive a car or to operate mechanical equipment within 24 hours of my surgery. Therefore, if I have chosen to receive any anesthetics, I AGREE TO HAVE SOMEONE DRIVE ME FROM THE CLINIC AFTER THE PROCEDURE. THIS DOES NOT INCLUDE CABS OR PUBLIC TRANSPORTATION. It is only in the case that I am receiving local anesthesia with no additional medications that I will be able to drive myself from the clinic after the procedure
7. I consent to the performance of any operations and procedures in addition to or different from the procedure set forth in Paragraph 4 above that my attending physician considers necessary or advisable in the course of the operation. I understand that I may have to be hospitalized for treatment of such complications which may require procedures such as dilation and curettage and/or hysterectomy or other surgery to protect my health if a major complication arises, and I agree to pay for ambulance service and such hospitalization treatments.
8. I consent to the disposal of any tissue and/or other parts of the pregnancy removed by my attending physician.
9. I request and consent to the performance of an abortion on me by the method described in Paragraph 4 above even though I am aware of the minor and major physical and psychological risks of this procedure. Physical risks of this procedure include: fever, severe bleeding, tissue remaining in the uterus, perforations of the uterus and internal injuries resulting therefrom, infections, cramps, vomiting, mild or severe reactions to contraceptives, depression, and adverse reactions to medicines or anesthetics. I understand that I may incur detrimental physical and psychological effects that are presently unforeseeable. I further understand that I will incur the costs of any such hospitalization treatment and consent to any such emergency treatment as may be necessary.
10. I have been advised that the alternative to abortion is childbirth, which may lead to parenthood or adoption. The benefits and risks of childbirth, parenthood, and adoption have been explained to me.
11. No guarantees or promises have been made to me concerning the success or the long-range effect of this procedure.
12. My consent to this procedure is given voluntarily, knowingly, and without coercion by any person. I am not under the influence of any mind altering drugs or alcohol. I acknowledge that I have been informed of the nature, purpose, risks and expected results of this procedure. Every question that I have asked has been answered to my satisfaction.



OHIO DEPARTMENT OF HEALTH
 DIVISION OF QUALITY ASSURANCE
 BUREAU OF COMMUNITY HEALTH CARE FACILITIES
 NON LONG TERM CARE QUALITY UNIT

FACILITY INFORMATION DOCUMENT

Facility Name	Capital Care Network of Toledo ^{NP}				
Address	1160 W. Sylvania Ave.				
City/County	Toledo, OH			Zip +4:	43612
Mailing Address	Same				
City/County	Same			Zip +4:	
E-Mail Address	kelly.b@capitalcarenetwork.com				
Administrator Name	Kelly Bourder				
	Number:	Type:	Eff. Date:	Exp. Date:	Date Began Employment With Facility:
Other Information	Telephone: 419-478-0801		Fax: 419-478-6968		
	Provider No.: _____		Licensure No.: 0763 AS		Medicaid No.:
	FISCAL INTERMEDIARY/CARRIER: Name/Address/Phone #				

Facility Type: ASC CAH CORF ESRD HHA HOSPICE PPS PTIP
 REHAB RURAL H X-RAY MLP HOSP HCS

ACCREDITED: Yes No Maternity Lic Exp Date _____

Fiscal Year: ~~April~~ ^{error} ~~Sept~~ ^{KB} Sept. 30th

Action: Certification Licensure PCR/PSR Complaint No. _____ Other: _____

FACILITY BEDS:	Total	Hospital	Hospice	PPS Psych	PPS Rehab	Maternal Beds	N/B
Total Beds							
Total Census							

HEALTH SURVEYS:

Survey Entry Date:	Entrance Time:	A.M. P.M.
Day of the Week: M T W Th F Sat Sun		
Week of the Month: 1 2 3 4		
Survey Exit Date:	Exit Time:	A.M. P.M.

LSC SURVEYS:

Survey Entry Date:	Entrance Time:	A.M. P.M.
Number of Buildings:	Description of Construction Type:	
Construction Dates (each bldg.):		
Survey Exit Date:	Exit Time:	A.M. P.M.

Additional Information On Back

Completed By: <i>Kelly B</i>	Date: 4/14/11
------------------------------	---------------