

LICENSURE SURVEY PROCESSING CONTROL SHEET  
NON LONG TERM CARE UNIT (NLTC)  
PHONE: (614) 387-0801 FAX: (614) 387-2763

SURVEY HEALTH ENTRANCE	DATE: 3/13/12
SURVEY HEALTH EXIT	DATE: 3/14/12
LSC EXIT	DATE:
MAILED/TURNED IN	DATE: 3/14/12
FISCAL YEAR	12/31

PSR TO BE A DESK AUDIT? ☐ Yes ☒ No

Action (circle): INITIAL ANNUAL COMPLAINT(s) PSR (Onsite/Desk Audit)

COMPLAINT(S) # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE (circle): ASC ESRD HCS HOSPICE

LICENSE# OS 96 AS

KOFJ11

FACILITY NAME: Founders Womans Health Center

ADDRESS: 1243 East Broad St

CITY/COUNTY/ZIP Columbus / Franklin / 43205

Surveyor Initials	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited
LK	03245	C104				03245	C157			
LD	31160	C122					C201			
	03245	C123					C214			
		C126					C234			
		C139								
		C152								

NLTC/Lic Cert Entered (Date/Initials) CERT 3-20-12 ☐ 10/60 ☐ 10/45 CONDI ☐ 5/30 PSR LIC ☐ 10/30 PSR ☐ 5/15 PSR

Draft To Supervisor By OA (Date/Initials) 3-20-12 LTR. Signed (Date/Initials) 3/23/12

SOD MAILED (Date/Initials) 3-23-12

2567 2567B 1601 1601B LTR GUIDE 1602 1666/CMS ☐ LOG ☐ CALENDAR ☒ ACO ☒ Lic Cert  
To ACTS (Date/Initials) \_\_\_\_\_

POC Due 5 Days 4-2-12 ☐ LOG ☐ CALENDAR ☐ ACO ☐ Lic Cert  
POC Approved (Date/Initials) \_\_\_\_\_ File To Pending Drawer (Date/Initials) \_\_\_\_\_

File To Review (Date/Initials) 6/11 ☐ LOG ☐ Lic Cert

670 Completed (Date/Initials) 6-12-12 All Final Info Entered Into Lic Cert (Date/Initials) \_\_\_\_\_

LIC LTR CMS NO DEF. LTR TO MAJST

File To Central Office (Date/Initials) \_\_\_\_\_

NOTES: CLOSED IN ASPEN ☐ DATE/Initials \_\_\_\_\_

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 Restricted (Endorsement)

**Judith Nolan, Administrator  
 Founder's Women's Health Center The  
 1243 East Broad Street  
 Columbus, OH 43205**

*Revised*

PS Form 3800, August 2006 See Reverse for Instructions

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Postmark Here

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

**Judith Nolan, Administrator  
 Founder's Women's Health Center The  
 1243 East Broad Street  
 Columbus, OH 43205**

2. Article Number (Transfer from mailpiece)

7007 0220 0001 4324 1296

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

**Judith Nolan, Administrator  
 Founder's Women's Health Center The  
 1243 East Broad Street  
 Columbus, OH 43205**

2. Article Number

7 7008 1830 0003 1414 4903

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Approved

Does not have

PRINTED: 03/22/2012  
FORM APPROVED

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0596A5	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETED 03/14/2012	
NAME OF PROVIDER OR SUPPLIER  FOUNDER'S WOMEN'S HEALTH CENTER THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1243 EAST BROAD STREET COLUMBUS, OH 43205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X3) COMPLETE DATE
C 000	Initial Comments  LR, LB  Licensure Compliance Inspection  Administrator: Judith Nolan, Administrator County: Franklin  Number of ORs: 4  Services provided: Surgical and Medical Abortions  License Current: Yes  License Expiration Date: March 2012  The following violation is issued as a result of the licensure compliance inspection completed on 03/14/12.	C 000		
C 104	O.A.C. 3701-83-03 (F) Governing Body  The HCF shall have an identifiable governing body responsible for the following:  (1) The development and implementation of policies and procedures and a mission statement for the orderly development and management of the HCF;  (2) The evaluation of the HCF's quality assessment and performance improvement program on an annual basis; and  (3) The development and maintenance of a disaster preparedness plan.	C 104		

Ohio Department of Health

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

STATE FORM

TITLE Exe Director

(X5) DATE 5-16-12

KOFJ11

# continuation sheet 1 of 12

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0596AS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/14/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FOUNDER'S WOMEN'S HEALTH CENTER THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1243 EAST BROAD STREET COLUMBUS, OH 43205</b>
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C 104	Continued From page 1  This Rule is not met as evidenced by: Based on staff interviews, and review of governing body meeting minutes, the facility failed to provide evidence the governing body approved policies and procedures, and evaluated the facility's quality assessment and performance improvement program on an annual basis. The facility performed a total of 1,319 procedures in the past 12 months.  Findings include:  On 03/13/12, a review of the facility's governing body minutes was conducted. These minutes were silent to an annual evaluation of the facility's quality assessment and performance improvement program. There was no evidence policies and procedures had been approved by the governing body. This was verified with Staff G during an interview on 03/12/12 at 9:30 AM.	C 104	The Board of Directors have read and approved all policies with a written notice. This process will continue as new policies are developed or continued. Employee G will be responsible to bring these to the Board's attention.  Employee A has signed all new policies.  Mission Statement has been written & is in place.	4-3-12  4-4-12  4-3-12
C 122	O.A.C. 3701-83-08 (D) Job Descriptions  The HCF shall provide each staff member with a written job description delineating his or her responsibilities.  This Rule is not met as evidenced by: Based on staff interview, and review of personnel files, the facility failed to provide each staff member with a written job description delineating his or her responsibilities. This involved 3 of 5	C 122	Job descriptions are now in place for all employees - including employees C-D+E. Staff has read and signed each job description applying to them. These signed job descriptions have been placed	4-4-12

Ohio Dept Health

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C 122	Continued From page 2  personnel records reviewed (Staff C, D, and E). The facility performed a total of 1,319 procedures in the past 12 months.  Findings include:  Review of personnel files was conducted on 03/13/12 for Staff C, D, and E. These staff members worked directly with patients. There was no evidence of job descriptions in the aforementioned employees personnel files. This was verified with Staff G on 03/13/12 at 1:50 PM.	C 122	in employees files. Employee G will be responsible Re: new employees & their job descriptions & training requirements.	
C 123	O.A.C. 3701-83-08 (E) Staff Orientation & Training  Each HCF shall provide an ongoing training program for its staff. The program shall provide both orientation and continuing training to all staff members. The orientation shall be appropriate to the tasks that each staff member will be expected to perform. Continuing training shall be designed to assure appropriate skill levels are maintained and that staff are informed of changes in techniques, philosophies, goals, and similar matters. The continuing training may include attending and participating in professional meetings and seminars.  This Rule is not met as evidenced by: Based on staff interview, and review of personnel files, the facility failed to provide each staff member with orientation to their job duties. This involved 3 of 5 personnel records reviewed (Staff C, D, and E). The facility performed a total of 1,319 procedures in the past 12 months.	C 123	Employee C-D-E have Continuing Education evidence now in employees files.  New policy in place for inservices - continuing education training to be implemented by employees D & E throughout the year. Seminars upon approval of Exec Director and Medical Director	4-4-12  4-4-12

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C 123	Continued From page 3  Findings include:  Review of personnel files was conducted on 03/13/12 for Staff C, D, and E. These staff members worked directly with patients. There was no evidence of orientation to their jobs in the aforementioned employees personnel files. This was verified with Staff G on 03/13/12 at 1:50 PM.	C 123		
C 126	O.A.C. 3701-83-08 (H) Staff Schedules  Each HCF shall retain staffing schedules, time-worked schedules, on-call schedules, and payroll records for at least two years.  This Rule is not met as evidenced by: Based on review of staffing schedules and staff interview, the facility failed to retain staffing and on-call schedules for the past two years. The facility performed a total of 1,319 procedures in the past 12 months.  Findings include:  A review of staffing schedules was conducted on 03/14/12 at 9:30 PM. The only schedules provided by the facility was for February and March 2012. Staff G was interviewed at that time and revealed the facility does not retain staffing schedules, with the exception of February and March 2012.	C 126	Staff scheduling is now being retained for the 2 year requirement. Employee G will maintain the scheduling notebook.	3-15-12
C 139	O.A.C. 3701-83-10 (B) Safety & Sanitation  The HCF shall be maintained in a safe and sanitary manner.	C 139		

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C 139	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on preventative maintenance records, observations, and staff interviews, the facility failed to ensure 4 of 4 operating room tables were maintained in a safe manner. The facility performed a total of 1,319 procedures in the past 12 months.</p> <p>Findings include:</p> <p>A tour of the facility on 03/14/12 with Staff G revealed 4 operating rooms (ORs) which each contained a table with an electrical cord. The tables in ORs 2, 3, and 4 were observed with a bright pink sticker that stated "danger, table unsafe for use". These stickers were observed on the sides of the tables in OR 2, 3, and 4, were small in size, and not easily viewed. The male terminal ends of the electrical cords on OR tables 2, 3 and 4 were observed with plastic zipties that passed through the openings. Staff G stated the State Fire Marshall told the facility to put the zipties on the cords so they could not be plugged into the electrical outlets. The electrical cords to these tables lacked a warning label to not plug the cords into the wall. During tour, when asked what the danger was, Staff G stated when the tables are plugged into the electrical outlet, the person on the table could feel a "tingle". This employee stated all staff were informed of the danger to the tables. However, an interview with a recovery room nurse (Staff E) on 03/14/12 at 9:43 AM, revealed the employee was not aware of the danger to the tables, stating he/she does not work in the operating rooms. Staff G verified these tables are currently used to place patients on during the surgical procedures.</p> <p>On, 03/14/12, a review of preventative</p>	C 139	<p>Correction in findings - Reported to ODOH - is as follows: The medical equipment company that inspected the tables put the zipties on the plugs - not the facility. The State fire Marshall had no issues with the tables.</p> <p>The medical equipment company that is authorized by the table manufacturer has ordered motors for the failing tables. This will rectify any problems. Motors were ordered on 3-30-12 and 4-3-12. Motors are being shipped from California. Orders for motors are on file. Motor repair date is estimated.</p>	4-14-12

Ohio Dept Health

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C 139	Continued From page 5  maintenance logs by the outside service company employee, in February 2012, stated OR tables 1,2,3, and 4 failed, unsafe for use. The same company report, dated February 2011, stated these OR tables failed several previous inspections.	C 139		
C 152	O.A.C. 3701-83-12 (C) Q A & Improvement Requirements  The quality assessment and performance improvement program shall do all of the following:  (1) Monitor and evaluate all aspects of care including effectiveness, appropriateness, accessibility, continuity, efficiency, patient outcome, and patient satisfaction;  (2) Establish expectations, develop plans, and implement procedures to assess and improve the quality of care and resolve identified problems;  (3) Establish expectations, develop plans, and implement procedures to assess and improve the health care facility's governance, management, clinical and support processes;  (4) Establish information systems and appropriate data management processes to facilitate the collection, management, and analysis of data needed for quality assessment and performance improvement, and to comply with the applicable data collection requirements of Chapter 3701-83 of the Administrative Code;  (5) Document and report the status of quality assessment and improvement program to the governing body every twelve months;  (6) Document and review all unexpected	C 152	QA & Performance policy has been written and in place. This is to be monitored by employees A+B and any deviations will be reported to Employee G for remedy.  QA Assessment Report form developed and in place for known deviations and training to eliminate the issue.  These reports will be presented to the Board for further review and discussion.	4-3-12  4-3-12



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C 152	<p>Continued From page 6</p> <p>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 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 staff interviews, and review of the quality assessment plan, the facility failed to monitor and evaluate all aspects of patient care, failed to establish expectations, develop plans, and implement procedures to assess and improve the quality of care and resolve identified problems, and failed to document and report the status of quality assessment and improvement program to the governing body every twelve months. The facility performed a total of 1,319 procedures in the past 12 months.</p> <p>Findings include:</p> <p>On 03/14/12, a review was conducted of the facility's quality assessment plan (QA). The facility lacked documentation of regular QA meetings. The only item being monitored for quality assurance was chart audits. The facility lacked documented evidence of monitoring patient care, and lacked plans and procedures to assess and improve quality of care. There was no evidence the governing body was made aware of the status of the quality assessment program on an annual basis. This was verified by Staff G,</p>	C 152	<p>Infection Control Policy written and in place.</p> <p>Infection Log has been developed and in place.</p> <p>The log will be reviewed by Employee G, A+B as needed.</p> <p>These findings will also be brought before the Board for review and discussion on solutions.</p>	4-4-12

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C 152	Continued From page 7 on 03/14/12 at 9:40 AM.	C 152		
C 157	<p>O.A.C. 3701-83-13 (A) Complaints Policy &amp; Procedures</p> <p>Each HCF shall develop and follow policies and procedures to receive, investigate, and report findings on complaints regarding the quality or appropriateness of services. The documentation of complaints shall, at a minimum, include the following:</p> <ul style="list-style-type: none"> <li>(1) The date complaint was received;</li> <li>(2) The identity, if provided, of the complainant;</li> <li>(3) A description of complaint;</li> <li>(4) The identity of persons or facility involved;</li> <li>(5) The findings of the investigation; and</li> <li>(6) The resolution of the complaint.</li> </ul> <p>This Rule is not met as evidenced by: Based on review of facility policies and procedures, and staff interview, the facility failed to develop policies and procedures to receive, investigate, and report findings in regards to complaints. The facility performed a total of 1,319 procedures in the past 12 months.</p> <p>Findings include:</p> <p>A review of facility policies on 03/14/12 revealed the facility lacked a written policy for complaint investigation. An interview with Staff G, on 03/14/12 at 9:45 AM, verified there was no written</p>	<p>C 157</p> <p>Complaint Policy developed and in place.</p> <p>Complaint form has been implemented. Employee G will oversee any complaints and resolve with Complainant, Employee A+B to give input.</p> <p>Complaints received will also be brought before the Board.</p>	<p>3-16-12</p>	

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C 157	Continued From page 8  procedure in place in which to investigate and report findings of complaint investigations.	C 157		
C 201	O.A.C. 3701-83-16 (B) Governing Body Duties  The governing body shall:  (1) At least every twenty-four months review, update, and approve the surgical procedures that may be performed at the facility and maintain an up-to-date listing of these procedures;  (2) Grant or deny clinical (medical-surgical and anesthesia) privileges, in writing and reviewed or re-approved at least every twenty-four months, to physicians and other appropriately licensed or certified health care professionals based on documented professional peer advice and on recommendations from appropriate professional staff. These actions shall be consistent with applicable law and based on documented evidence of the following: (a) Current licensure and certification, if applicable; (b) Relevant education, training, and experience; and (c) Competence in performance of the procedures for which privileges are requested, as indicated in part by relevant findings of quality assessment and improvement activities and other reasonable indicators of current competency.  (3) In the case of an ASF owned and operated by a single individual, provide for an external peer review by an unrelated person not otherwise affiliated or associated with the individual. The external peer review shall consist of a quarterly audit of a random sample of surgical cases.	C 201	<p>Employee A+B have given each other granted privileges at facility for 2 years. 3-1-12</p> <p>Letters from hospital verify Employee A+B are on medical staff and in good standing. 4-2-12</p>	

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NAME OF PROVIDER OR SUPPLIER  <b>FOUNDER'S WOMEN'S HEALTH CENTER THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1243 EAST BROAD STREET COLUMBUS, OH 43205</b>		
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C 201	Continued From page 9  This Rule is not met as evidenced by: Based on staff interview, and review of surgeons' personnel files, the governing body failed to approve surgical procedures that may be performed at the facility, failed to grant clinical privileges in writing every twenty-four months to 2 of 2 licensed physicians (Staff A and B), and failed to verify current license for 1 of 2 surgeons. The facility performed a total of 1,319 procedures in the past 12 months.  Findings include:  Review of personnel files was conducted on 03/13/12 for Staff A and B (surgeons). Based on review of five medical records, and interview with Staff G, on 03/14/12 at 9:30 AM, these surgeons were currently performing surgical procedures on patients.  A review of both surgeons' personnel files revealed there was no evidence these surgeons were granted surgical privileges in the past twenty-four months by the governing body. Staff A's surgical privileges in the facility expired October 2008, and Staff B's in January 2012. Review of Staff B's personnel file lacked documented evidence his/her medical license had been verified as current in the State of Ohio. This was confirmed during interview with Staff G, on 03/14/12, at 9:50 AM.	C 201			
C 214	O.A.C. 3701-83-17 (I) Patient Accompanied at Discharge	C 214			

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0596AS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/14/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOUNDER'S WOMEN'S HEALTH CENTER THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1243 EAST BROAD STREET COLUMBUS, OH 43205</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 214	<p>Continued From page 10</p> <p>The ASF shall discharge a patient only if accompanied by a responsible person, unless the attending or discharging physician, podiatrist, or anesthesia qualified dentist determines that the patient does not need to be accompanied and documents the circumstances of discharge in the patient's medical record.</p> <p>This Rule is not met as evidenced by: Based on medical record reviews, and staff interview, the facility failed to document discharge status of five of five patients in regards to whether they were discharged with/without a responsible person. This involved Patients #1 through #5).</p> <p>Findings include:</p> <p>A review of Patients #1, #2, #3, #4, and #5's medical records were conducted on 03/14/12. These patients received a surgical abortion between July 2011 and March 2012. These medical records were silent to discharge status of these patients, and to whether the patients were discharged with a responsible party or unaccompanied. These medical records were silent to physician's determination as to whether the patients needed to be accompanied at the time of discharge. This was verified with Staff G, on 03/14/12, at 9:20 AM.</p>	C 214	<p>Employee A+B will indicate on patients procedure page as to how patient is to be discharged.</p> <p>1- OK to discharge to self</p> <p>2- Discharge to another person</p>	4-2-12
C 234	<p>O.A.C. 3701-83-19 (E) Transfer Agreement</p> <p>The ASF shall have a written transfer agreement with a hospital for transfer of patients in the event of medical complications, emergency situations, and for other needs as they arise. A formal agreement is not required in those instances where the licensed ASF is a provider-based entity of a hospital and the ASF policies and procedures</p>	C 234	<p>In process - in contact with legal dept. at hospital since 3-27. The person that was assisting is out of the ofc. the week of 4-2 to 4-6. Another person is handling</p>	

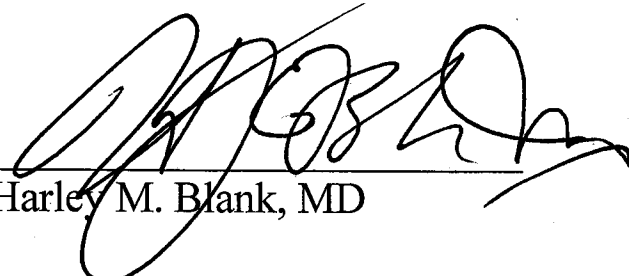
Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0596AS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/14/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOUNDER'S WOMEN'S HEALTH CENTER THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1243 EAST BROAD STREET COLUMBUS, OH 43205</b>		
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C 234	<p>Continued From page 11</p> <p>to accommodate medical complications, emergency situations, and for other needs as they arise are in place and approved by the governing body of the parent hospital.</p> <p>This Rule is not met as evidenced by: Based on review of facility documentation and staff interview, the facility failed to have evidence of a written transfer agreement with a hospital for transfer of patients in the event of medical complications, emergency situations, and for other needs. The facility was not a provider-based entity of a hospital. The facility performed a total of 1,319 procedures in the past twelve months.</p> <p>Findings include:</p> <p>On 03/13/12 and 03/14/12, a review was conducted of the facility's documents. During this review, there was no evidence of a written transfer agreement with a hospital. On 03/13/12, at 2:10 PM, Staff G verified the facility does not have a written transfer agreement with a hospital. This employee stated both physicians, employed in the facility, have been granted privileges at local hospitals, stating Staff A has privileges at one hospital, and Staff B at 3 hospitals. This employee verified the facility did not have any documentation of these privileges, and stated the facility is not a provider-based entity of a hospital.</p>	C 234	<p>this. She is contacting their lawyer at the hospital</p> <p>Re: transfer agreement.</p> <p>Time frame is estimated</p> <p>Employees A+B are on medical staff at this hospital.</p>	4-14-12

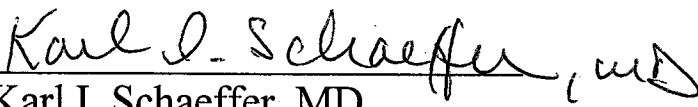
The Founder's Women's Health Center  
Board Meeting 04-03-12

Attending: Dr. Harley M. Blank, Dr. Karl I. Schaeffer,  
Judith Nolan

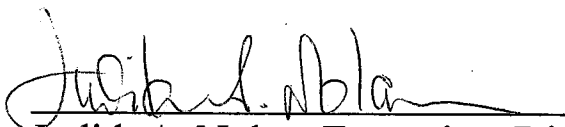
We approve all policies.



Harley M. Blank, MD



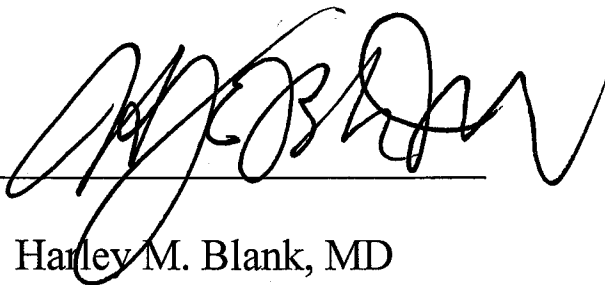
Karl I. Schaeffer, MD



Judith A. Nolan, Executive Director

The Founder's Women's Health Center  
Updated Policy effective 10-01-11

Height, weight and BMI are to be checked on every patient on day 1 visit. Due to increased difficulty, if a patient has a BMI of 35 or over, an additional fee of \$100 will be applied to her surgery fee.

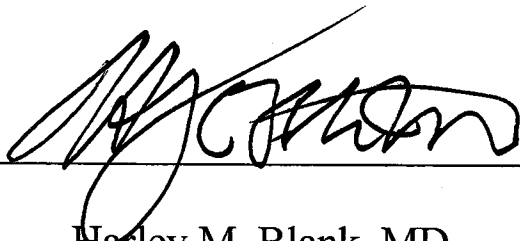
A handwritten signature in black ink, appearing to read 'H. Blank', is written over a horizontal line.

Harley M. Blank, MD  
Medical Director



The Founder's Women's Health Center  
Inservice/Speakers for Continuing Training/ Education  
Policy

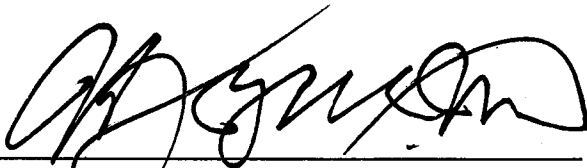
The RN's at FWHC will be in charge of scheduling inservices and speakers through out the year. This may also include any seminars that apply with approval from the Executive Director and Medical Director.

A handwritten signature in black ink, appearing to read 'Harley M. Blank', is written over a horizontal line.

Harley M. Blank, MD  
Medical Director

The Founder's Women's Health Center  
QA and Performance Policy

The Medical Director (Harley M. Blank, MD) and the Assistant Medical Director (Karl I. Schaeffer) are to monitor on a daily basis all aspects of medical techniques and procedures. Any deviations shall be immediately reported to the Executive Director for remedy.

A handwritten signature in black ink, appearing to read 'Harley M. Blank', written over a horizontal line.

Harley M. Blank, MD  
Medical Director

effective 10-1-11

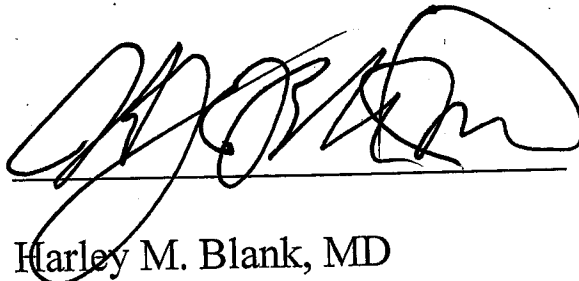
Patients on **methadone, subutex or suboxone** cannot have IV sedation or other narcotics unless approved by the physician. Recommend N2O in place of IV sedation.

Below is a list of meds not to give.

Buprenex  
Buprenorphine  
Butorphanol  
Dalagan  
Dezocine  
\*Fentanyl  
\*Midazolam  
Nalbuphine

\*Naloxone  
Naltrexone  
\*Narcan  
Nubain  
Pentazocine  
Revex  
Revia  
Stadol

Suboxone  
Subutex  
Talwin  
\*Tramadol  
\*Ultram  
\*Versed



Harley M. Blank, MD  
Medical Director

The Founder's Women's Health Center  
Updated Policy Effective 02-22-11

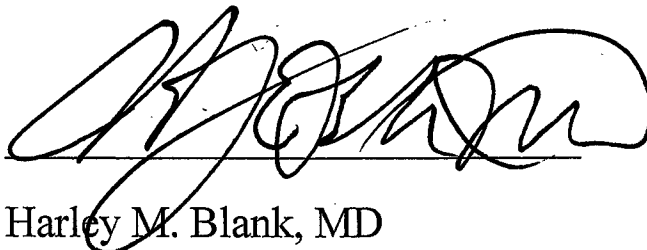
Regarding IV Sedation Patients and their transportation on day of surgery

Receptionist shall request the name of the driver for every IV sedation patient

This driver is to be in the waiting room and staff must verify before patient is set up for surgery that this is indeed the case

If the driver is not in the waiting room, the patient has one (1) hour to have a driver in the waiting room or the patient MUST reschedule for another day to have her surgery done

NO EXCEPTIONS TO THIS POLICY!

A handwritten signature in black ink, appearing to read 'H. Blank', written over a horizontal line.

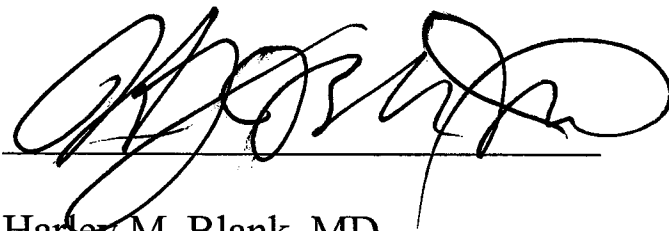
Harley M. Blank, MD  
Medical Director

The Founder's Women's Health Center  
Complaint Policy effective 03-16-12

Founder's Women's Health Center Administrator shall receive, investigate, and report findings of complaints regarding the quality or appropriateness of services. The documentation of complaints shall, at a minimum, include the following:

1. The date complaint was received
2. The identity, if provided, of the complainant
3. A description of complaint
4. The identity of persons or facility involved
5. The findings of the investigation
6. The resolution of the complaint

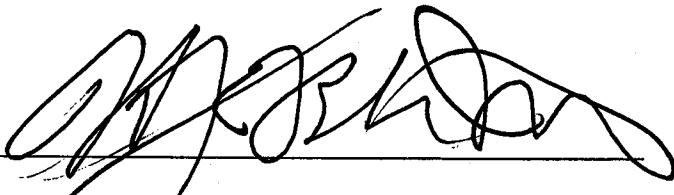
The Founder's Women's Health Center has posted in the Business Office the Ohio Department of Health's toll free complaint hotline number: 1-800-342-0553

A handwritten signature in black ink, appearing to read 'Harley M. Blank', written over a horizontal line.

Harley M. Blank, MD  
Medical Director

The Founder's Women's Health Center  
Infection Control Policy -- effective 03-16-12

If a patient is complaining of an infection, the nursing staff will inform the doctor. The doctor will evaluate and prescribe any medications needed. The nursing staff will log this information in the "Infection Log" book. This information will be discussed in staff meetings and at the Board of Director's meeting to determine how to improve on our infection rate and what determining factors are causing such cases.

A handwritten signature in black ink, appearing to read 'H. Blank', written over a horizontal line.

Harley M. Blank, MD  
Medical Director

## The Founder's Women's Health Center Mission Statement

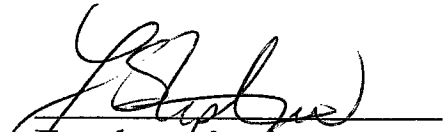
The Founder's Women's Health Center believes in pro-choice for every woman. Our concern is that each woman has weighed her options and that we have given her the knowledge to make the right decision in her life at this time. Whether it be abortion information, an organization to set up an adoption, family planning and annual exams FWHC is there to assist.


The Founder's Women's Health Center, doctors and staff strive to provide our patients with a safe, secure, caring facility to assist them in their reproductive health choices. With a dedicated staff, FWHC believes every woman has the right to excellent health care and information to help her make difficult decisions in her life.

Employee ID  
C122  
C123

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205  
614-251-1800

As an employee of FWHC, I have read the following job description.

  
Employee's signature

 4/4/12  
Date



# **R.N. JOB RESPONSIBILITIES**

## **OVERVIEW**

The registered nurse assesses, plans, implements, evaluates, and supervises individual patient care using the nursing process. Accepts responsibility for direction of co-workers in the implement of care. Provides patient teaching. Performs other duties as assigned.

## **SPECIFIC RESPONSIBILITIES**

### **Prior to the patients arrival for the day of her procedure:**

- Answers questions that the patient may have about the procedure, medications, Rh factor, and medical history that is out of the scope of the patient advocates.
- Reviews charts for accuracy and completeness.
- Reviews medical and emotional histories for any contraindications.
- Charts the hemoglobin and Rh factor.
- Charts current gestation based on last ultrasound, or requests new ultrasound if gestation was undetermined or last ultrasound over 14 days.

### **On arrival prior to procedure:**

- Each patient is brought into the recovery room for a confidential review of their health history.
- Obtain baseline vital signs and record.
- Administer and record pre-procedure medications in an accurate and safe manner.
- Answer any questions the patient may have about the procedure and recovery.
- Assist patient in determining possible birth control measures that would work best for her.
- Give copy of discharge instructions for them to review and take home.
- Have patient sign authorizations for IV sedation and or DMPA Injection.

### **During procedure:**

- Nurses staff the recovery room.
- They are to be available if the physician requests assistance with a patient in the surgery room.
- In emergency situations they are to bring medications and or equipment requested by the physician.

### **Post procedure:**

- Assess, plan, implement and evaluate nursing care of each patient.
- Monitor blood pressure, bleeding, and well being of each patient.
- Provide quality care based on assessment needs and established plan of care.
- Provide written documentation of care.
- Provide each patient with a drink and a light snack.
- Notify physician of pertinent observations and change in status of patient.
- Administers and performs treatments in an accurate and safe manner.
- Remove any IV catheters placed at time of surgery.
- Implement physician orders promptly.
- Prepare discharge medication and or prescriptions ordered by the physician for discharge care.
- Provide discharge education to the patient and have them sign to verify understanding.
- Release patients who have had narcotic medications to their support person.
- Promote dignity and respect to the patient, families and coworkers.
- Review charts for completeness accuracy and file.

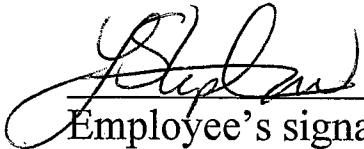
### **Other responsibilities include:**

- Ordering supplies and medications.
- Medication counts.
- Preparing medication.
- Emergency line on call 24/7 care.
- Under supervision of physician calling prescriptions into pharmacies.
- Sanitizing recovery room beds.
- Cleaning drink dispenser.
- Maintain snacks.
- ACLS certification.
- Refrigerator temp checks
- CEU'S
- CPR

C123 C159  
Employee D

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205  
614-251-1800

As an employee of FWHC, I have read the following job  
description.

  
Employee's signature

4.4.12  
Date

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205

### Phlebotomist/Lab Tech Job Description

The phlebotomist/lab tech is responsible for obtaining venipunctures and capillary specimens. She is also responsible for processing specimens as required.

Requirements include certification in phlebotomy or equivalent experience. Must be able to multi-task and be detail-oriented. Accurate keyboard skills and knowledge of Lab Corp LMS important.

Phlebotomists are required to adhere to proper blood collection techniques. Blood withdrawn from patients needs to be stored and labeled properly in the correct tubes.

### SKILLS

1. good bedside manner/communication skills
2. confidence re: blood drawing and handling of specimen
3. must be accurate, well organized and diligent

### DAILY TASKS

1. drawing blood and safe aseptic techniques
2. high level of hygiene to prevent cross infection or contamination
3. safe handling of blood products
4. safe disposal of waste
5. verifying identity of patient and correct labeling
6. knowledge of different blood tests
7. computer and paper forms completed with accuracy
8. order supplies as needed

C122  
C123  
Employee "C"

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205  
614-251-1800

As an employee of FWHC, I have read the following job description.

Wing M. Blum  
Employee's signature

4/4/12 -  
Date

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, OH 43205

### PCA-ASSISTANT

Listen and be ready to respond to doctor

Assist with procedure

Untape and open tray—dispose of wrapper with sterile technique

Move Betadine cup in front of cart

Give doctor 10cc syringe with lidocaine

Select correct vacurette from doctor's request—place vacurette  
securely in holder on hose

According to doctor's specific technique, hand hose with vacurette  
in place to doctor

Turn machine on

Remain available for doctor's needs

While doctor is aspirating, reset cart with tray—check betadine cup

Take hose from doctor when he is finished and rinse hose with  
solution provided

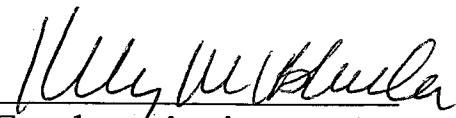
Turn machine off

Wipe nozzle and wrap in towel on machine

Employee "C"  
C122  
C123

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205  
614-251-1800

As an employee of FWHC, I have read the following job description.

  
Employee's signature

4/4/12  
Date



The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205

PCA-Floater

- 1-Take top chart from rack
- 2-Check and confirm chart is in order
- 3-Properly arrange chart for doctor's convenience
- 4-Call patient from waiting room--- use first name, last initial--  
take clothing and put on a recovery room bed
- 5-Orient patient and prepare for the doctor
- 6-Position patient on the table
- 7-Drape patient, showing consideration for her privacy
- 8-Make light and bed pedal convenient for the doctor
- 9-Place board in bed slot and put gloves on board.
- 10-Remain with patient or leave the door ajar and remain just  
outside of the door
- 11-Relay pertinent medical information to the doctor at this time
- 12-After procedure is complete, assist patient in a safe manner off  
table
- 13-Give any needed immediate care---cold towel, emesis basin,  
etc.
- 14-observe patient's condition—skin color pupil dilation, etc.
- 15-when patient is oriented, accompany her to rec. rm.
- 16.explain to patient when assisting in rr the importance of  
massaging the abdomen
- 17-assist patient to bed
- 18-give patient's chart to the nurse

Employee "C"  
C122  
C123

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205  
614-251-1800

As an employee of FWHC, I have read the following job description.

Kelly M. Blum  
Employee's signature

4/4/12  
Date

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205

Phlebotomist/Lab Tech Job Description

The phlebotomist/lab tech is responsible for obtaining venipunctures and capillary specimens. She is also responsible for processing specimens as required.

Requirements include certification in phlebotomy or equivalent experience. Must be able to multi-task and be detail-oriented. Accurate keyboard skills and knowledge of Lab Corp LMS important.

Phlebotomists are required to adhere to proper blood collection techniques. Blood withdrawn from patients needs to be stored and labeled properly in the correct tubes.

SKILLS

1. good bedside manner/communication skills
2. confidence re: blood drawing and handling of specimen
3. must be accurate, well organized and diligent

DAILY TASKS

1. drawing blood and safe aseptic techniques
2. high level of hygiene to prevent cross infection or contamination
3. safe handling of blood products
4. safe disposal of waste
5. verifying identity of patient and correct labeling
6. knowledge of different blood tests
7. computer and paper forms completed with accuracy
8. order supplies as needed

Employ "C"  
C122  
C123

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205  
614-251-1800

As an employee of FWHC, I have read the following job description.

Kelly M. Blum  
Employee's signature

4/4/12  
Date

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205

Ultrasound Tech Job Description

1. Put patient's name and chart number in the computer.
2. Call patient into sono room.
3. Get patient's height and weight---then find BMI and chart your findings. If patient is over 35 BMI, inform patient of the additional fee for surgery of \$100.
4. Have patient lay on table and remove clothing below her bottom.
5. Ultrasound, take picture, ask patient if she would like a copy.
6. Chart your ultrasound findings in patient's chart.
7. If patient is very early, do an HCG to back up your findings and chart results.
8. If unable to see anything on top of abdomen, do vaginal probe. Make sure patient empties her bladder first.
9. Make appointment for next visit
10. Send patient upstairs to room #4 and put chart in the rack to go upstairs.

Employee "C"  
C122  
C123

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205  
614-251-1800

As an employee of FWHC, I have read the following job description.

Kelly M. Blum  
Employee's signature

4/4/12 -  
Date

# The Founder's Women's Health Center Patient Advocate/Educator Responsibilities

## **OVERVIEW**

The patient advocates spend the most time with patients while they are at FWHC. The PA's job is to:

1. Educate patients about abortion, birth control, their bodies, their reproductive well being and FWHC's policies.
2. Determine whether or not each patient wants an abortion and is comfortable with her decision.
3. Make sure each patient is made to feel as comfortable as possible and has everything she needs to feel taken care of at FWHC.
4. Take notice of any individual who might benefit from further referral information and provide that information to them.
5. Be cautious and aware of any odd or suspicious situation that could pose a problem or be dangerous to yourself, other staff or FWHC.

## **SPECIFIC RESPONSIBILITIES**

**When the patient first arrives for informed consent/pre-op visit:**

Collect charts from patients, review charts and prepare them for business, including making copies of patient's ID's.

Speak individually to any patients who have written questionable comments in their charts. This is when patients are usually sent home decisional.

Assist any patient who needs help completing her chart, i.e., illiterate or not familiar with the English language (this may require the patient to have a female translator with her).

At this time, pay close attention to how patients act. Their actions may clue you into possible decisional problems.

Also, pay attention to anything that could create a dangerous situation. Make sure that patients stay in designated areas and that they do not wander around the building unsupervised.

## **INDIVIDUAL SESSION:**

At this time you will go over the State mandated literature, educate patients about the abortion procedure, aftercare, and birth control methods and to explain the consent forms. Patients are to learn to relax during the procedure. The consent forms must be signed and witnessed. PA's are to determine who needs work/school excuses or an "own doctor" form. PA's also make sure that each patient knows what birth control method she plans to use, how she will get it and how to use it properly. PA's may need to provide patients with additional literature on birth control or other topics related to abortion and reproductive health care.

Some patients may need to talk to a PA about their decision, about being nervous, or to receive referral information for other issues in their lives. They may need to talk to a OPA regarding their choice of anesthesia. PA may also need to provide patients with work/school excuses for the day. Prepare own doctor forms or work excuses as needed. List the patients in the appropriate appointment books and file the patients' charts in the proper drawers.

## **DAY OF THE PROCEDURE**

While patients are waiting, PA's should chat with patients a little. Find out if there are any unanswered questions, make sure they are fully prepared for the procedure and offer reassurance. Remind them that your function is to help them relax during the procedure and that you will be holding their hands, talking with them and instructing them on how to properly breathe, etc.

## **DURING PROCEDURE**

Be prepared before you enter the procedure room. Make sure you have available in lab coat or scrubs pockets ammonia capsules and tissues. Place gloves on hands. Keep extras in your pocket. A PA is to hold the patient's



hand (s) and help keep the patient calm and relaxed during the procedure. If this cannot be accomplished through the distraction of conversation, help the patient to control her breathing. Chat with the patient during the procedure to help her think about other things. Let the doctor know about any important information the patient relays to you, such as, "I don't want to do this", "Stop", "I'm going to throw up", or "I'm going to faint". If the patient breathes too fast, appears too pale or says that she feels like she is going to vomit, have her take a deep breath and hold it as long as she can. If she is still out of control and breathing too fast, firmly tell her to hold her breath and place an ammonia capsule under her nose. If the patient is concentrating on what the doctor is doing instead of listening to you, if she is moving around on the procedure table, if she refuses to participate in any conversation or if she starts to yell, be firm and get the patient to hold her breath until you tell her to let it out. After a slow, silent count to 15, have the patient release her breath slowly through her nose.

When the doctor signals or states that the procedure is completed, remind the patient to massage her lower abdomen.. Guide her hands to the area if necessary. Assure her that we will check and make sure that everything is fine and that someone will be in shortly to get her down off the bed and to escort her into the recovery room. If the patient is overheated or feeling light-headed, request or get a cold towel for her.

## **OTHER RESPONSIBILITIES**

### **Parental consent**

Explain to parents of patients under 18 the procedure, STD screening, birth control and aftercare. Also, explain the consent form and witness signature.

### **Judicial By-Pass Instructions**

After the first day's session, give information to patients under the age of 18 who are not going to have parental involvement. The information is to include a description of the judicial by-pass process and instruct her as to what steps she needs to take to get a court appointment. Complete appropriate forms.

## **N2O or IV Sedation Patient Instructions**

Determine why the patient has opted for these methods. For IV sedation patients, give them the pre-op instructions, have them complete the additional forms required and answer any questions they might have. Emphasize the importance of following all given instructions.



CROSS COUNTRY  
EDUCATION

# Kelly Blank

is issued to

for participation in the course

# Psychopharmacology in Plain English

conducted in Columbus, OH, on 12/13/2011

Jeanine Staudt

**Jeannie Staudt**  
Continuing Education  
Cross Country Education

**Greg D. Greene**  
**President**  
**Cross Country H**

*[Handwritten signature]*

Employee "C"  
C122  
C123

Presented by: Kenneth Carter, PhD, MS (Clinical Psychopharmacology)      Cross Country Education is approved by the American Psychological Association to sponsor continuing education for psychologists. Cross Country Education maintains responsibility for this program and its content. This program offers 6 CE credits for psychologists. Full attendance is required to receive credit for psychologists. Variable credit for partial attendance may not be awarded based on the APA guidelines. Cross Country Education provider #1005 is approved as a provider for social work continuing education. The Association of Social Work Boards (ASWB), through the Approved Continuing Education (ACE) program (approved through 1-27-12). Cross Country Education maintains responsibility for this program. Social workers will receive 6 continuing education clock hours for participating in this course. Licensed social workers should contact their individual state jurisdiction to review the current continuing education requirements for licensure renewal. Visit ASWB's website at [www.aswb.org](http://www.aswb.org) for more information. Cross Country Education is an NBCC approved Continuing Education Provider (ACEP) and may offer NBCC approved clock hours for individuals that meet NBCC requirements. (NBCC Provider #RCT091001). This program is offered for six (6) clock hours of continuing education for counselors and marriage family therapists. Licensed counselors and marriage family therapists for other states should contact their individual state jurisdiction to review the current continuing education requirements for licensure renewal. This program has been reviewed and is approved for a maximum of 6 hours of CE credit for marriage and family therapists for the State of Ohio Counselor, Social Worker and Marriage and Family Therapist Board (provider #RCT091001). This program was planned in accordance with AAPA's CME Standards for Live Programs and for Commercial Support of Live Programs. Cross Country Education is an approved provider by NAMDAC Approved Education Provider Program (Provider #369). Physician assistants should claim only those hours actually spent participating in the CME activity. This program was planned in accordance with AAPA's CME Standards for Live Programs and for Commercial Support of Live Programs. Cross Country Education is an approved provider by NAMDAC Approved Education Provider Program (Provider #369). This course is offered for 6 contact hours. Cross Country Education, LLC is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This course is offered for 6 contact hours. Cross Country Education, LLC is accredited by the American Academy of Nurse Practitioners as an approved provider of nurse practitioner continuing education. Provider number: 060313. This program was planned in accordance with AANP Commercial Support Standards. This course is offered for 6.0 contact hours. Cross Country Education, LLC is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. ACPE Universal Activity Number 0491-0000-10-002-LO1-P17, Knowledge-Based. This seminar is offered for 6 ACPE contact hours. Statements of Continuing Pharmacy Education Credit will be mailed within 4 weeks following the program. Full attendance is required to receive 6 ACPE contact hours. The event of late arrival and/or early departure, amended cancellations and Statements of Continuing Pharmacy Education Credit indicating the actual number of credit hours earned will be provided upon calling Cross Country Education. CME Approved Activity. The course listed above was completed on December 13, 14, 15 or 16, 2011 and is approved for 6 CEUs. Approval number: 00059481-A423. To claim these CEUs, log into your CE Center account at [www.certification.org](http://www.certification.org). This educational offering qualifies for 6 continuing education hours as required by many national, state and local licensing boards and professional organizations. Save your course outline and certificate of completion, and contact your own board or organization for specific filing requirements.

**License #**

**Your SS#:**

**Your Home Address:**

9020 Overlook Blvd \* Suite 140 \* Brentwood, Tennessee 37027 \* 1-800-397-0180

# CONTINUING EDUCATION CERTIFICATE



This Certificate is to verify that

**Kelly Blank**

has completed the required coursework for

**#9 Ethics: HIPAA and Substance Abuse**

on the 7th day of August, 2011

and has received 3 hours of continuing education credit.

Instructor: Richard K. Nongard, LMFT/CCH

**www.FastCEUs.com**  
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NBCC National Board for Certified Counselors Approved Provider #5701

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California BBS Board of Behavioral Sciences Approved Provider PCE# 1852

California BRN Board of Behavioral Nursing Approved Provider CNE # 14780, Exp 12/12.

CNE certificates must be retained by the licensee for a period of four years.

Florida Board of Clinical Social Work, Marriage and Family Therapy  
and Mental Health Counseling Provider #723, Exp 3/31/2013

Kansas BRSB Behavioral Sciences Regulatory Board #03-001

TX Social Work Approved Education Sponsor #CS1048

TX LPC Board Approved Provider #444

Texas LMFT Board Approved Education Provider #181

Oklahoma LPC and LMFT Board Pre-Approved

Oklahoma Social Work Pre-Approved CE Provider #2011-0001

Most other states through reciprocity with NBCC or NAADAC or other board approval



# Congratulations!

You have passed the quiz!

>> Below is a RECEIPT that you can Print (just print this web page) - and a copy of your CE Certificate information.  
>> To Print a Fancy Certificate - and/or save it to your hard drive >> click the Link provided below. (The Fancy Certificate will open in a new window.  
>> To Print, in the upper left corner of your browser window, select File, Print. >> To Save it onto your computer, Right-Click on the certificate image and select "save picture as" - then choose where to save it in your files.)  
>> We have ALSO already EMAILED you a copy of this Certificate. If you do not see it in your "IN" box, please check your Spam/Bulk/Junk mail folder.

THIS IS YOUR RECEIPT  
=====

DATE: August 7th 2011  
Dear Kelly Blank,  
your credit/debit card has been charged \$49  
for the 3 hour Continuing Education course,  
"#9 Ethics: HIPAA and Substance Abuse"

Thank you for your business, and please let us know  
if we can be of further assistance.

\*\*\*\*\*  
THIS IS YOUR CONTINUING EDUCATION EMAIL CERTIFICATE INFORMATION  
(You will NOT receive a paper copy in the mail.)  
FANCY CERTIFICATE: [CLICK HERE TO PRINT/SAVE](#)  
\*\*\*\*\*

This email Certificate is to verify that  
Kelly Blank has successfully completed  
the required coursework for "#9 Ethics: HIPAA and Substance Abuse"  
and has received 3 Hours of Continuing Education Credit.

3 CE CREDIT / CLOCK HOURS

DATE: August 7th 2011

INSTRUCTOR: Richard K. Nongard, LMFT/CCH  
LOCATION: FastCEUs.com

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- > California BBS Board of Behavioral Sciences Approved Provider PCE# 1852
- > California BRN Board of Behavioral Nursing Approved Provider CNE # 14780, Exp 12/08. CNE certificates must be retained by the licensee for a period of four years.
- > Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling Provider#723, Exp 3/31/2009
- > Kansas BRSB Behavioral Sciences Regulatory Board #03-001
- > TX Social Work Approved Education Sponsor #CS1048
- > TX LPC Board Approved Provider #444
- > Texas LMFT Board Approved Education Provider #181
- > Oklahoma LPC and LMFT Board - Online Courses are Pre-Approved
- > Oklahoma Social Work Pre-Approved CE Provider #2010-0001
- > Most other states through reciprocity with NBCC or NAADAC or other board approval.

Richard K. Nongard, LMFT/CCH  
Education Coordinator

PEACHTREE PROFESSIONAL EDUCATION, INC.  
15560 N. Frank L. Wright Blvd, #B4-118  
Scottsdale, AZ 85260  
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FORMATION ABOUT OPTIONAL ITEMS  
(IF ORDERED)

=====

# CE Tracker

Blank  
2890 e. Broad st  
Bexley, OH 43209

[« Return To Main CE Tracker](#)

Total Credits Earned from 09/2009 through 09/2011:

## Letters of Completion on Medscape

Activity Title	Core Competencies	Provider	Participated	Credit Type	Credits
Maternal Depressive Symptoms, Child Care Predict Child's Future Behavior View Activity   View/Print Certificate		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Routine Autism Screening Program May Not Be Acceptable View Activity   View/Print Certificate		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Intrauterine Devices Lower Cervical Cancer Risk Enduring Material View Activity   View/Print Certificate	Medical Knowledge	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Jaundice in Newborns Linked to Autism View Activity   View/Print Certificate		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
White Fruits, Vegetables Associated With Reduced Stroke Risk Enduring Material View Activity   View/Print Certificate	Medical Knowledge	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Harmful Effects of Hypothyroidism in Pregnancy Prompt New Guidelines View Activity   View/Print Certificate		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Normal Weight Is Not Always Healthy in Risk for Heart Failure Enduring Material View Activity   View/Print Certificate	Medical Knowledge	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Omega-3 Long-Chain PUFA Intake May Be Cardioprotective in Women Enduring Material View Activity   View/Print Certificate	Medical Knowledge	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Challenges in Clinician-Parent Communication: Pediatric BMI View Activity   View/Print Certificate		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.50
AHA/ASA Issue Scientific Statement on Vascular Dementia View Activity   View/Print Certificate		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Challenges in Clinician Communication in the School Setting: Culturally Sensitive BMI Screening View Activity   View/Print Certificate		Medscape	09/19/11	ANCC Contact Hour(s)	0.50
Adult Immunization Schedule for 2011 Released View Activity   View/Print Certificate		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Hitting the Mark: Targeting the Kidney in the Treatment of Type 2 Diabetes View Activity   View/Print Certificate		American Association of Clinical Endocrinologists	09/19/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	1.50
GLP-1 Receptor Agonists in Type 2 Diabetes: A Focus on Better Glycemic Control With Current and Emerging Therapies View Activity   View/Print Certificate		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	1.25
Alcohol Use Associated With Colorectal Cancer Risk Enduring Material View Activity   View/Print Certificate	Medical Knowledge	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>™</sup> ; AAFP Prescribed credit(s)	0.25
Five Problems Common in 'Oldest Old' Women View Activity   View/Print Certificate		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Influence of Obesity on the Risk for Esophageal Disorders		Medscape	09/19/11	AMA PRA	1.00

<a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>				Category 1 Credit(s) <sup>TM</sup>	
Antidepressants of Limited Benefit in Dementia Patients <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25	
A 55-Year-Old Man With Anuria and Abdominal Distention <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25	
VTE Treatment Simplified: Thoughts on Improving Patient Care <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.50	
A Neonate With Dysmorphic Facial Features <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25	
Unexplained Persistent Exertional Dyspnea in a 42-Year-Old Man Enduring Material <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>	Medical Knowledge, Patient Care and Procedural Skills	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.50
A Teenage Athlete With a Painful Knee Enduring Material <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>	Patient Care and Procedural Skills, Practice-based Learning and Improvement, Medical Knowledge	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
HIV Screening in 3 Clinical Settings: Gateway to Care Enduring Material <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>	Medical Knowledge, Patient Care and Procedural Skills	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.50
A 55-Year-Old Man With Nausea and Vomiting Enduring Material <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>	Medical Knowledge, Patient Care and Procedural Skills	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
New Insights into Pain Mechanisms and Rationale for Treatment Enduring Material <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>	Medical Knowledge, Patient Care and Procedural Skills	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.50
Challenging Issues in Pediatric Oncology <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	1.00
Far Disorder May Be Unrecognized in Patients With Depressive Episode <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Poor Behavior, Aggression in Young Children Linked With Sleep Problems <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Childhood Sexual Abuse Linked to Later Schizophrenia <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Recommendations for Identification and Public Health Management of Persons With Chronic Hepatitis B Virus Infection <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	2.00
Correlation Between Intimate Partner Violence Victimization and Risk for Substance Abuse and Depression Among African American Women in an Urban Emergency Department <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.50
Cardiomyopathy, Cocaine (Medscape Clinical Reference) <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.75
Youth Alcohol and Cannabis Misuse May Be Detected With New Screening Tools <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Risk for Smoking Addiction Increased in Obese vs Nonobese Female Adolescents <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Lasting Impacts of Prenatal Cannabis Exposure and the Role of Endogenous Cannabinoids in the Developing Brain <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	1.00
Abuse of Anesthetic May Lead to Bladder Woes, Pelvic Pain <a href="#">View Activity</a>   <a href="#">View/Print Certificate</a>		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
New Report Issues Recommendations for Treatment of Substance Misuse in Elderly		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25



View Activity   View/Print Certificate					
ACOG Recommends Alcohol Abuse Screen for Women View Activity   View/Print Certificate		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Effects of Smoking Cannabis on Lung Function View Activity   View/Print Certificate		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	1.00
Smoking Linked With Increased Bladder Symptoms in Women Enduring Material View Activity   View/Print Certificate	Medical Knowledge	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Maternal Snuff Use During Pregnancy Linked With Poor Neonatal Outcomes Enduring Material View Activity   View/Print Certificate	Medical Knowledge	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Family Intervention for Schizophrenia May Reduce Household Stress View Activity   View/Print Certificate		Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Childhood Maltreatment Associated With Risk for Long-Term Depression Enduring Material View Activity   View/Print Certificate	Medical Knowledge	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Understanding Tolerability and Safety in Modern Antipsychotic Medications Enduring Material View Activity   View/Print Certificate	Medical Knowledge, Patient Care and Procedural Skills	Medscape	09/19/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.50
A 5-Year-Old Girl With Foul-Smelling Nasal Discharge View Activity   View/Print Certificate		Medscape	09/12/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Managing Comorbid Depression and Anxiety View Activity   View/Print Certificate		Medscape	09/12/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	2.00
A Puzzling Facial Rash on a 17-Year-Old Boy View Activity   View/Print Certificate		Medscape	09/12/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Are Substance Use and Mental Health Screening Part of Practice? View Activity   View/Print Certificate		Medscape	09/12/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.50
Cases from AHRQ WebM&M: The Deadly Duo View Activity   View/Print Certificate		Medscape	09/12/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.50
Self-Medication of Anxiety Disorders Increases Risk for Substance Use Disorders View Activity   View/Print Certificate		Medscape	09/12/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Managing Low Sexual Desire in Women Journal-based CME Activity View Activity   View/Print Certificate	Medical Knowledge, Patient Care and Procedural Skills	Medscape	09/12/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	1.00
ADHD in Adults With Medical or Psychiatric Comorbidities View Activity   View/Print Certificate		Medscape	08/07/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	1.50
Alcoholic Cardiomyopathy: A Review View Activity   View/Print Certificate		Medscape	08/07/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	1.50
Advances in Adult ADHD Research View Activity   View/Print Certificate		Medscape	08/07/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	1.50
Screening for STIs View Activity   View/Print Certificate		Medscape	08/07/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Cannabis Use Linked to Earlier Onset of Psychotic Disorders View Activity   View/Print Certificate		Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Paternal Depression Linked to Negative Parenting Behaviors View Activity   View/Print Certificate		Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Young Children With ADHD Still Impaired After SNRI Treatment View Activity   View/Print Certificate		Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25
Bipolar Disorder Linked to Greater Suicide Risk vs Other Mental Disorders View Activity   View/Print Certificate		Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>TM</sup>	0.25

First-Trimester Abortion Does Not Increase Risk of Developing Severe Mental Disorders View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Assessing the Needs of Transgender Youth in Primary View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Poor Diet in Early Childhood Linked to Small IQ Reductions in Later Childhood View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Hearing Loss May Signal Increased Dementia Risk View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Light to Moderate Alcohol Use Protective Against Dementia in Older Adults View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Heavy Liquor Intake Linked to Pancreatic Cancer Mortality View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Smoking in Early Pregnancy Linked to Infant Heart Defects View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Buprenorphine, Collaborative Care Key to Success in Treating Opioid Addiction View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Opioid Use in Pregnancy Linked to Birth Defects View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Indoor Tanning May Be Addicting for Some Young Adults View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Illicit Drug Use in Pregnancy: Effects and Management View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	1.00
Amphetamine Abuse Tied to Aortic Dissection in Observational Study View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Consumption of Energy Drinks Linked to Alcohol Dependence View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Alcohol Use for Sleep Strongly Linked to Hazardous vs Moderate Drinking View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Opiate Replacement Treatment Reduces Mortality in Addicted Patients View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Heavy Smoking in Midlife Doubles the Risk for Alzheimer's Disease View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Fetal Alcohol Exposure Linked to Altered Cognitive Processing View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Conduct Disorder in Adolescence Predicts Substance Use Disorders in Adulthood View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
When ADHD Presents as Substance Use Disorder View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.75
Smoking May Increase Risk for Breast Cancer in Postmenopausal Women View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Heavy Drinking Not Linked to All Esophageal Cancers View Activity   View/Print Certificate	Medscape	04/03/11	AMA PRA Category 1 Credit(s) <sup>™</sup>	0.25
Total:				37.75

Total Credits Earned from 09/2009 through 09/2011: 37.75 (0.00 Rx Credits<sup>®</sup>)

For information on the eligibility of this continuing education credit toward meeting your CME/CE requirements, please consult your professional association or state

Employee "E"  
C122  
C123

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205  
614-251-1800

As an employee of FWHC, I have read the following job description.

Damarie Thomas  
Employee's signature

4.4.12  
Date

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205

Ultrasound Tech Job Description

1. Put patient's name and chart number in the computer.
2. Call patient into sono room.
3. Get patient's height and weight---then find BMI and chart your findings. If patient is over 35 BMI, inform patient of the additional fee for surgery of \$100.
4. Have patient lay on table and remove clothing below her bottom.
5. Ultrasound, take picture, ask patient if she would like a copy.
6. Chart your ultrasound findings in patient's chart.
7. If patient is very early, do an HCG to back up your findings and chart results.
8. If unable to see anything on top of abdomen, do vaginal probe. Make sure patient empties her bladder first.
9. Make appointment for next visit
10. Send patient upstairs to room #4 and put chart in the rack to go upstairs.

employee E  
C122  
C123

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205  
614-251-1800

As an employee of FWHC, I have read the following job description.

Damara Dhan  
Employee's signature

4.4.12  
Date

# **R.N. JOB RESPONSIBILITIES**

## **OVERVIEW**

The registered nurse assesses, plans, implements, evaluates, and supervises individual patient care using the nursing process. Accepts responsibility for direction of co-workers in the implement of care. Provides patient teaching. Performs other duties as assigned.

## **SPECIFIC RESPONSIBILITIES**

### **Prior to the patients arrival for the day of her procedure:**

- Answers questions that the patient may have about the procedure, medications, Rh factor, and medical history that is out of the scope of the patient advocates.
- Reviews charts for accuracy and completeness.
- Reviews medical and emotional histories for any contraindications.
- Charts the hemoglobin and Rh factor.
- Charts current gestation based on last ultrasound, or requests new ultrasound if gestation was undetermined or last ultrasound over 14 days.

### **On arrival prior to procedure:**

- Each patient is brought into the recovery room for a confidential review of their health history.
- Obtain baseline vital signs and record.
- Administer and record pre-procedure medications in an accurate and safe manner.
- Answer any questions the patient may have about the procedure and recovery.
- Assist patient in determining possible birth control measures that would work best for her.
- Give copy of discharge instructions for them to review and take home.
- Have patient sign authorizations for IV sedation and or DMPA Injection.

### **During procedure:**

- Nurses staff the recovery room.
- They are to be available if the physician requests assistance with a patient in the surgery room.
- In emergency situations they are to bring medications and or equipment requested by the physician.

### **Post procedure:**

- Assess, plan, implement and evaluate nursing care of each patient.
- Monitor blood pressure, bleeding, and well being of each patient.
- Provide quality care based on assessment needs and established plan of care.
- Provide written documentation of care.
- Provide each patient with a drink and a light snack.
- Notify physician of pertinent observations and change in status of patient.
- Administers and performs treatments in an accurate and safe manner.
- Remove any IV catheters placed at time of surgery.
- Implement physician orders promptly.
- Prepare discharge medication and or prescriptions ordered by the physician for discharge care.
- Provide discharge education to the patient and have them sign to verify understanding.
- Release patients who have had narcotic medications to their support person.
- Promote dignity and respect to the patient, families and coworkers.
- Review charts for completeness accuracy and file.

### **Other responsibilities include:**

- Ordering supplies and medications.
- Medication counts.
- Preparing medication.
- Emergency line on call 24/7 care.
- Under supervision of physician calling prescriptions into pharmacies.
- Sanitizing recovery room beds.
- Cleaning drink dispenser.
- Maintain snacks.
- ACLS certification.
- Refrigerator temp checks
- CEU'S
- CPR



Employee "E"  
C122  
C123

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205  
614-251-1800

As an employee of FWHC, I have read the following job description.

Damare Thomas  
Employee's signature

4.4.12  
Date

The Founder's Women's Health Center  
1243 East Broad Street  
Columbus, Ohio 43205

### Phlebotomist/Lab Tech Job Description

The phlebotomist/lab tech is responsible for obtaining venipunctures and capillary specimens. She is also responsible for processing specimens as required.

Requirements include certification in phlebotomy or equivalent experience. Must be able to multi-task and be detail-oriented. Accurate keyboard skills and knowledge of Lab Corp LMS important.

Phlebotomists are required to adhere to proper blood collection techniques. Blood withdrawn from patients needs to be stored and labeled properly in the correct tubes.

### SKILLS

1. good bedside manner/communication skills
2. confidence re: blood drawing and handling of specimen
3. must be accurate, well organized and diligent

### DAILY TASKS

1. drawing blood and safe aseptic techniques
2. high level of hygiene to prevent cross infection or contamination
3. safe handling of blood products
4. safe disposal of waste
5. verifying identity of patient and correct labeling
6. knowledge of different blood tests
7. computer and paper forms completed with accuracy
8. order supplies as needed

Employee E  
C122  
C123



## Certificate of Attendance

This certificate is hereby awarded to

**Tamara Thomas**

for successfully completing

**11.0 Hours**

of continuing education:

**Advanced Cardiac Life Support (ACLS) Provider Course  
January 25 & 26, 2011 at Fairfield Medical Center**

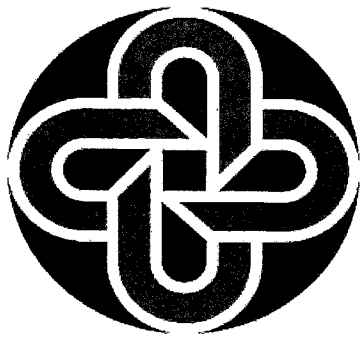


**Grant Medical  
Center**  
OhioHealth

A handwritten signature in black ink, reading "Holly Herron MS".

Holly Herron, RN MS CNS EMT-P  
Program Manager

Grant Medical Center LifeLink is approved by the State Of Ohio Division of EMS as a continuing education provider (Approval no. 2084)



# Fairfield Medical Center

*Learning & Development Department; 401 N. Ewing Street; Lancaster, Ohio 43130; 740-687-8491*

**This certificate is presented to**

Tamara Thomas

for successful completion of our

## *Spring Symposium Care of the Skin We're In*

on

April 30, 2010

*For  
5 Contact Hours*

Signature: *Debra L. Palmer, RN, MS*

*\*Certificate not valid without authorized signature*

*Electronic Signature Acceptable*

-----

*Each participant must attend no less than 100% of the presentation and complete an evaluation to earn contact hours.*

This continuing nursing education activity was approved by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Approval valid through (3/01/2013). Assigned ONA OH-138

**Disclaimer(s)/Disclosure(s)**

There is no commercial support but there is sponsorship for this event.

The faculty and planning committee have declared no conflict of interest.

The Founder's Women's Health Center  
QA and Performance Policy

The Medical Director (Harley M. Blank, MD) and the Assistant Medical Director (Karl I. Schaeffer) are to monitor on a daily basis all aspects of medical techniques and procedures. Any deviations shall be immediately reported to the Executive Director for remedy.

The Founder's Women's Health Center  
Infection Control Policy -- effective 03-16-12

If a patient is complaining of an infection, the nursing staff will inform the doctor. The doctor will evaluate and prescribe any medications needed. The nursing staff will log this information in the "Infection Log" book. This information will be discussed in staff meetings and at the Board of Director's meeting to determine how to improve on our infection rate and what determining factors are causing such cases.

## Infection Log

[illegible]

## The Founder's Women's Health Center Complaint Policy

Founder's Women's Health Center Administrator shall receive, investigate, and report findings of complaints regarding the quality or appropriateness of services. The documentation of complaints shall, at a minimum, include the following:

1. The date complaint was received
2. The identity, if provided, of the complainant
3. A description of complaint
4. The identity of persons or facility involved
5. The findings of the investigation
6. The resolution of the complaint

The Founder's Women's Health Center has posted in the Business Office the Ohio Department of Health's toll free complaint hotline number : 1-800-342-0553



## The Founder's Women's Health Center Complaint Form

Date \_\_\_\_\_

Patient name \_\_\_\_\_

Patient's Chart # \_\_\_\_\_

Description of Complaint \_\_\_\_\_

---

---

---

---

---

---

---

---

Persons involved \_\_\_\_\_

---

Findings of investigation \_\_\_\_\_

---

---

---

Resolution \_\_\_\_\_

---

---

---

---

---

---

---

Other comments \_\_\_\_\_

---

---

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---

---

## PRE-PROCEDURE

Blood pressure \_\_\_\_\_ / \_\_\_\_\_ Temp \_\_\_\_\_ Time \_\_\_\_\_ Weight \_\_\_\_\_

Medication Valium 10 mg p.o. \_\_\_\_\_ Cytotec 400 mcg buccal \_\_\_\_\_

Acetaminophen 1 gm p.o. \_\_\_\_\_ Vicodin 5/500 p.o. \_\_\_\_\_

Ibuprofen 600 mg p.o. \_\_\_\_\_ Amoxicillin 2.0 g p.o. \_\_\_\_\_

LMP \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Allergies \_\_\_\_\_

Abbott Pregnancy Test Positive \_\_\_\_\_ Negative \_\_\_\_\_ Lot # \_\_\_\_\_

HGB \_\_\_\_\_ GM% HCT \_\_\_\_\_ V% Blood Type \_\_\_\_\_

## COMMENTS RE: GESTATIONAL AGE:

Computed gestational age DOP \_\_\_\_\_ weeks.

Date \_\_\_\_\_ Sono per \_\_\_\_\_ Measurement/wks \_\_\_\_\_

Date \_\_\_\_\_ Calculated per Sono \_\_\_\_\_

Date \_\_\_\_\_ Calculated per Sono \_\_\_\_\_

## INTRA-PROCEDURE

Time \_\_\_\_\_

Patient was placed in the lithotomy position after patient has voided. Estimated fetal maturity by bi-manual exam was \_\_\_\_\_ wks. A bi-valve speculum was placed in the vagina and the vagina prepped with povidone-iodine. The paracervical areas were infiltrated with 1% lidocaine and the cervix was dilated with Pratt dilators. The plastic vacuum tip, size \_\_\_\_\_, was introduced into the uterine cavity and the products of conception were removed without difficulty. The uterus was explored with the sharp curette. Patient withstood the procedure well.

Comments: GC Screen ☐ Chlamydia Screen ☐ taken. \_\_\_\_\_

OK to discharge to self \_\_\_\_\_

Discharge to another person \_\_\_\_\_

## PRE AND/OR POST OPERATIVE

- ☐ Nausea + vomiting - hycosamine 0.125 mg p.o.
- ☐ Excessive bleeding - methergine 0.2 mg IM.
- ☐ Metronidazole 500 mg 1 BID #14
- ☐ Doxycycline 100 mg 1 BID #14

- ☐ Ultram 50 mg 1 or 2 po q 6 hr prn # 12
- ☐ Ultram 50 mg 1 or 2 po q 6 hr prn # 24

- ☐ Methergine 0.2 mg p.o. q 6 hr.
- ☐ Methylergonovine 0.2 mg p.o. q 6 hr.
- ☐ Oral contraceptive 28 day supply
- ☐ Doxycycline 100 mg 1 BID #4
- ☐ \_\_\_\_\_

\_\_\_\_\_. M.D.

**Acura Medical Systems, Inc.**

1004 Proprietors Rd.  
Worthington, OH 43085  
USA

# INVOICE

Invoice Number: 037582  
Invoice Date: Apr 20, 2012  
Page: 1

Voice: 614-781-0600  
Fax: 614-781-0660

Founders Womens Health Clinic  
1243 E Broad St  
Columbus, OH 43205-0000

Founders Womens Health Clinic  
1243 E Broad St  
Columbus, OH 43205-0000

FO05

Net 30 Days

414-BASS-B

Service Call

4/20/12

5/20/12

1.00

IE 105 Exam Table, S/N:7266, in room 4  
for repair.

1.00

Problem: Table failed electrical safety  
inspection. Unit has excessive leakage  
current. Un-safe for use.

1.00

Repaired Ground wire on motor pump  
assembly

1.00 RE1-MIA124

Pump &amp; Motor-IE 105-NS

750.00

750.00

0.50 AC1-43205

Service call, Columbus

85.00

42.50

1.00 AC1-101

Installed above listed parts. Perform Safety  
Inspection. Verify Operation.

125.00

125.00

1.00

Courtesy Discount

210.00

-210.00

2.00 AC0-9998

145-149 Capacitor

72.55

145.10

1.00

NOTE: These additional components are  
required to complete the installation of the  
new style pump and motor.

1.00 AC1-006

Please pay from invoice. We appreciate  
your business!

Handwritten notes:  
CASH  
910.15  
4-22-12

Subtotal

852.60

Sales Tax

57.55

Total Invoice Amount

910.15

Payment/Credit Applied

Check/Credit Memo No:

Total

Overdue invoices are subject to late charges.

**Acura Medical Systems, Inc.**

004 Proprietors Rd.  
Vorthington, OH 43085  
USA

**INVOICE**

Invoice Number: 037665  
Invoice Date: May 8, 2012  
Page: 1

voice: 614-781-0600  
fax: 614-781-0660

Founders Womens Health Clinic  
1243 E Broad St  
Columbus, OH 43205-0000

Founders Womens Health Clinic  
1243 E Broad St  
Columbus, OH 43205-0000

FO05

Net 30 Days

414-BASS-B

Service Call

5/8/12

6/7/12

1.00

IE 105 Exam Table, S/N:7249, in Room 2-  
(sonogram), for repair.

1.00

Problem: Table failed electrical safety  
inspection. Unit has excessive leakage  
current. Un-safe for use.

1.00

Parts Required:0

1.00 AC1-43205

Service call, Columbus

85.00

85.00

1.00 RE1-MIA124

Pump &amp; Motor-IE 105-NS

750.00

750.00

1.00 AC1-101

Installed above listed parts. Perform Safety  
Inspection. Verify Operation.

125.00

125.00

1.00

Courtesy Discount

210.00

-210.00

1.00

Courtesy Discount

1.00 AC0-9998

124-149mF Capacitor and lid

72.55

72.55

1.00 AC1-006

Please pay from invoice. We appreciate  
your business!

amt 9644  
5-14-12  
878.07

Subtotal

822.55

Sales Tax

55.52

Total Invoice Amount

878.07

Payment/Credit Applied

Check/Credit Memo No:

Overdue invoices are subject to late charges.

**Acura Medical Systems, Inc.**  
 1004 Proprietors Rd.  
 Worthington, OH 43085  
 USA

# INVOICE

Invoice Number: 037581  
 Invoice Date: Apr 20, 2012  
 Page: 1

Voice: 614-781-0600  
 Fax: 614-781-0660

Founders Womens Health Clinic  
 1243 E Broad St  
 Columbus, OH 43205-0000

Founders Womens Health Clinic  
 1243 E Broad St  
 Columbus, OH 43205-0000

FO05

Net 30 Days

414-BASS-B

Service Call

4/20/12

5/20/12

1.00

IE 105 Exam Table, S/N:7264, in room 3  
 for repair.

1.00

Problem: Table failed electrical safety  
 inspection. Unit has excessive leakage  
 current. Un-safe for use.

1.00

Parts Required:

1.00 RE1-MIA124

Pump & Motor-IE 105-NS

750.00

750.00

0.50 AC1-43205

Service call, Columbus

85.00

42.50

1.00 AC1-101

Installed above listed parts. Perform Safety  
 Inspection. Verify Operation.

125.00

125.00

1.00

Courtesy Discount

210.00

-210.00

2.00 AC0-9998

145-174MFB Capacitor

72.55

145.10

1.00

NOTE: These additional components are  
 required to complete installation of the new  
 style pump and motor.

1.00 AC1-006

Please pay from invoice. We appreciate  
 your business!

*CHA 9606  
 \$ 910.15  
 4-23-12*

Subtotal

852.60

Sales Tax

57.55

Total Invoice Amount

910.15

Payment/Credit Applied

Check/Credit Memo No:

Overdue invoices are subject to late charges.

Acura Medical Systems, Inc.

1004 Proprietors Rd.  
Worthington, OH 43085  
USAVoice: 614-781-0600  
Fax: 614-781-0660**REPAIR ESTIMATE**Sales Order Number: 35587  
Sales Order Date: Mar 20, 2012

Page: 1

C-139  
COPY 3/30**To:**Founders Womens Health Clinic  
1243 E Broad St  
Columbus, OH 43205-0000**Ship To:**Founders Womens Health Clinic  
1243 E Broad St  
Columbus, OH 43205-0000

Customer ID	PO Number	Sales Rep Name
FO05		Mark S. Long
Customer Contact	Shipping Method	Payment Terms
Judy	Service Call	Net 30 Days

Quantity	Item	Description	Unit Price	Amount
1.00		1 E 105 Exam Table, S/N:7264, in room 3 for repair;		
1.00		Problem: Table failed electrical safety inspection. Unit has excessive leakage current. Un-safe for use.		
1.00		Parts Required:		
1.00	RE1-MIA124	Pump & Motor-IE 105-NS	750.00	750.00
1.00	AC1-43205	Service call, Columbus	85.00	85.00
1.00	AC1-101	Installed above listed parts. Perform Safety Inspection. Verify Operation.	125.00	125.00
1.00		Courtesy Discount	210.00	-210.00

2-mailed  
3-30

Please review and let us know if you approve or decline the estimate. You may either fax, phone or e-mail us. If you have any questions, please contact us. This estimate is valid for five (5) business days. Thank You!

) APPROVED ( ) DECLINED

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Subtotal	750.00
Sales Tax	50.63
Freight	0.00

**TOTAL ORDER AMOUNT 800.63**

814049

Acura Medical Systems, Inc.

1004 Proprietors Rd.  
Worthington, OH 43085  
USA**REPAIR ESTIMATE**Sales Order Number: 35588  
Sales Order Date: Mar 20, 2012

Page: 1

Voice: 614-781-0600

Fax: 614-781-0660

app  
3/30

<b>To:</b>
Founders Womens Health Clinic 1243 E Broad St Columbus, OH 43205-0000

<b>Ship To:</b>
Founders Womens Health Clinic 1243 E Broad St Columbus, OH 43205-0000

Customer ID	PO Number	Sales Rep Name
FO05		Mark S. Long
Customer Contact	Shipping Method	Payment Terms
Judy	Service Call	Net 30 Days

Quantity	Item	Description	Unit Price	Amount
1.00		IE 105 Exam Table, S/N:7266, in room 4 for repair.		
1.00		Problem: Table failed electrical safety inspection. Unit has excessive leakage current. Un-safe for use.		
1.00		Parts Required:		
1.00	RE1-MIA124	Pump & Motor-IE 105-NS	750.00	750.00
1.00	AC1-43205	Service call, Columbus	85.00	85.00
1.00	AC1-101	Installed above listed parts. Perform Safety Inspection. Verify Operation.	125.00	125.00
1.00		Courtesy Discount	210.00	-210.00

Please review and let us know if you approve or decline the estimate. You may either fax, phone or e-mail us. If you have any questions, please contact us. This estimate is valid for five (5) business days. Thank You!

Subtotal	750.00
Sales Tax	50.63
Freight	0.00

<b>TOTAL ORDER AMOUNT</b>	<b>800.63</b>
---------------------------	---------------

( ) APPROVED ( ) DECLINED

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

814049



**Acura Medical Systems, Inc.**

1004 Proprietors Rd.  
Worthington, OH 43085  
USA

Voice: 614-781-0600

Fax: 614-781-0660

**REPAIR ESTIMATE**

Sales Order Number: 35638

Sales Order Date: Mar 30, 2012

Ship By: Mar 30, 2012

Page: 1

*Copy 4/3*

**To:**

Founders Womens Health Clinic  
1243 E Broad St  
Columbus, OH 43205-0000

**Ship To:**

Founders Womens Health Clinic  
1243 E Broad St  
Columbus, OH 43205-0000

Customer ID	PO Number	Sales Rep Name
FO05		Mark S. Long
Customer Contact	Shipping Method	Payment Terms
Judy	Service Call	Net 30 Days

Quantity	Item	Description	Unit Price	Amount
1.00		IE 105 Exam Table, S/N:7249, in Room 2		
1.00		(sonogram), for repair.		
1.00		Problem: Table failed electrical safety inspection. Unit		
1.00		has excessive leakage current. Un-safe for use.		
1.00		Parts Required:0		
1.00	AC1-43205	Service call, Columbus	85.00	85.00
1.00	RE1-MIA124	Pump & Motor-IE 105-NS	750.00	750.00
1.00	AC1-101	Installed above listed parts. Perform Safety	125.00	125.00
1.00		Inspection. Verify Operation.		
1.00		Courtesy Discount	210.00	-210.00
1.00		Courtesy Discount		
Subtotal				750.00
Sales Tax				50.63
Freight				0.00
<b>TOTAL ORDER AMOUNT</b>				<b>800.63</b>

## transfer agreement

**From:** CGEE2@OhioHealth.com  
**To:** corgipaws@sprynet.com  
**Subject:** transfer agreement  
**Date:** May 9, 2012 2:17 PM  
**Attachments:** transfer contract.pdf

COPY

Judy,  
If you would print 2 copies sign them both and mail them back to me I will get signatures here and send an original back to you.

Cheryl Gee, RN, BS, MSN, NE-BC  
Director of Nursing  
Grant Medical Center  
614.566.9814  
cgee2@ohiohealth.com

# The Founder's Women's Health Center

243 East Broad Street

Columbus, Ohio 43205-1438

614-251-1818

Toll Free 1-800-262-9490

## FAX COVER SHEET

### \*\*CONFIDENTIALITY NOTICE\*\*

The documents accompanying this fax transmission contain confidential, legally privileged information belonging to the sender. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action based on the contents of this fax information is strictly prohibited.

If you have received this transmission in error, please notify us immediately by telephone to arrange for the return of the documents.

DATE: 05-17-12

FAX #: 614-564-2475

TO: ODOH

ATTN: Wanda Iacovetta, R.N.

FROM: Judith Nolan - FWHC 251-1800

RE: <sup>Signed</sup> transfer agreement - STAT

# OF PAGES TRANSMITTED (INCLUDING COVER PAGE): 8

## **TRAUMA SERVICES TRANSFER AGREEMENT**

This Agreement is entered into as of this 11<sup>th</sup> day of MAY, 2008 (the "Effective Date"), by and between OhioHealth Corporation solely on behalf of Grant Medical Center ("Grant"), with its principal place of business at 180 East Broad Street, Columbus, Ohio 43215 and The Founders Women's Health Center ("Hospital") with its principal place of business at 1243 East Broad Street Columbus OH 43205.

This Agreement shall supersede all previously executed trauma transfer agreements between the parties.

**WHEREAS**, Hospital is an acute care hospital; and

**WHEREAS**, Hospital may from time to time transfer a trauma patient to Grant for appropriate treatment services when it is determined such transfers are in the best interest of the patient; and

**WHEREAS**, Grant is a general acute care hospital which has, as of the date of this Agreement, been verified as a Level I Trauma Center by the American College of Surgeons, and is able, willing and qualified to accept and provide patient care services to trauma patients;

**WHEREAS**, Grant is a general acute care hospital that may from time to time transfer a trauma patient to Hospital for appropriate treatment services when it is determined such transfers are in the best interest of the patient; and

**WHEREAS**, the parties have determined that it would be in the best interest of patient care and would promote the optimum use of these health care institutions to enter into an agreement to facilitate the care and transfer of trauma patients between Grant and Hospital as appropriate, such that the party transferring the patient would be the referring hospital ("the Referring Hospital") and the party accepting the transfer would be the receiving hospital ("the Receiving Hospital").

**NOW, THEREFORE**, the parties agree as follows:

### **Section I.**

- (A) Grant Medical Center agrees to maintain twenty-four (24) hour Level I trauma services to which the Referring Hospital may transfer patients requiring such care.
- (B) Both parties agree to assess, accept transfer of, admit and treat, as appropriate and within the capabilities of Receiving Hospital, those trauma patients who are referred by Referring Hospital. Referring Hospital, through its physician(s) treating the patient to be transferred (hereinafter collectively the "Referring

1. A copy of the patient's applicable medical record in the possession of Referring Hospital (including, without limitation, written records, lab results, radiographs, patient address, hospital number and age, medications and psychosocial history, when available, and the name, address and phone number of the next of kin);
2. A physician progress note with a narrative summary of the problem to include care, treatment and services provided, the name of the person who was consulted and who accepted the transfer and the reason for transfer (e.g., for further evaluation or intensive care);
3. A nursing sign-off note which includes a brief summary assessment of the condition of the patient, which indicates the presence of an IV or other tubes, and which summarizes the patient's intake and output during the previous twenty-four (24) hours or during emergency department treatment if not an inpatient;
4. A copy of the patient's consent to transfer and transfer of medical records or an explanation as to why such consent could not be reasonably obtained and, if applicable, a physician's certification for transfer; and
5. Such other information as the parties mutually agree is reasonably necessary to properly treat and provide follow-up care to the patient, including, third party payor information.

Referring Hospital agrees to supplement the above information as necessary for the maintenance of the patient during transport and treatment upon arrival at Receiving Hospital.

- (H) Referring Hospital shall establish and maintain such policies and procedures as are necessary to facilitate the terms of this Agreement.
- (I) Referring Hospital shall be responsible for notifying Receiving Hospital of an approximate time of arrival of the transport.
- (J) Every effort shall be made for the Referring Physician to be at Referring Hospital when the transport team arrives and to remain at Referring Hospital until the team departs in order to ensure complete communication between the health care providers.
- (K) After obtaining appropriate parent or patient consent, Receiving Hospital shall use its best efforts upon request to provide updates to Referring Hospital and to the Referring Physician of the patient's condition during hospitalization and of the patient's date of discharge when it becomes known.

Physician<sup>7</sup>), is responsible for determining the need for transfer in accordance with the State of Ohio Trauma Care Plan, contacting, and initiating the transfer to Receiving Hospital, and stabilizing the patient (as much as possible under the circumstances) pending transfer. The Referring Hospital shall use its best efforts to provide to Receiving Hospital as much advance notice as possible with respect to the request for a transfer.

- (C) Receiving Hospital, after contact by Referring Hospital, will, through its emergency medicine physicians, offer advice regarding transportation options, timing of the transfer, pre-transfer stabilization and any additional diagnostic procedures prior to and during transportation.
- (D) Referring Hospital shall establish and maintain such policies and procedures as are necessary to facilitate the terms of this Agreement.
- (E) At the time of making a patient transfer request to Receiving Hospital, Referring Hospital shall provide to Receiving Hospital the following information (facsimile transmissions, to the extent available, shall be utilized if Receiving Hospital deems such transmissions necessary):
  - 1. The name of Referring Hospital, and the name, title, and position of the person calling on behalf of Referring Hospital;
  - 2. The name of the Referring Physician;
  - 3. The reason for transfer;
  - 4. The patient's name;
  - 5. The initial diagnostic impression, the patient's medical condition and the basis for the referral;
  - 6. The name, if known, of the physician to whom the patient is to be referred to at Receiving Hospital; and
  - 7. Any additional information which Receiving Hospital reasonably requests.
- (F) The Referring Physician shall be responsible for obtaining the consent to the transfer, if legally necessary, and the patient or his/her legal guardian is available and capable to give consent.
- (G) Referring Hospital shall be responsible for ensuring that the following information accompanies a trauma patient transport to Receiving Hospital or is faxed to Receiving Hospital prior to arrival of the patient at Receiving Hospital:

03/17/2012 03:20 0172011120 F WNC PAGE 03/00

**Section II. Payment for Services:** Referring Hospital and Receiving Hospital shall each be responsible only for collecting its own payment for services rendered to the patient.

**Section III. Other Services**

- (A) **Performance Improvement:** Both parties shall from time to time conduct reviews of the patients transferred pursuant to this Agreement. Both parties will report any suggestions to improve upon the transfer of patients between the two institutions. If an amendment to this Agreement would be appropriate in an effort to improve patient care, both parties will consider such an amendment in good faith, and shall not refuse such amendment unreasonably.
- (B) **Consultative Services:** Referring Hospital shall have twenty-four (24) hour a day telephonic access to Grant Medical Center's emergency department physicians via the Emergency Communications Center (ECC) regarding trauma treatment issues associated with potential trauma referrals which may arise at Referring Hospital at no cost to Referring Hospital.

**Section IV. Term, Termination and Amendment**

- (A) **Term and Termination:** This Agreement shall be for an initial term of three (3) years, commencing on the Effective Date. Upon expiration of the initial term, this Agreement shall automatically renew for additional one (1) year terms.
- (B) This Agreement may be terminated at anytime by either party, by providing 30 days notice to the party:
- (C) All notices under this Agreement shall be in writing and personally delivered or deposited in the mail if sent prepaid by first class U.S. mail. All notices sent pursuant to Section IV (B) shall be sent by prepaid certified or registered U.S. mail, return receipt requested. All notices which are mailed shall be deemed given on the date of delivery by the U.S. Postal Service. All notices shall be sent to the address of the receiving party as set forth as principal place of business, or at such other address as shall be given in writing to either party by the other.
- (D) **Amendment**
  - 1. This Agreement may be amended at any time by a written amendment signed by the parties hereto.
  - 2. Either party may request modification of this Agreement by written notice in the event of a change in law, regulations, or administrative policies by any governmental entity that materially affects the terms of this Agreement including any changes in reimbursement under Medicare or Medicaid.

**Section V. Miscellaneous**

- (A) **Access to Records:** Pursuant to the requirements of 42 CFR § 420.300 et seq., each party agrees to make available to the Secretary of Health and Human Services ("HHS"), the Comptroller General of the Government Accounting Office ("GAO") or their authorized representatives, all contracts, books, documents and records relating to the nature and extent of costs hereunder for a period of four(4) years after the furnishing of Services hereunder for any and all Services furnished under this Agreement. In addition, each party hereby agrees to require by contract that each subcontractor makes available to the HHS and GAO, or their authorized representative, all contracts, books, documents and records relating to the nature and extent of the costs thereunder for a period of four (4) years after the furnishing of Services thereunder.
- (B) **Advertising and Public Relations:** Neither party shall use the name of the other party in any promotional or advertising material without the prior review and written approval of the party whose name is to be used.
- (C) **Assignment:** No part of this Agreement, nor any rights, duties or obligations described herein, may be assigned or delegated to any third party by either party without the prior written consent of the other party.
- (D) **Compliance with Laws and Standards:** Both parties shall comply with all federal, state and local laws in carrying out the terms of this Agreement, including but not limited to, the Emergency Medical Treatment and Active Labor Act of 1985 (EMTALA), contained in 42 U.S.C. §1395dd and the Health Insurance Portability and Accountability Act ("HIPAA") of 1996 contained in 42 U.S.C. §1320 (d) and any current and future regulations promulgated thereunder including, without limitation, the Federal Privacy Regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the Federal Security Standards contained in 45 C.F.R. Part 142 (the "Federal Security Regulations"), and the federal standards of electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements", to the extent applicable. Each party agrees not to use or further disclose any protected health information (as defined in 45 C.F.R. §164.501) or individually identifiable health information (as defined in 45 U.S.C. §1320d), other than as permitted by HIPAA requirements and the terms of this Agreement. To the extent applicable under HIPAA, each party shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Secretary of Health and Human Services to the extent required for determining compliance
- (E) **Warranty of Non-Exclusion:** Each party represents and warrants to the other that the party, its officers, directors and employees (i) are not currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs as defined in 42 U.S.C. §1320a-7b(f) (the "federal healthcare programs"), (ii) have not been convicted of a criminal offense related to the provision of healthcare items or services but have not yet been excluded, debarred, or



otherwise declared ineligible to participate in the federal healthcare programs, and (iii) are not, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may results in the party or any such individual being excluded from participation in the federal healthcare programs. This shall be an ongoing representation and warranty during the term of this Agreement and each party shall immediately notify the other of any change in the status of the representations and warranty set forth in this section. Any breach of this section shall give the other party the right to terminate this Agreement immediately for cause.

- (F) **Entire Agreement:** This Agreement represents the entire Agreement of the parties and no other oral or written agreement relative to the issues contained herein shall be binding upon the parties hereto. This Agreement supersedes all prior or contemporaneous oral or written representations, understandings, or agreements concerning the same.
- (G) **Governing Law:** This Agreement shall be interpreted and enforced in accordance with the laws of the State of Ohio.
- (H) **Independent Contractors:** The parties hereto have entered into this Agreement in their capacities as independent contractors. Neither party shall be construed, represented or held to be a partner, associate, agent, employee, joint venturer, or other like relationship of the other party in the performance of its obligations under this Agreement. Neither party, by virtue of this Agreement, shall be found to assume any liability for any debts or obligations of either a financial or a legal nature incurred by the other party to this Agreement.
- (I) **Nonwaiver:** No waiver of any term or condition of this Agreement by either party shall be deemed a continuing or further waiver of the same term or condition or a waiver of any other term or condition of this Agreement.
- (J) **Severability:** In the event any term of this Agreement is found to be unenforceable, in whole or in part, then the offending term shall be construed as enforceable to the maximum extent permitted by law, and the balance of this Agreement shall remain in full force and effect.
- (K) **EMTALA:** Both parties agree that they will transfer patients in compliance with the Emergency Medical Treatment and Active Labor Act of 1985 (42 USC §1395dd).

**IN WITNESSETH WHEREOF,** the parties hereto have caused this Agreement to be executed in duplicate as of the date first aforesaid.

HOSPITAL

By: The Founder's Women's Health Center

GRANT MEDICAL CENTER

By: [Signature] CNMF

Its: [Signature]  
Date: 05-11-12

Its: CNO, VP  
Date: 5/15/12



**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	The Founders Women's Health CTR. NPI:		
Address	1243 E. Broad St.		
City/County	Columbus Franklin	Zip + 4:	43205
Mailing Address	"Same as above"		
City/County		Zip + 4:	
E-Mail Address	info@fwhc.com		
Administrator Name	Judith Nolan		
Other Information	Telephone: (614) 251-1800 Fax: (614) 251-1126 Provider No.: _____ Licensure No.: 0596 AS Medicaid No.: _____		
	Fiscal Intermediary/Carrier: Name/Address/Phone No. NA		

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

ACCREDITED: ☐ Yes ☒ No Maternity License Expiration Date: NA  
Fiscal Year: 12/31

Action: ☐ Certification ☒ Licensure ☐ PCR/PSR ☐ Complaint No. \_\_\_\_\_ ☐ Other \_\_\_\_\_

FACILITY BEDS	TOTAL	HOSPITAL	HOSPICE	PPS PSYCH	PPS REHAB	MATERNAL BEDS	N/B
Total Beds	4						
Total Census							

**HEALTH SURVEYS**

Survey Entry Date: 3/13/12	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 Entrance 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: Judith A. Nolan	Date: 03-13-12
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614 251 1126

fee: [name@1-77-??]

[fax: name@ #]

The Foundus Women Health Center

POC REVIEW

Provider Name: \_\_\_\_\_ CCN: 0596AS

Facility Phone #: 1-614-251-1800 Survey Exit Date: 3/14/12

POC Reviewed By: Linda Hart Date Approved: \_\_\_\_\_

Desk Audit: \_\_\_\_\_

2567 signed and dated: NO

Completed Date: \_\_\_\_\_

	Tag #104	Tag #121	Tag #123	Tag #126	Tag #139	Tag #152	Tag #157	Tag #201	Tag #212	Tag #234	Tag #	Tag #	Tag #
Correction date within timeframe?	Y	Y	X	Y	Y	Y	✓	✓	✓	✓			
If POC refers to creating new policies/procedures, is a copy included?	Y	✓	✓	✓	NA	Y	Y	✓	✓	✓			
Does the plan address all of the deficient practice?	Y	✓	✓	✓	NO	Y	Y	✓	✓	✓			
Does the plan address who will monitor for compliance?	Y	✓	✓	✓	NO	Y	Y	✓	✓	✓			
Waiver/Variance requested?	NA				NA	NA	NA	NA	NA	NA			

**COMMENTS:**

- 2567 not signed & dated @ bottom of page
- Tag C104 - need only 1 completion date ✓
  - Tag C152 - can only have 1 completion date ✓
  - C201 - can only have 1 completion date ✓
  - C139 - is there a purchase order for ordering of meters for OR tables  
how & who will monitor to ensure this does not happen again  
need PO copy of faxed to S.D.H.

2pm 4/20/12 attempted to call facility on 4/20/12 @ 2:59pm - No answer - The above written info is what is need for add info - someone needs to call & ask for add info

1-16-12 note to Judith Nolan, didn't have own copy of poc, I faxed one over.

Judith Nolan 1 614 251 1800



# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich / Governor

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

March 23, 2012

Judith Nolan, Administrator  
Founder's Women's Health Center The  
1243 East Broad Street  
Columbus, OH 43205

RE: Founder's Women's Health Center The - License: 0596AS  
Survey Completed on March 14, 2012

Dear Ms. Nolan:

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.

FILE COPY

Founder's Women's Health Center The  
March 23, 2012  
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 COPY

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

COLUMBUS OH 43215

Postage	\$ 11.50
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 16.80</b>

0203

07

Postmark  
Here

05/11/2012

Sent To

Cheryl Gee, RN, BS, MSN, NE-BC / Grant Medical Center  
180 E. Broad Street  
Columbus, OH 43215

Form 3800, August 2006

See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Cheryl Gee, RN, BS, MSN, NE-BC  
Director of Nursing  
GRANT Medical Center  
180 E. Broad Street  
Columbus, OH 43215

2. Article Number

(Transfer from service)

7011 3500 0001 9174 5200

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

Copy 0596AS  
3/13/12

PATIENT NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

Common Procedures @ fwHC

1. Abortions
2. Annual exams / Pap smears
3. DMPA
4. Post-op exams
5. STD testing
6. Ultrasounds
7. IUD insertions / removals
8. Gyn exams
- 9.
- 10.