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CERTIFIED MAIL™ RECEIPT
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OFFICIAL MAIL

Postage \$ _____
 Certified Fee \$ _____

Return Receipt (Endorsement Required) _____
 Restricted Delivery (Endorsement Required) _____

Postmark Here _____

7010 2780 0001 8880 7537

Miriam Hernandez, Administrator
 Planned Parenthood Bedford Heights
 Regional Medical Center
 25350 Rockside Road
 Bedford Heights, OH 44146

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <i>S. Williams</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Miriam Hernandez, Administrator Planned Parenthood Bedford Heights Regional Medical Center 25350 Rockside Road Bedford Heights, OH 44146	JAN 28 10 53 AM '06 OHIO DEPT OF HEALTH IDA-BCHCS	
	<input type="checkbox"/> Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
2. 7010 2780 0001 8880 7537	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Review only

CERTIFICATION SURVEY PROCESSING CONTROL SHEET
NON LONG TERM CARE UNIT (NLTC)
PHONE: (614) 387-0801 FAX: (614) 564-2475

SURVEY HEALTH ENTRANCE	DATE: 1-10-13
SURVEY HEALTH EXIT	DATE: 1-11-13
LSC EXIT	DATE: NA
MAILED/TURNED IN	DATE: 1-16-13
FISCAL YEAR	

PSR TO BE A DESK AUDIT? Yes No

Action (circle): LIC 1666 INITIAL CERTIFICATION VALIDATION COMPLAINT PSR (Onsite/Desk Audit)

COMPLAINT(S) # _____

TYPE (circle): ASF
ASC CAH CORF ESRD HHA HOSPICE HOSPITAL EMTALA PTIP REHAB
PPS (PSYCH/REHAB) RHC X-RAY TRANSPLANT UJCKII

CCN/LIC: 1014A5

FACILITY NAME: Planned Parenthood Bedford Heights

ADDRESS: 25350 Rockside Rd.

CITY/COUNTY/ZIP Bedford Heights, Cuyahoga Ohio 44146

Surveyor Initials	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited	Oscar #	Tag #	Check if Condition	Check if Waiver	Recited
JS	03180	C139								
		C201								
		C243								
LW	20866	-								

NLTC/Lic Cert Entered (Date/Initials) CERT 1-18-13 10/60 10/45 CONDI 5/30 PSR LIC 10/30 PSR 5/15 PSR

Draft To Supervisor By OA (Date/Initials) 1-18-13 LTR. Signed (Date/Initials) 1/18/13

SOD MAILED (Date/Initials) 1-22-13

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

POC Due 5 Days or 10 Days 2-1-13 LOG CALENDAR ACO Lic Cert
POC Approved (Date/Initials) 3/12/13 File To Pending Drawer (Date/Initials) _____

File To Review (Date/Initials) 3/19/13 LOG Lic Cert

670 Completed (Date/Initials) 4-1-13 bs ES All Data Info Entered into LE (Date/Initials) _____

LIC LTR CMS NO DEF. LTR TO MAUST _____

File To Central Office (Date/Initials) _____ LOG ACO Lic Cert

NOTES: CLOSED IN ASPEN Date/Initials _____

RECEIVED

Approved 3/12/13 Sluderback

PRINTED: 01/18/2013
FORM APPROVED

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1014AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/11/2013
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD BEDFORD HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 25350 ROCKSIDE ROAD BEDFORD HEIGHTS, OH 44146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 000	Initial Comments Licensure Compliance Inspection Administrator: Miriam Hernandez County: Cuyahoga Capacity: Six Operating Rooms The following violations are issued as a result of the licensure compliance inspection completed on 01/11/13.	C 000			
C 139	O.A.C. 3701-83-10 (B) Safety & Sanitation The HCF shall be maintained in a safe and sanitary manner. This Rule is not met as evidenced by: Based on facility observation and staff interview and verification, the facility failed to ensure a safe and sanitary environment. Potentially all patients, visitors and staff could be affected. The facility provided services for 3618 patients in the year 2012. Findings included: On 01/10 and 01/11/13 the facility was observed and documentation was reviewed during the compliance inspection. The following observations were noted regarding safety and sanitation of the facility: 1. Upon entrance to the first floor waiting area, an automatic door release for the secured waiting room door was noted. The cover to the automatic release was noted to be out of place.	C 139	The automatic door release for the first floor waiting room has been reset and is in standard working order. Please see enclosed photographs (Appendices A & B) as evidence that the release has been reset. Information of how		

Ohio Department of Health

[Signature]

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

STATE FORM

TITLE

VP of Health Services 1/31/13

(X8) DATE

6100

UJCK11

If continuation sheet 1 of 6

RECEIVED JAN 24 2013

PRINTED: 01/18/2013
FORM APPROVED

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1014AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2013
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD BEDFORD HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 25350 ROCKSIDE ROAD BEDFORD HEIGHTS, OH 44146
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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C 139	<p>Continued From page 1</p> <p>exposing the inside of the box. Staff A present at the observation on 01/10 and 01/11/13 revealed the release for the secured door of the waiting area was designed especially for handicapped patients. The door was equipped with an electronic eye which would release if a person was standing in front of the door. The electronic eye may not release the door if a wheelchair patient was present, thus the need for the manual release button. Staff A verified the automatic release was not in working order and in need of repair. The door did release in case of emergency.</p> <p>2. Observation of the fire extinguishers on the first and second levels of the facility revealed the facility fire extinguishers had not been inspected monthly as evidenced by lack of documentation on the back of the tag on the extinguishers. In addition, two extinguishers, one on the first floor and one on the second floor, had not been inspected on an annual basis. The tag on the two extinguishers revealed the last annual inspection was in September 2011. Staff A present at the time of the observation verified that no monthly inspection of the extinguishers had been conducted and further verified the two fire extinguishers had not been serviced in 2012.</p> <p>3. Observation of the second floor surgical waiting area revealed very lightly colored walls. Observation of the seating area revealed darkened and discolored walls behind the chairs in the waiting areas. The discolored areas looked consistent with dirty areas left behind by persons sitting in the chairs who may had leaned or rested against the wall. Staff present on the tour verified the observation.</p> <p>Review of facility documentation on 01/11/13</p>	C 139	<p>to reset the release is on site in the facility and available to the staff in the event it is released again. Corrected 1/28/13. Center Manager will be responsible for ensuring all doors are functioning as required.</p> <p>Two fire extinguishers, not in use, were located at another facility that had been serviced in 2012. These were put in place of the two extinguishers that were serviced in 2011 (see appendices C&D). Additionally the service company has scheduled to visit the facility on February 1, 2013 to service the two fire extinguishers in need of service. These will be moved to storage. There is now a list of all of the extinguisher locations on file at the site so that future service inspections will include all fire extinguishers in the facility. Corrected by 2/1/13.</p> <p>The cleaning company has cleaned the walls in the facility was absent on January 31st, 2013. The cleaning company is adding wall cleaning to their contracted services (cont)</p>	
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DEFICIENCY REPORT 2013

PRINTED: 01/18/2013
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Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1014AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2013
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD BEDFORD HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 25350 ROCKSIDE ROAD BEDFORD HEIGHTS, OH 44146
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C 139	Continued From page 2 revealed the failure to check fire extinguishers had been identified during a safety check conducted by staff in 2012. Review of the contracted cleaning staff duties revealed cleaning of the waiting area walls was not listed.	C 139	<i>(cont) for the facility and will begin this service regularly in February 2013. Corrected by 2/1/13. The staff of the ASF were trained on January 17, 2013 on how to do monthly safety checks by the charge clinician</i>	
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	C 201	<i>Monthly safety checks of the fire extinguishers began in January 2013 and monthly safety audits of the ASF will ensure that the fire extinguisher checks are happening as required. Item to be corrected by 2/1/13. Maintenance and safety compliance of the fire extinguishers and facility upkeep will be the responsibility of the center manager to ensure compliance.</i>	

Ohio Dept Health

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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD BEDFORD HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 28350 ROCKSIDE ROAD BEDFORD HEIGHTS, OH 44146
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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C 201	<p>Continued From page 3</p> <p>external peer review shall consist of a quarterly audit of a random sample of surgical cases.</p> <p>This Rule is not met as evidenced by: Based on review of physician credentialing files and staff interview and verification, the facility failed to ensure the governing body at least every twenty-four months reviewed, updated, and approved the surgical procedures that may be performed at the facility. Two of four physician credentialing files (Staff CC and Staff DD) were affected. The facility provided services for 3618 patients in the year 2012.</p> <p>Findings included:</p> <p>On 01/10/13, Staff A provided four credentialing files for physicians who provided surgical services at the facility. Review of the four credentialing files on that date revealed the following:</p> <ol style="list-style-type: none"> 1. Review of the credentialing file for Staff CC revealed that privileges were last reviewed and approved by the governing body in November 2010. Interview of Staff A revealed that Staff CC no longer provided services for the facility but had not been released as no longer practicing there. Staff A verified the governing body had taken no action regarding credentialing and approval of privileges for Staff CC. 2. Review of the credentialing file for Staff DD revealed there was no documented evidence of a list of requested and approved procedures to be 	C 201	<p>The ASF Governing Body for Planned Parenthood of Greater Ohio is scheduled to meet on February 7, 2013. At that time, staff CC will be released from providing services at the facility. Also at that meeting the status of Staff DD as the Medical Director will be documented and her privileges will be reviewed based on all of the required criteria. The surgical privileges at the ASF for staff DD will be approved or denied. Please see Appendix E as an example of the privileging form that will be used by the ASF Governing Body.</p> <p>Additionally at the February 7th meeting the current surgical procedures performed at the facility will be reviewed and approved.</p> <p>(continued)</p>	
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD BEDFORD HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 25350 ROCKSIDE ROAD BEDFORD HEIGHTS, OH 44146
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C 201	Continued From page 4 performed in the facility. Interview of Staff A regarding the lack of requested procedures and approval by the governing body revealed Staff DD was the current medical director. The credentialing file contained no documented evidence to indicate that Staff DD acquired the duties of the medical director. On 01/10/13 at 4:30 P.M. Staff A verified there was no delineation of privileges and indication of governing body approval.	C 201	Going forward, the policy will be in place that the ASF Governing Body will follow this review process at least every 24 months. Items corrected by 2/8/13. The Vice President of Health services will ensure compliance with the ASF Governing Body policy as part of the PPGOH RQM program.	
C 243	O.A.C. 3701-83-20 (D) Ventilation & Humidity Levels Each ASF shall have appropriate ventilation and humidity levels in order to minimize the risk of infection and to provide for the safety of the patient. This Rule is not met as evidenced by: Based on facility observation and staff interview and verification, the facility failed to ensure appropriate ventilation and humidity levels in order to minimize the risk of infection and to provide for the safety of the patients. The facility provided services for 3618 patients in the year 2012. Findings included: On 01/10/13 tour of the facility was conducted with Staff A and B. Observation of the facility revealed the surgical and recovery areas was located on the second floor of the building. Staff A and B verified the facilities utilized only conscious sedation of the patients and no general anesthesia was used.	C 243		

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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD BEDFORD HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 25350 ROCKSIDE ROAD BEDFORD HEIGHTS, OH 44146		
(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 243	Continued From page 5 Interview of Staff A regarding temperature and humidity levels for the surgical and recovery areas revealed the levels were not monitored by staff. Staff A revealed the corporate policy was that humidity levels were to be monitored. A portable electric heater was observed in the patient recovery area.	C 243	Humidity and temperature not monitors were purchased and installed in the facility in surgical and recovery areas on January 30, 2013. Staff were trained how to monitor the devices on that day by the VP of Health Services. Daily monitoring of the devices will begin February 1, 2013. Monthly facility safety audits will ensure the regular monitoring of temperature and humidity is happening in the facility as required. See Appendices F - I for documentation of the purchase and installation of these devices. The portable electric heater has been removed from the surgical floor. On January 17, 2013 the staff were informed by charge clinician to not bring portable heaters onto the surgical floor or use them in the facility. Item to be corrected by 2/1/13. The center manager will be responsible for ensuring humidity and temperature monitoring is compliant.	

Additional Documentation for Facility #1014A5
Following Plan of Correction Submission Dated 1/31/13



Planned Parenthood of Greater Ohio

PPGOH Governing Body

Planned Parenthood of Greater Ohio, in an effort to ensure compliance with various regulatory agencies, and to assure standardization within our ambulatory surgical centers, maintains a Governing Body for its Surgical Services.

Membership in this governing body includes:

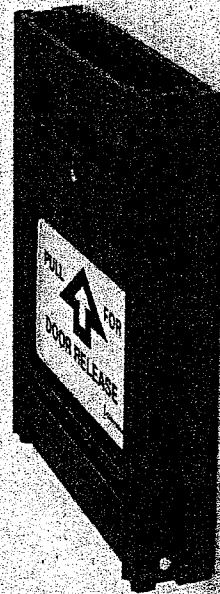
- Medical Director
- Director of Surgical Services
- Director of Risk & Quality Management
- VP of Health Services
- Regional Lead Clinicians
- Surgical Service Health Center Managers
- Surgical Service Charge Clinicians

This governing body will meet at least once every 24 months in order to accomplish the following activities:

- Review, update and approve the surgical procedures performed at the ambulatory surgical centers and maintain an up-to-date listing of those procedures
- Review (grant or deny) privileging of surgical service physicians and other licensed or certified health care professionals, based on documented evidence of current licensure, relevant education, training and experience, as well as competence in performance of the procedures.
- Review Medical Standards & Guidelines to assure that they are updated appropriately
- Review surgical complication rates
- Review results of relevant audits
- Make recommendations for protocols and trainings
- Complete other RQM reports as needed

Minutes of each meeting will be provided to the President & CEO of PPGOH and to the PPGOH Board of Trustees' RQM Committee.

Appendix A



Appendix B

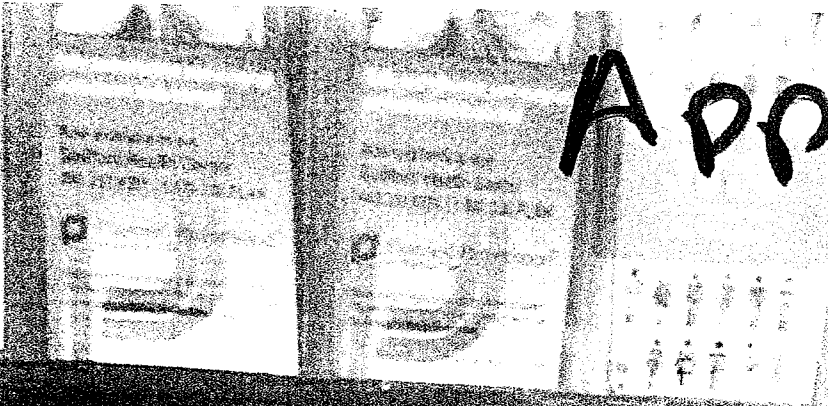
EXIT



Appendix C



Appendix D



Appendix E

PLANNED PARENTHOOD OF GREATER OHIO

Bedford Heights Surgery Center
25350 Rockside Road
Bedford Heights, OH 44146

East Columbus Surgery Center
3255 East Main Street
Columbus, OH 43213

The Governing Body of Planned Parenthood of Greater Ohio's ambulatory surgical facilities grants privileges to provide abortions up to ____ weeks gestation including medication abortion to _____ M.D.

Privileges are granted for a 24 month period from __/__/20__ through __/__/20__, unless terminated for cause. Privileges are restricted to the services provided at the ASF:

- located at 3255 East Main Street Columbus, Oh 43213
- located at 25350 Rockside Road Bedford Heights, Ohio 44146

Authorized Representative of ASF
Governing Body

Date

Printed Name

Title

Appendix
Class Report

Fisher Scientific Education
Cat No. S66279
Traceable Thermometer
Model

1413958279111

© 2003
Fisher Scientific
10250
Columbus, Ohio 43260

CE000000
NEA
4041-338

TRACEABLE®
Fisher Scientific

3:30
73.2 F
44 %

CLEAR

TRACEABLE®
Fisher Scientific

3:30
73.6 F
43 %

CLEAR

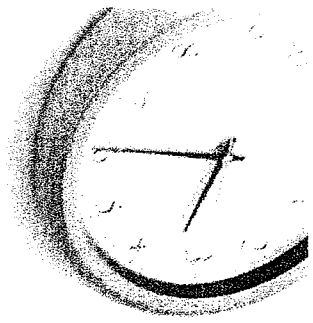
TRACEABLE®
Fisher Scientific

3:30

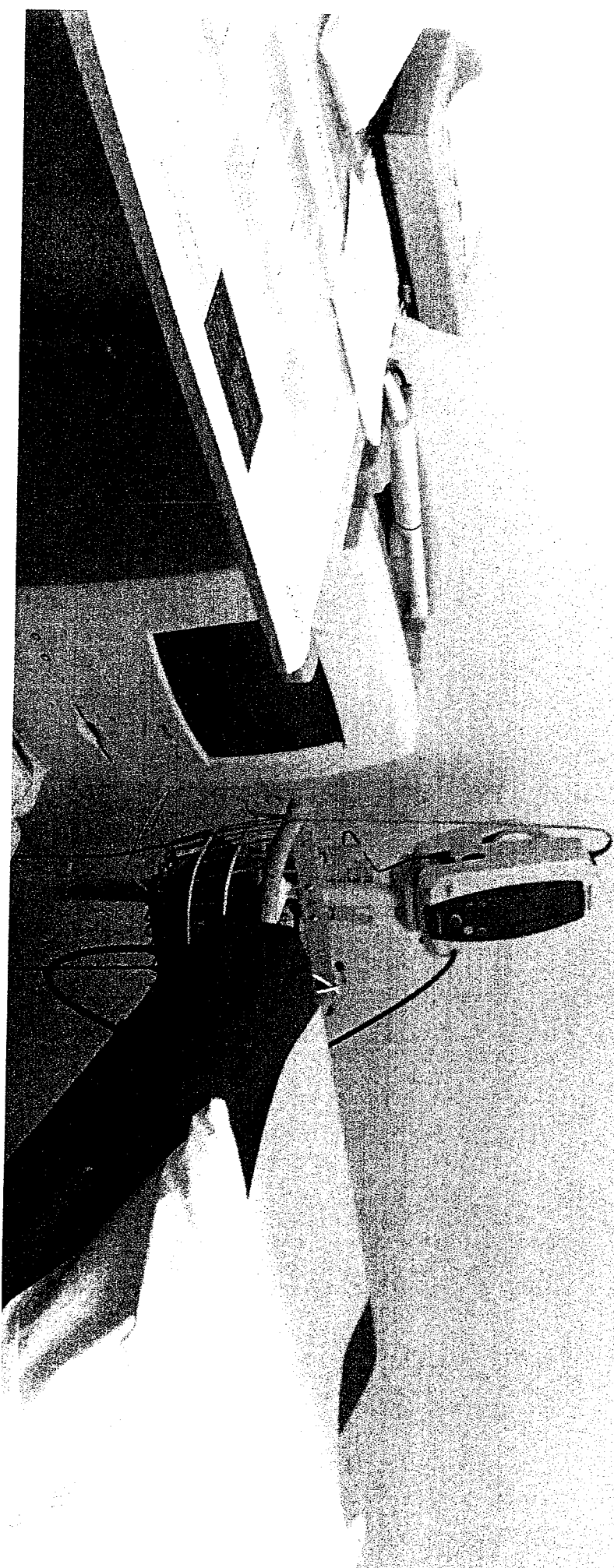
CLEAR

Appendix

ITEMS



Appendix G





Calibration
Certificate No. 1750.01

Calibration complies with ISO/IEC
17025, ANSI/NCSL Z540-1, and 9001

Appendix H



Cert. No.: 4040-4537628

Traceable® Certificate of Calibration for Therm./Clock/Humidity Monitor

Manufactured for and distributed by: Fisher Scientific, P.O. Box 1768, Pittsburgh, PA 15230

Instrument Identification:

Model: S66279 S/N: 122444558 Manufacturer: Control Company

Standards/Equipment:

Description	Serial Number	Due Date	NIST Traceable Reference
Chilled Mirror Hygrometer	31874/H2048MCR	5/24/13	10100
Digital Thermometer	90969500	9/14/12	4000-3893285
Non-contact Frequency Counter	26.6 2025	3/06/13	1000313632

Certificate Information:

Technician: 104 Procedure: CAL-17 Cal Date: 8/03/12 Cal Due: 8/03/14
Test Conditions: 26.0°C 41.0 %RH 1012 mBar

Calibration Data: (New Instrument)

Unit(s)	Nominal	As Found	In Tol	Nominal	As Left	In Tol	Min	Max	±U	TUR
°C		N.A.		23.56	23.6	Y	22.6	24.6	0.06	>4:1
%RH		N.A.		41.840	43	Y	34	50	1.300	>4:1
Sec/24hr		N.A.		0.000	0.300	Y	-8.640	8.640	0.130	>4:1

This Instrument was calibrated using Instruments Traceable to National Institute of Standards and Technology.

A Test Uncertainty Ratio of at least 4:1 is maintained unless otherwise stated and is calculated using the expanded measurement uncertainty. Uncertainty evaluation includes the instrument under test and is calculated in accordance with the ISO "Guide to the Expression of Uncertainty in Measurement" (GUM). The uncertainty represents an expanded uncertainty using a coverage factor k=2 to approximate a 95% confidence level. In tolerance conditions are based on test results falling within specified limits with no reduction by the uncertainty of the measurement. The results contained herein relate only to the item calibrated. This certificate shall not be reproduced except in full, without written approval of Control Company.

Nominal=Standard's Reading; As Left=Instrument's Reading; In Tol=In Tolerance; Min/Max=Acceptance Range; ±U=Expanded Measurement Uncertainty; TUR=Test Uncertainty Ratio; Accuracy=±(Max-Min)/2; Min = As Left Nominal(Rounded) - Tolerance; Max = As Left Nominal(Rounded) + Tolerance; Date=MM/DD/YY

Nicol Rodriguez
Nicol Rodriguez, Quality Manager

Wallace Berry
Wallace Berry, Technical Manager

Maintaining Accuracy:

In our opinion once calibrated your Therm./Clock/Humidity Monitor should maintain its accuracy. There is no exact way to determine how long calibration will be maintained. Therm./Clock/Humidity Monitors change little, if any at all, but can be affected by aging, temperature, shock, and contamination.

Recalibration:

This device was calibrated using a single test point. Should additional test points be required, please contact Control Company for factory calibration and re-certification traceable to National Institute of Standards and Technology.

CONTROL COMPANY 4455 Rex Road Friendswood, TX 77546 USA
Phone 281 482-1714 Fax 281 482-9448 service@control3.com www.control3.com

Control Company is an ISO 17025:2005 Calibration Laboratory Accredited by (A2LA) American Association for Laboratory Accreditation, Certificate No. 1750.01.
Control Company is ISO 9001:2008 Quality Certified by (DNV) Det Norske Veritas, Certificate No. CERT-01805-2006-AQ-HOU-RvA.
International Laboratory Accreditation Cooperation (ILAC) - Multilateral Recognition Arrangement (MRA).



BOX CONTENT LIST

INVOICE#		INVOICE DATE	
9763679-01		1/29/13	
CUSTOMER#	BOX#	PAGE	
318080	1 of 1		
CUSTOMER PO#			
BDADT24012813			
HSI ORDER#		ORDER DATE	
06870864		01/29/13	

SS
HO
L Planned Parenthood
PD 25350 Rockside Rd
TT Greater OH
OO Bedford Heights OH 44146-7110

B
L Planned Prnthd Of Grtr OH
L 444 W Exchange St
T Greater OH
O Akron, OH 44302-1711

LOCATION CODE	SHIPPED QTY	EXP. CODE	UNIT SIZE	DESCRIPTION & STRENGTH	ITEM CODE	LINE NO.
E-74-08-5U	3		EA	THERMOMETER/CLOCK/HUMIDIT MONITOR S66279 MIDWEST D.C. Dea#: RH0162494 HENRY SCHEIN INC. 5315 WEST 74TH STREET INDIANAPOLIS, IN 46268	116-5313	1

*MM
013013*

OFFICE USE ONLY

BATCH# 46201-002

Size:# 2

WT - 1

FREIGHT INSTRUCTIONS OH3 3679



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	Planned Parenthood Bedford Hts. Regional Med. CE		NPI: 1427066000
Address	25350 Rockside Rd		
City/County	Bedford Heights	Zip + 4:	44146
Mailing Address	25350 Rockside Rd.		
City/County	Bedford Heights	Zip + 4:	44146
E-Mail Address	miriam.hernandez@ppoh.org miriam.hernandez@ppoh.org		
Administrator Name	Miriam Hernandez		Letter confirmed per SR 11/9/13
Other Information	Telephone:	(440) 232-9732	Fax: (440) 374-4970
	Provider No.:		Licensure No.: 104AS Medicaid
	No.:	0562421	
	Fiscal Intermediary/Carrier: Name/Address/Phone No.		

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: _____
 Fiscal Year: _____

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

FACILITY BEDS	TOTAL	HOSPITAL	HOSPICE	PPS PSYCH	PPS REHAB	MATERNAL BEDS	N/B
Total Beds	6						
Total Census							

HEALTH SURVEYS

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

LSC SURVEYS

Survey 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: <i>[Signature]</i>	Date: 1-11-13
----------------------------------	---------------

PATIENT TRANSFER AGREEMENT

This Patient Transfer Agreement ("Agreement") is made and entered into on the Effective Date (defined below) by and between University Hospitals Bedford Medical Center ("Hospital"), a non-profit corporation organized and existing under the laws of the State of Ohio, located at 44 Blaine Avenue, Bedford, Ohio 44146, and Planned Parenthood of Northeast Ohio ("Facility"), a corporation organized and existing under the laws of the State of Ohio, currently located at 19550 Rockside Road, Bedford, OH 44146 and relocating to 25350 Rockside Road, Bedford Heights, OH 44146 on or about January 1, 2012.

RECITALS

WHEREAS, Hospital and Facility operate health care institutions that provide health care services for the patients/residents of their respective facilities ("Patients").

WHEREAS, the parties are committed to providing Patients a high quality of care at both the acute and post-acute stages of illness, and therefore desire to enter into a Patient Transfer Agreement to promote expeditious and safe transfers between the two institutions.

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained, and for other valuable consideration, the sufficiency of which is hereby acknowledged, Hospital and Facility agree as follows:

- I. **CAVEAT.** This Agreement is based upon a template created by University Hospitals Law Department. Blank lines should be appropriately filled in but the language cannot be modified in any way without Law Department approval. Such approval will be evidenced by a stamp on the signature page of this Agreement reading "Approved as to Form" and signed by a UH Law Department attorney. Any amendments or modifications to this Agreement require a separate review and UH Law Department Approval. This template, if unchanged, does not require UH Law Department Approval.
- II. **DEFINITIONS.** The "transferring institution" is defined as the institution transferring the Patient to the other institution. It may be either the Hospital or the Facility. The "receiving institution" is defined as the institution to which the Patient is transferred. It may be either the Hospital or the Facility.
- III. **TRANSFERRING INSTITUTION'S RESPONSIBILITIES.** The transferring institution initiating the transfer shall have the following responsibilities:
 - A. Patient Transfer. The Patient's attending physician shall determine the need for transfer of a Patient. When such a determination has been made, the transferring institution shall determine the Patient's medical status, acuity, and risk assessment and shall immediately notify the receiving institution of the impending transfer and provide medical and administrative information necessary to determine the appropriateness of the placement and to enable continuing care of the Patient.
 - B. Medical Screening and Stabilization. The transferring institution is responsible for ensuring that all transfers are in compliance with the Emergency Treatment and Active Labor Act (commonly referred to as the "COBRA anti-dumping law"), 42 U.S.C. §1395dd, et seq.

C. Patient Authorization. The attending physician and the transferring institution will be responsible for obtaining any necessary Patient authorization and consent for transfer prior to the transfer.

D. Transfer Information. The transferring institution shall assure that the receiving institution receives, upon transfer, appropriate information with regard to current medical findings, diagnosis, rehabilitation potential, and a summary of the course of treatment followed in the transferring institution, nursing and dietary information, ambulation status, pertinent administrative and social information, and documented consent for treatment. In addition, the transferring institution shall include the name, address and phone number of the individual designated by Patient to notify in case of medical emergency, or a statement that there is no known individual to be informed in such case. With the Patient's consent, the transferring institution shall notify that individual of the transfer.

E. Mode of Transport. The transferring institution shall have the responsibility for arranging for and effecting the transportation of the Patient to the receiving institution, including the selection of the mode of transportation and, where indicated, the provision of appropriate health care personnel and equipment to accompany the Patient.

F. Coordination with Receiving Institution. The transferring institution shall be responsible for contacting and confirming prior to transfer that the receiving institution is willing to and can accept the transfer of the Patient and provide the appropriate treatment. The attending physician at the transferring institution shall be responsible for communicating directly with the physician at the receiving institution to ensure that adequate space and personnel are available for the Patient and to resolve any questions concerning the transfer. If the receiving facility has fully committed its resources and is therefore temporarily unable to provide safe, appropriate, and timely medical care to Patient; or, if the receiving institution cannot provide such care because of a physical breakdown (e.g., fire, bomb threat, power outage, safety concern, etc.), the parties to this Agreement will cooperate to find another medically appropriate facility for the Patient.

G. Personal Effects and Valuables. The transferring institution will be responsible for the transfer or other appropriate disposition of personal effects, particularly money and valuables, and information relating to these items. The status of such disposition shall be made in writing and forwarded to the receiving institution.

H. Death of Patient after Transfer. In the event a Patient dies after transfer, the parties agree to cooperate in determining the Patient's next-of-kin or such other persons as may be required to be notified of the Patient's death.

IV. RECEIVING INSTITUTION'S RESPONSIBILITIES. The receiving institution shall have the following responsibilities:

A. Admission. If the Patient transfer is accepted, the receiving institution agrees to admit the Patient, provided that the medical staff, facilities and personnel are available to accommodate that Patient. The receiving institution's responsibility for the Patient's care shall begin when the Patient arrives at the receiving institution.

B. Consultation. Upon request by the transferring institution and/or attending physician, the receiving institution will provide consultation prior to, during or following

transfer. The receiving institution, however, will provide no protected health information to the transferring institution unless the Patient has given prior written consent for such exchange of information.

C. Reverse Transfer. Upon request by the transferring institution, an attending, and/or the Patient, the receiving institution may return the Patient to the transferring institution or transfer the Patient to another appropriate institution.

- V. **PATIENT RECORDS.** The transferring institution shall provide all pertinent and necessary medical information and records, which shall accompany the Patient, including current medical and social history, diagnosis, treatment summary, prognosis and other pertinent information. The transferring institution agrees to supplement the above information as necessary for the maintenance of the Patient during transport and treatment upon arrival at the receiving institution. Once the Patient is admitted to the receiving institution ongoing oral or written protected health information may be provided with the Patient's or responsible party's consent. Both parties agree that such exchange of information shall be solely for the purpose of treatment in compliance with the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, as amended by Pub. L. No. 111-5 Division A, Title XIII ("HITECH"), and the implementing regulations promulgated ("HIPAA") as excepted by 45 CFR, § 164.502(e)(1) and, therefore no business associate addendum is required.
- VI. **OUTPATIENT SERVICES.** Hospital shall make available its diagnostic and therapeutic services on an outpatient basis as requested by the Facility attending physician and as ordered by a Hospital physician. Hospital agrees to provide, according to Hospital's policies, available outpatient services as may be required by the Patient of Facility when the services are not available at Facility. Outpatient services may include, but are not limited to laboratory, x-ray, physical services or any other form of services necessary for appropriate treatment care of the Patient: provided, however, that nothing contained herein shall require Hospital to provide such services unless Patient has demonstrated the ability to reimburse Hospital or cause Hospital to be reimbursed for such services.
- VII. **PAYMENT FOR SERVICES.** The Patient is primarily responsible for payment for care received at either institution and for payment of transport costs. Each institution shall be responsible for collecting payment for services rendered in accordance with its usual billing practices. Nothing in this Agreement shall be interpreted to authorize either institution to look to the other institution to pay for services rendered to a Patient transferred by virtue of this Agreement, except to the extent that such liability may exist separate and apart from this Agreement. Notwithstanding any other language in this Agreement, in the event the Patient fails to accept responsibility for the transfer costs, the parties agree that Hospital shall not be liable for these expenses.
- VIII. **INDEPENDENT FACILITY STATUS.** Both institutions are independent contractors. Neither institution is authorized or permitted to act as an agent or employee of the other. Nothing in this Agreement is intended to or shall be construed to create any relationship between the institutions other than that of independent contractors. Nothing in this Agreement shall be construed as limiting the right of either party to affiliate or contract with any other medical center or extended care facility on any basis whatsoever. Neither party, by virtue of this Agreement, assumes any liability for any debts or obligations of

either a financial or a legal nature incurred by the other party to this Agreement.

- IX. LIABILITY AND INDMNIFICATION.** Each party shall be responsible for any and all damages, claims, liabilities or judgments expenses and costs (including but not limited to, court costs and attorneys' fees) of every kind arising out of or in consequence of the party's breach of this Agreement, and/or of the negligent errors and omissions or willful misconduct of its officers, directors, shareholders, servants, agents, employees, students or independent contractors in the performance of or conduct related to this Agreement.

Each party (the "Indemnifying Party") shall indemnify, defend, save and hold harmless the other party (the "Indemnified Party") for any and all damages, claims, liabilities or judgments expenses and costs (including but not limited to, court costs and reasonable attorneys' fees) of every kind which may be sustained or incurred by the Indemnified Party at any time arising out of or in consequence of the Indemnifying Party's breach of this Agreement, and/or of the negligent errors and omissions or willful misconduct of the Indemnifying party's officers, directors, shareholders, servants, agents, employees, students or independent contractors in the performance of or conduct related to this Agreement.

- X. INSURANCE.** Each institution, either through insurance contracts or by self-insurance, shall secure and maintain with respect to itself, its agents and employees, during the term of this Agreement, comprehensive general liability insurance coverage with primary limits of not less than one million dollars per claim with umbrella coverage of not less than ten million dollars and professional liability insurance with primary limits of not less than three million dollars. Each party hereto shall provide proof of such insurance and/or on the adequacy of its self-insurance upon request. Each party shall immediately notify the other of any notice from its insurance carrier of intent to modify or cancel such insurance coverage.

XI. TERM, MODIFICATION AND TERMINATION.

A. This Agreement shall commence on the Effective Date and shall continue for a period of one (1) year. Thereafter this Agreement shall automatically renew for no more than four (4) successive periods of one (1) year each, unless sooner terminated as provided below.

B. This Agreement may be modified or amended from time to time by a prior written agreement signed by the parties hereto, which shall be effective only upon UH Law Department Approval prior to the parties' signatures.

C. Any modification or amendments shall be in writing and shall become a part of this Agreement.

D. Either party may terminate this Agreement without cause by giving thirty (30) days' notice in writing to the other party of its intent to terminate.

E. During the 30-day notice period, the terminating institution will be required to meet its commitments under this Agreement with respect to all Patients for whom the other institution has begun the transfer process in good faith

F. This Agreement shall be immediately terminated should either party fail to

maintain its state licensure or registration, if any, or should either party's certification as a Medicare or Medicaid provider be revoked.

XII. NOTICE. Any notice required or permitted by this Agreement shall be sent by certified or registered overnight mail, signature and return receipt required, and shall be deemed given upon receipt thereof.

A. All notices to Hospital shall be addressed to:

University Hospitals Bedford Medical Center
44 Blaine Avenue
Bedford, Ohio 44146
Attn: President

With a copy to:

Chief Legal Officer
University Hospitals
Management Services Center
3605 Warrensville Center Road
Shaker Heights, Ohio 44122-5203

B. All notices to Facility shall be addressed to:

Planned Parenthood of Northeast Ohio
Attn: Medical Director
25350 Rockside Road
Bedford Heights, OH 44146

XIII. UNIVERSITY HOSPITALS ("UH")¹ CORPORATE COMPLIANCE AND COMPLIANCE WITH LAW.

A. UH is committed to full compliance with all applicable laws, rules, regulations and state and Federal health care program requirements (collectively, "Laws") and has certain compliance obligations relative to the Laws which it has adopted, and, as such, Facility agrees to cooperate fully with the University Hospitals ("UH") Compliance & Ethics Program. In accordance with such commitments Facility hereby certifies, as evidenced by execution of this Agreement, that it shall comply with the obligations set forth in this Section XIII. Failure to comply with the requirements of this Section XIII may result in the immediate termination of this Agreement.

B. During the term of this Agreement, the parties shall take such actions and revise this Agreement as is necessary or advisable to comply fully with all federal, state, and local laws, rules and regulations, well as federal and state health care program requirements (collectively, "Laws"), applicable to performance of their respective obligations under this Agreement, including and without limitation:

¹ Except where otherwise noted, "UH" means all hospitals, ancillary providers, and other entities owned or controlled, directly or indirectly, by University Hospitals Health System.

1. Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) (“HIPAA”) and the rules and regulations promulgated thereunder, as well as guidance issued by the United States Department of Health and Human Services (the “HIPAA Regulations”);

2. Emergency Treatment and Active Labor Act (“EMTALA”), commonly referred to as the “COBRA anti-dumping law,” 42 U.S.C. §1395dd, *et seq*;

3. Section 1861(1) of Public Law 89-97, commonly referred to as the “Social Security Amendments of 1965”; and

4. The Federal Anti-Kickback Statute, 42 U.S.C. Sec. 1320a-7(b) and the Physician Self Referral Law, 42 U.S.C. Sec. 1395nn, commonly referred to as the “Stark Law”.

C. By signing the Agreement, Facility’s authorized representative certifies that:

1. He/she has read and assured the relevant parties at the Facility have received the University Hospitals Policies and Procedures CE-1, CE-9, CE-10 and CE-14, available online at www.uhhospitals.org/vendorpolicies (*username = uhvendors; password = uhvendors*) and the University Hospitals Compliance & Ethics Program Code of Conduct available online at <http://www.uhhospitals.org/tabid/1806/Default.aspx>. The UH Compliance & Ethics Program Code of Conduct and Policies and Procedures describes the operation of the UH Compliance & Ethics Program and compliance with Federal health care program requirements.

2. Neither Facility nor any officer, director, member, manager, faculty or student of Facility has been debarred, excluded, suspended or otherwise determined to be ineligible to participate in the Federal health care programs or in Federal procurement or nonprocurement programs² (collectively, “Ineligible”), or convicted of a criminal offense that could result in such party becoming Ineligible. Facility shall not knowingly employ or contract with any individual or entity listed by a Federal agency of the United States of America as Ineligible.

3. If any employee, contractor, subcontractor, student or agent of Facility is reasonably expected to provide patient care items or services or perform billing or coding functions on behalf of a UH Entity³ under this Agreement in excess of 160 hours during the calendar year (a “Covered Person”), within 30 days after the execution of the Agreement or within 30 days after such party becoming a Covered Person, whichever is later, Facility shall:

a. Identify each such Covered Person to the UH Compliance and Ethics Department by emailing or calling the Chief Compliance

² An individual or entity listed on either the Health and Human Services – Office of Inspector General – List of Excluded Individuals at www.exclusions.oig.hhs.gov or the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs at www.epls.gov, as revised from time to time, is Ineligible.

³ “UH Entity” is defined as: University Hospitals Health System, Inc., University Hospitals Cleveland Medical Center, University Hospitals Conneaut Medical Center, University Hospitals Geneva Medical Center, University Hospitals Bedford Medical Center, University Hospitals Geauga Medical Center, University Hospitals Richmond Medical Center, University Hospitals Ahuja Medical Center, Inc., University Hospitals Health System-Heather Hill Rehabilitation Hospital, Inc., and University Hospitals Health System-Heather Hill, Inc.

Officer at Compliance@UHhospitals.org or (216) 767-8223, or phoning the Compliance Hotline at (800) 227-6934;

b. Ensure that each such Covered Person participates in required UH Compliance Training and executes and delivers to the Chief Compliance Officer a certification that the Covered Person has read, understood and shall abide by the University Hospitals Code of Conduct and UH Policies and Procedures, and shall comply with the UH Compliance & Ethics Program.

D. Facility further agrees as follows:

1. Facility shall perform the Agreement in compliance with all applicable laws, rules, regulations and Federal health care program requirements (to the extent applicable) (collectively, "Laws").

2. Facility agrees to conduct this business relationship consistent with the standards set forth in the UH Code of Conduct, and to cooperate fully with the UH Compliance & Ethics Program.

3. The failure of Facility to comply with applicable Laws, the UH Code of Conduct or with the UH Compliance & Ethics Program, shall be grounds for immediate termination of this Agreement; provided, however, that except in cases of material noncompliance, UH shall give Facility reasonable notice and an opportunity to cure prior to terminating the Agreement.

4. If at any time during the term of this Agreement, Facility: (i) becomes Ineligible; (ii) is charged with a criminal offense related to Federal health care programs or is proposed for exclusion from participation in Federal health care or procurement or nonprocurement programs; or (iii) has notice that any of its directors, officers, key employees or Agents has become Ineligible or has been charged with a criminal offense related to Federal health care programs or is proposed for exclusion, Facility agrees to notify the Chief Compliance Officer of UH immediately. In the event Facility becomes Ineligible, UH shall have the right to terminate this Agreement immediately upon notice to Facility. Further, in the event that UH becomes aware of that any criminal charges or exclusions as described above are pending or proposed against Facility, or that any director, officer, key employee or Agent or Facility has become Ineligible, UH reserves the right in its sole discretion to terminate this Agreement or to exclude such party or parties from participation in this Agreement, or to take other appropriate steps to protect patients and state and Federal program funds.

5. In the event of suspected violations of Laws, or the UH Compliance & Ethics Program, Facility shall report violations to the UH Compliance Officer at 216-767-8223, or by calling the UH Compliance Hotline at 1-800-227-6934. No retaliation will be taken against any party who makes a good faith report of a suspected compliance violation, and UH will maintain, as appropriate, confidentiality and anonymity with respect to such reports.

6. The parties acknowledge that future changes in federal, state or local law, or future judicial decisions or regulatory interpretations of law (collectively, a "Change in Law") may affect this Agreement and the relationships described herein. This Agreement is subject to adjustment at any time in the event, and to the extent, required by any state or Federal government agency or authority, to maintain the tax exempt status of any UH entity under the Internal Revenue code and/or the law of the State of Ohio and/or

to comply with any other law or regulation. In the event of any proposed or actual Change in Law that, in the opinion of legal counsel for UH or Facility, would or does invalidate any provision of this Agreement or cause any party hereto to be in violation of law in performing its duties and obligations hereunder, either party may request renegotiation of the Agreement by giving written notice to the other party. The parties agree to negotiate in good faith revisions to the provision or provisions which are in violation. In the event the parties are unable to agree to new or modified terms as required to bring the entire Agreement into compliance within thirty (30) days, either party may terminate this Agreement on sixty (60) days written notice to the other party.

E. The parties shall maintain all documents and records in connection with the services provided under this Agreement relating to reimbursement, if any, from Federal health care programs, compliance with the UH Compliance & Ethics Program or Policies and Procedures, or which may be necessary to verify the nature and extent of the cost of the services provided by the Facility hereunder, until the expiration of six (6) years after the furnishing of any services under this Agreement, or any longer period as may be required by law, and shall make such documents and records available to upon request by the Secretary of Health and Human Services, the Comptroller General of the United States, or any other governmental authority, or their duly authorized representatives. If either party uses a permitted subcontractor to perform services under this Agreement with a value of \$10,000 or more during any year, Facility shall cause such subcontractor to agree in writing to assume the same obligations as described above with respect to maintenance of documents and records in connection with services provided under this Agreement and cooperation with governmental audits and investigations.

F. By signing the Agreement, the individual(s) authorized to execute the Agreement on behalf of the respective parties certify that each party:

1. Shall comply with the UH Code of Conduct; and
2. Shall perform the Agreement in compliance with all applicable laws, rules and regulations and Federal health care program requirements, and that to his/her best knowledge and belief, no part of any consideration paid under the Agreement, if any, is a prohibited payment for the recommending or arranging for the referral of business or the ordering of items or services; nor are the payments intended to induce illegal referrals of business or other illegal conduct.

XIV. USE OF NAME. Neither party shall use the name of the other party in any promotional or advertising media without prior written approval of the other party.

XV. CHANGE OF NAME. In the event Facility merges with or is acquired by or another company or changes its name or the Facility as a party to this Agreement is known by any name except the name in the first paragraph of this Agreement, Facility shall cause Hospital to be notified within no more than ten (10) working days.

XVI. DISPUTES. All disputes arising under the Agreement shall first be discussed directly by the designated authorities of the Hospital and Facility. If the dispute cannot be resolved at this level, it will be referred to the chief executive officers of the Facility and the Hospital for discussion and resolution prior to termination of the Agreement.

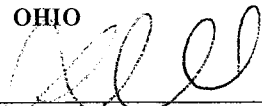
XVII. ENTIRE AGREEMENT. This Agreement constitutes the entire agreement between the

parties and contains all of the agreements between them with respect to the subject matter hereof and supersedes any and all other agreements, either oral or in writing, between the parties hereto with respect to the subject matter hereof.

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the authorized representatives of the parties hereto have caused this Agreement to be executed on the dates below and this Agreement shall become effective as of the later dated signature below (the "Effective Date").

PLANNED PARENTHOOD OF NORTHEAST
OHIO



Signature

SARAH K. SMITH, MD

Printed Name

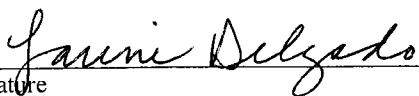
Medical Director

Title

11/1/11

Date

UNIVERSITY HOSPITALS BEDFORD MEDICAL
CENTER



Signature

Laurie Delgado

Printed Name

President

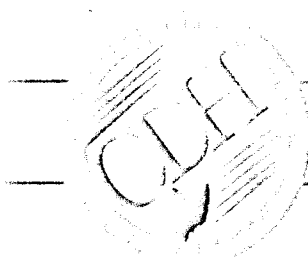
Title

11/8/11

Date



Digitally signed by Brad Clement
Reason: Approved as to Form
Location: UH Law Dept. - File #5432
Date: 2011.10.04 16:34:27 -04'00'



OHIO DEPARTMENT OF HEALTH

216 North High Street
Columbus, Ohio 43215

614/466-3513
www.odh.ohio.gov

John R. Kasich / Governor

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

January 22, 2013

Miriam Hernandez, Administrator
Planned Parenthood Bedford Heights Regional Medical Center
25350 Rockside Road
Bedford Heights, OH 44146

RE: Planned Parenthood Bedford Heights Regional Med Ce - License: 1014AS
Survey Completed on January 11, 2013

Dear Ms Hernandez:

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

Planned Parenthood Bedford Heights Regional Med Ce
January 22, 2013
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 may be contacted to request supporting documentation of compliance and/or receive a 2567B notifying you that your facility is now in compliance. The appropriate licensure action will also 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.

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**



Planned Parenthood
of Greater Ohio

WE'RE HERE.™

January 31, 2013

Board of Directors

Chair
Catherine (Katie) Chatas
New Albany

Vice Chair
Iris Harvey
Kent

Treasurer
Barbara Singhaus
Dover

Secretary
Jennifer McNally
Columbus

Ohio Department of Health
Ms. Wanda L. Iadovetta, R.N.
Non Long Term Care Unit Supervisor
Bureau of Community Health Care Facilities and Services
Division of Quality Assurance
246 North High Street
Columbus, OH 43215

Dear Wanda,

Planned Parenthood of Greater Ohio received the ODH inspection report for our ambulatory surgery center located at 253530 Rockside Road, Bedford Heights, Ohio on January 24th, 2013. The site review was conducted on January 11, 2013.

Enclosed is our Plan of Correction written on the required Statement of Deficiency form. We have also enclosed documentary evidence of corrective action as appropriate. We hope that this evidence of corrective action will be sufficient and that a repeat onsite visit will not be required.

Please notify me by phone at 216-961-8804 x 1201 at your earliest convenience about the acceptability of our plan of correction. We hope that you can recommend the appropriate licensure action to the licensure administrator as soon as possible.

Sincerely,

Regan Clawson
Vice President, Health Services

Enclosures

Edgar Avila
Perrysburg

Alexa Sweeney Blackann
Boardman

Greg Gale
Rocky River

Paul Giorgianni
Grandview

Liz Maule Gleason
Athens

Adarsh Krishen M.D.
Akron

Joyce Lee
Hudson

Sandra Lopez
Reynoldsburg

Rebecca Nelson
Columbus

William (Bill) G. Porter II
Bexley

Jan Roller
Cleveland

Lou Stevens
Shaker Heights

Lonni Thompson
Columbus

Susan Wilkof
Canton

Planned Parenthood
SURVEYOR NOTES WORKSHEET
 Facility Name: Planned Parenthood HHS Surveyor Name: G. Stumbo
 CCN: 1014AS Surveyor Number: Discipline: 03180
 Observation Dates: From 1-10-13 To 1-11-13

**AMBULATORY SURGICAL CENTERS
PERSONNEL FILE**

STAFF NAME	7-19-10	Kraenk	Dina Cortese
HIRE DATE		5-8-12	9-27-11
LICENSE REGISTRATION CERTIFICATION	RN Valid Ohio exp. 8-31-13	Valid Ohio RN 8-31-12 certification 5/2/12	Valid Ohio RN-exp 8-31-13 orientation
ORIENTATION --job duties --safety guidelines --policies --facility equipment	Surgical + Ultra Sound RN part time		10-17-11 Surgical nurse
JOB DESCRIPTION --delineating responsibility	RN-	RN - Surgical	✓
CONTINUING EDUCATION (INSERVICES, SEMINARS)		63-66A	
COMPETENCY --performance eval (q12mo)	4/12-21-11 due now done 1-4-13		Annual eval 1-4-13 - Excellent
ACLS, BCLS, PALS, CPR, NAPNEES, OOPNES, CRNA	ACLS - 11/20/13	BLS - exp 4/13	BLS - 10-13 exp ACLS - Nov 2013
FIRES/DISASTER (q6mos)			
INFECTION CONTROL			
TB Control Plan/Policy	allergy to PPD - check x-ray	11/27/12	12/4/12 - neg
DIRECTOR --RN, RR or OR experience, resp pt. care			
MALPRACTICE INSURANCE			
MD (physician files) --license certification --DEA --Malpractice insurance --privileges delineated and approve --reappointment every two years --education, experience, training --limited to credentialing, privileges	See 807		

SURVEYOR NOTES WORKSHEET

Facility Name: _____ Surveyor Name: _____
 CCN: _____ Surveyor Number: _____ Discipline: _____
 Observation Dates: From _____ To _____

**AMBULATORY SURGICAL CENTERS
PERSONNEL FILE**

STAFF NAME	Elizabeth Cox	Emily Hanahan	Shirley Hicks
HIRE DATE	10-23-12	1-25-12	2-8-09
LICENSE REGISTRATION CERTIFICATION	RD - Valid Ohio Exp. 8-31-13.	RD Valid State RD-8/31/13	valid Ohio RD-Exp 8/31/13
ORIENTATION --job duties --safety guidelines --policies --facility equipment	orientation 10-23-12	orientation 1-25-12	surgical nurse
JOB DESCRIPTION --delineating responsibility	RD surgical	RD surgical	Staff surgical RD
CONTINUING EDUCATION (INSERVICES, SEMINARS)			
COMPETENCY --performance eval (q12mo)	GA 54		
ACLS, BCLS, PALS, CPR, NAPNEES, OOPNES, CRNA	ACLS-April 2014	BLS 8/2013	BLS-Exp 7-2013 ACLS-7-2013
FIRES/DISASTER (q6mos)			
INFECTION CONTROL			
TB Control Plan/Policy	11/27/12 neg	5-4-11 neg	11/27/12 neg
DIRECTOR --RN, RR or OR experience, resp pt. care			
MALPRACTICE INSURANCE			
MD (physician files) --license certification --DEA --Malpractice insurance --privileges delineated and approve --reappointment every two years --education, experience, training --limited to credentialing, privileges		never works recovery	

1-10-12
2 45 - reason
lost
cards
ACLS
recovery
Staff observation
revealed
least 1 RD in
with ACLS.

SURVEYOR NOTES WORKSHEET

Facility Name: Harold Kentwood Surveyor Name: J. Stanton
 CCN: _____ Surveyor Number: _____ Discipline: B3780
 Observation Dates: From 1-10 To 1-11-13

**AMBULATORY SURGICAL CENTERS
PERSONNEL FILE**

STAFF NAME	<i>Michelle Meredith</i>		
HIRE DATE	<i>8-8-11</i>		
LICENSE REGISTRATION CERTIFICATION	<i>COA-PN 8-31-13 nurse practitioner</i>		
ORIENTATION --job duties --safety guidelines --policies --facility equipment	<i>nurse manager</i>		
JOB DESCRIPTION --delineating responsibility	<i>y</i>		
CONTINUING EDUCATION (INSERVICES, SEMINARS)	<i>y</i>		
COMPETENCY --performance eval (q12mo)	<i>✓</i>		
ACLS, BCLS, PALS, CPR, NAPNEES, OOPNES, CRNA	<i>BLS - Nov 13</i>		
FIRES/DISASTER (q6mos)			
INFECTION CONTROL			
TB Control Plan/Policy			
DIRECTOR --RN, RR or OR experience, resp pt. care	<i>y</i>		
MALPRACTICE INSURANCE	<i>y</i>		
MD (physician files) --license certification --DEA --Malpractice insurance --privileges delineated and approve --reappointment every two years --education, experience, training --limited to credentialing, privileges	<i>S</i>		

SURVEYOR NOTES WORKSHEET

Facility Name: _____ Surveyor Name: _____
 CCN: _____ Surveyor Number: _____ Discipline: _____
 Observation Dates: From _____ To _____

**AMBULATORY SURGICAL CENTERS
PERSONNEL FILE**

STAFF NAME			
HIRE DATE			
LICENSE REGISTRATION CERTIFICATION			
ORIENTATION --job duties --safety guidelines --policies --facility equipment			
JOB DESCRIPTION --delineating responsibility			
CONTINUING EDUCATION (INSERVICES, SEMINARS)			
COMPETENCY --performance eval (q12mo)			
ACLS, BCLS, PALS, CPR, NAPNEES, OOPNES, CRNA			
FIRES/DISASTER (q6mos)			
INFECTION CONTROL			
TB Control Plan/Policy			
DIRECTOR --RN, RR or OR experience, resp pt. care			
MALPRACTICE INSURANCE			
MD (physician files) --license certification --DEA --Malpractice insurance --privileges delineated and approve --reappointment every two years --education, experience, training --limited to credentialing, privileges			

#22

PPNEO Bedford Hts. Regional Medical Center 2014AS

Contracted Services

Service	Company	Contract Term
Cleaning	Kleanland	Term through March 2013
Pest Control	General Pest Control	Term is month to month after October 2012
Snow Plow Removal	ADA Services INC	Through April 2012, then billed on a per incident basis after that
Medical Waste Disposal	Stericycle	Contract from 1/20/11 renews automatically every six months unless 60 days-notice is given during the prior six months
Armored Car Service	Garda	Contract from 9/23/09 renews annually unless 30 day notice given in advance of the anniversary date
HVAC Maintenance	Brennan & Associates	Contract through 8/31/13
Garbage Hauling	Republic Services	Contract through 10/6/14
Document Shredding	Cintas	Contract from 10/2011 until termination notice is provided

no pharmacy
no Lab.

Do own laundry.

Expected Staff In-Service/Trainings 2013

January

Intimate Partner Violence
Managing Suspicious Encounters
Medical Emergency Drill

February

Intimate Partner Violence
Security Pick

March

Intimate Partner Violence
Risk & Quality Management
Occurrence Reporting

April

OSHA/CLIA/HIPPA Privacy
HIPPA Security
Managing Suspicious Encounters
Severe Weather Drill

May

Fraud Risk Management
Essure review

June

Medical Record Documentation
Security Pick

July

Medical Emergency Drill

September

Minor Reporting
Managing Suspicious Encounters

October

Productivity Goals
Customer Service Goals

November

Clinicians/Managers Standards and Guidelines
Referral & Follow-up Staff Plan
Managing Suspicious Encounters

December

Staff Standard and Guidelines review
Staff Referral & Follow-up review

*Planned Parenthood
0014AS*

Projected

Staff In-Service/Trainings 2012

January

Intimate Partner Violence
Managing Suspicious Encounters
Medical Emergency Drill

February

Intimate Partner Violence
Security Pick

March

Intimate Partner Violence
Risk & Quality Management
Occurrence Reporting

April

OSHA/CLIA/HIPPA Privacy
HIPPA Security
Managing Suspicious Encounters
Severe Weather Drill

May

Fraud Risk Management
Essure review

June

Medical Record Documentation
Security Pick

July

Medical Emergency Drill

August

Emergency Drills:
Anaphylaxis
Hypovolemic Shock or Hypotension
Syncope or Client Collapse
Vagal Response

September

Minor Reporting
Managing Suspicious Encounters

October

Productivity Goals
Customer Service Goals

November

Clinicians/Managers Standards and Guidelines
Referral & Follow-up Staff Plan
Managing Suspicious Encounters
Eldoncard® RH Factor Testing

December

Staff Standard and Guidelines review
Staff Referral & Follow-up review
Human Trafficking

*Planned
Parenthood
2014AS*

*Completed
Spec'd
Sheet noted*

Bedford Hts. Ambulatory Surgical Center - 0014AS

#6

List of Procedures:

First trimester surgical abortion

Second trimester surgical abortion

Medication induced abortion

Essure- tubal sterilization with hysteroscopy

LEEP- surgical treatment of cervical cancer and pre-cancer tissue

Colposcopy- diagnosis test

D&C- for treatment of miscarriage

Hysteroscopy

IUD Insertion

Nexplanon contraceptive implant insertion



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

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

John R. Kasich / Governor

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

November 28, 2012

PLANNED PARENTHOOD BEDFORD HEIGHTS REGIONAL MED CE
206 EAST MAIN STREET
COLUMBUS, OH 43213

copy

RE: PLANNED PARENTHOOD BEDFORD HEIGHTS REGIONAL MED CE
ID #: 1014AS

Dear Ms. Miriam Hernandez:

This letter is to inform you that your **AMBULATORY SURGICAL FACILITY Renewal Application** has been received. Your application is incomplete and the items below are needed to complete your application. To avoid any legal action, please provide the needed information to our office by **12/31/2012**, by sending the needed information to the address below.

Items Needed

1. Copy of the accreditation award letter.
2. Copy of the State Fire Marshal's inspection report with the facility's address.
3. The addendum page for the list of the new medical director's facility affiliations.
4. Copy of the facility's transfer agreement.

Ohio Department of Health
DQA/BIOS - Licensure Program
246 N. High Street
Columbus OH 43215

If an inspection is needed for your facility, an inspection will not be conducted until after your application is complete.

A final review of your licensure application packet will be conducted before a licensure determination is made. If any of your previously submitted documents have expired, our office will notify you. At that time your application will be put on hold until after our office receives the requested documents and the documents meet the requirements of the rules and regulations.

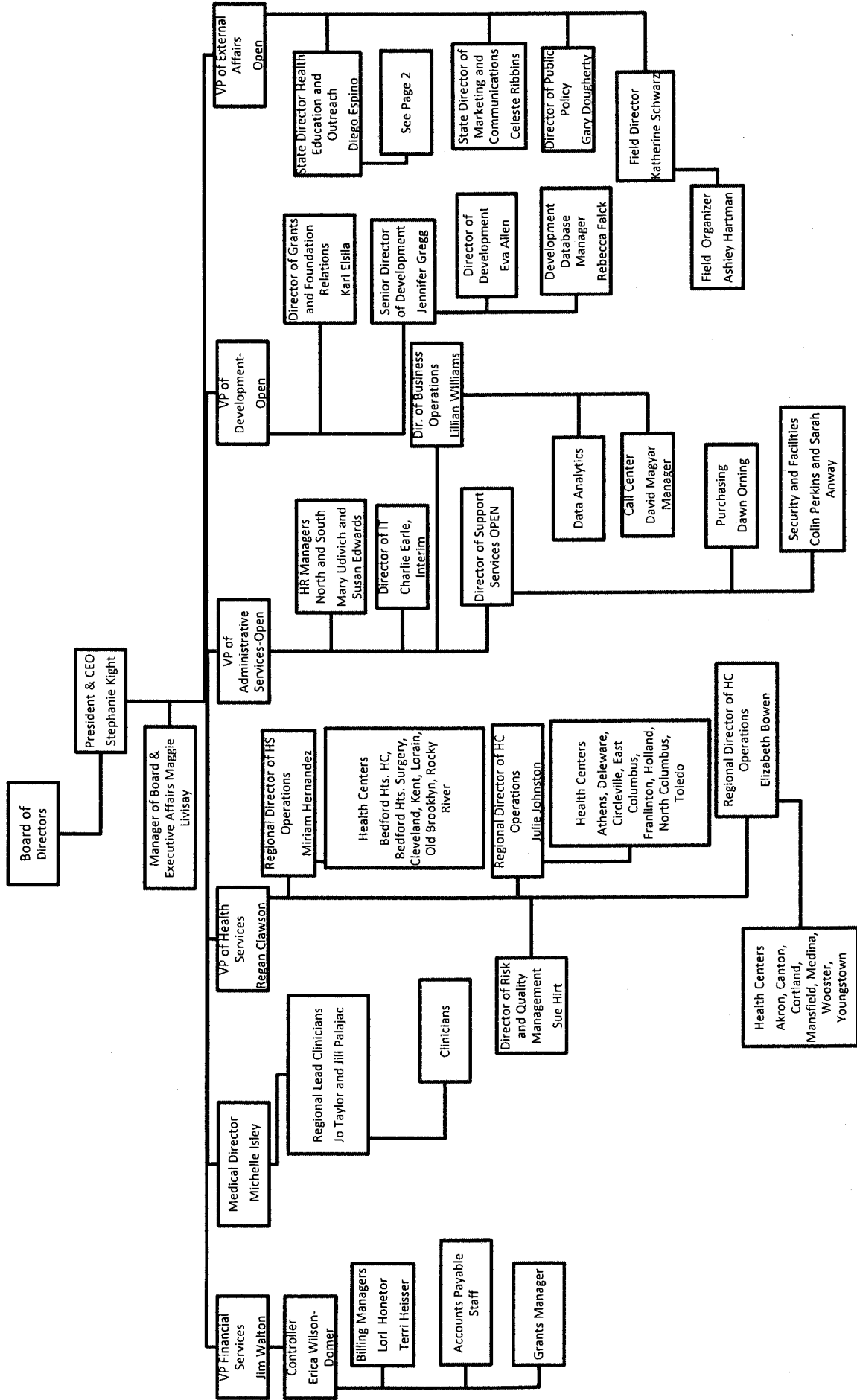
If you have any questions, please call Bridgette Smith, Licensure Specialist, at (614) 466-7713 or email us at liccert@odh.ohio.gov. Our fax number is (614) 564-2426.

Sincerely,

Bridgette C. Smith, Licensure Program Administrator
Division of Quality Assurance
Bureau of Information and Operational Support

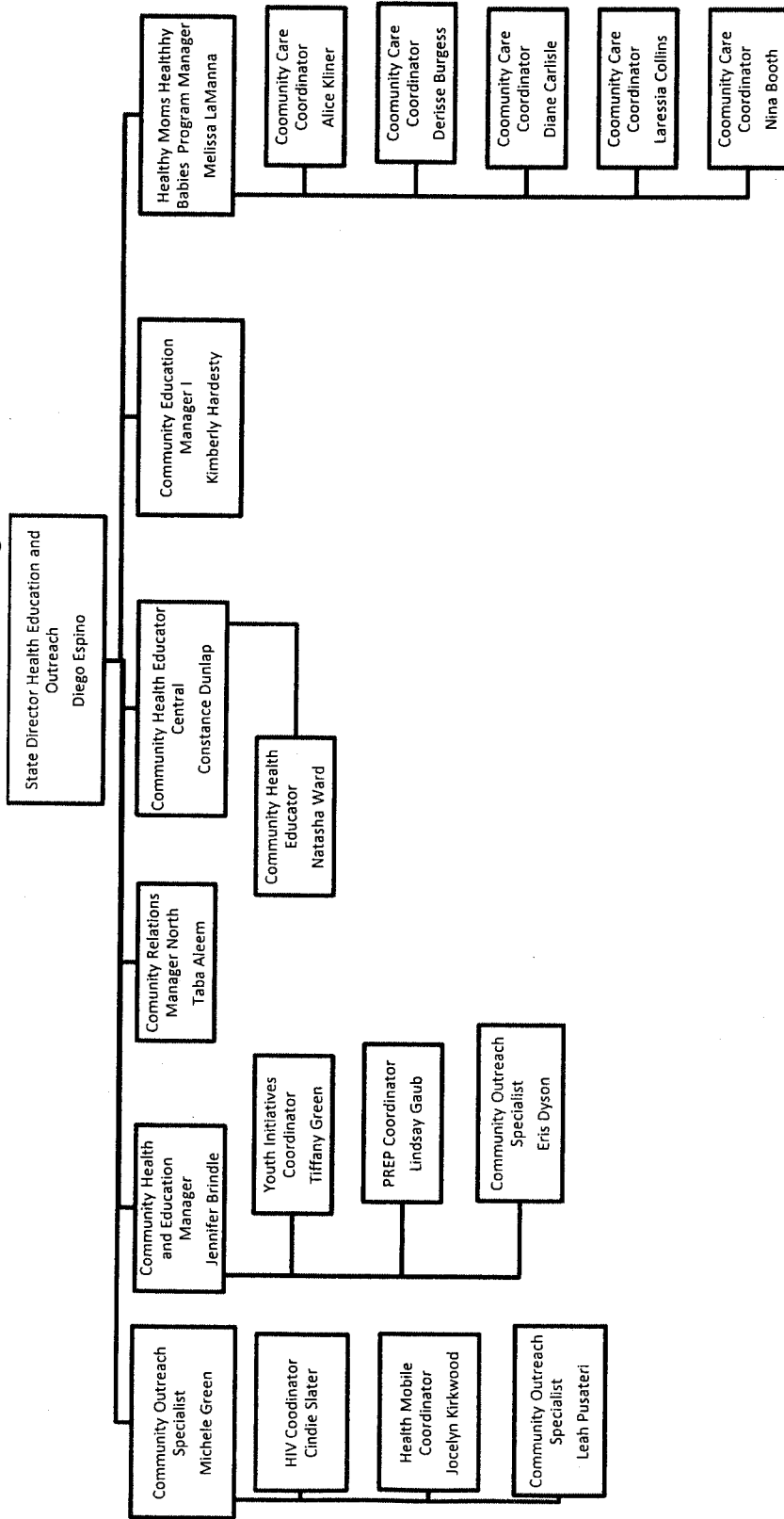
Planned Parenthood of Greater Ohio Organizational Chart

0014 AS

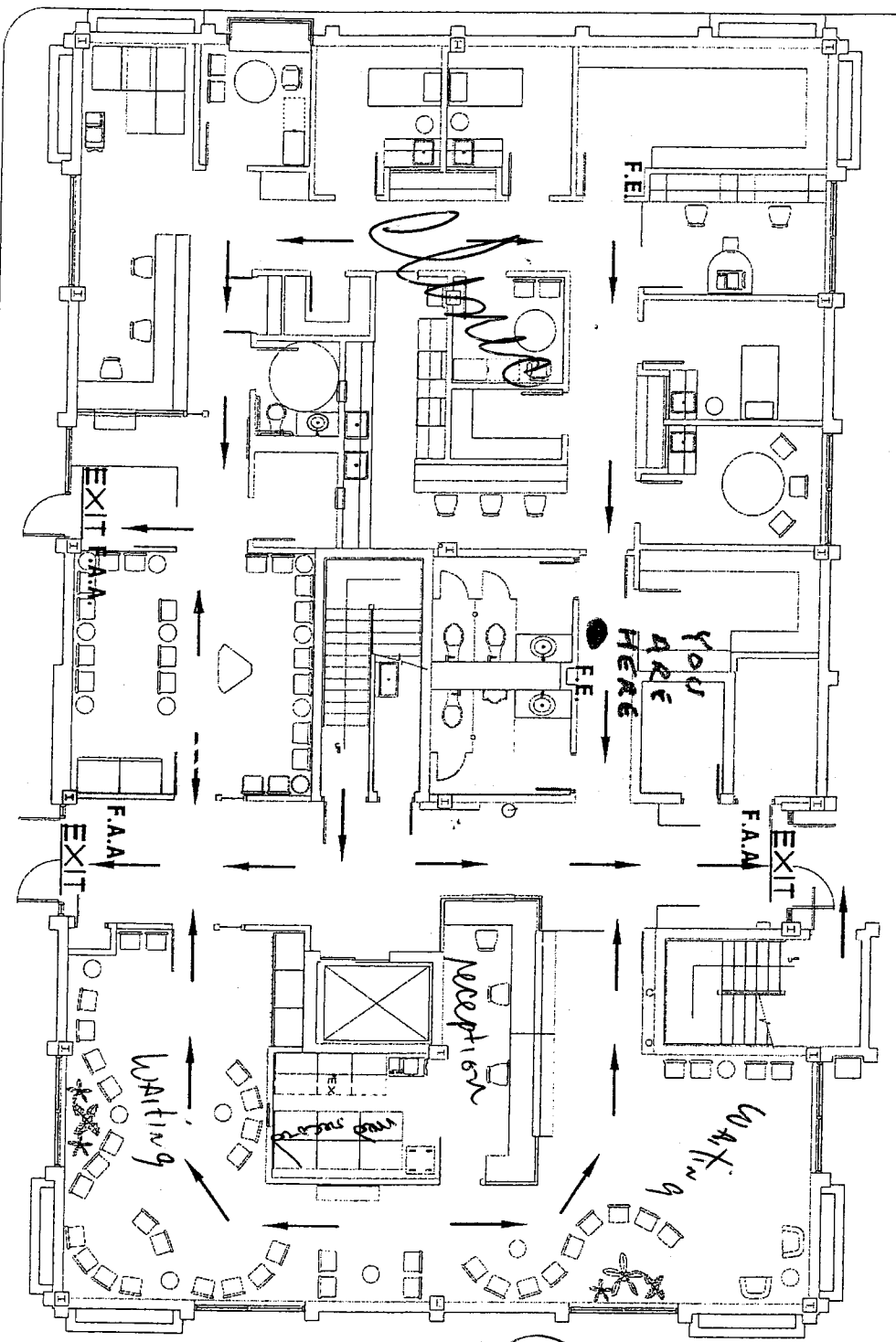


Planned Parenthood of Greater Ohio Organizational Chart

Education and Outreach Department Organizational Structure



Planned Parenthood Bedford Hts 0014 AS



F.E. - Fire Extinguisher

F.A.A. - Fire Alarm Annunciator (PULL STATION)

1st FLOOR
EVACUATION PLAN

AS FLOOR
over
2nd floor

