OHIO DEPARTMENT OF HEALTH



246 North High Street Columbus, Ohio 43215 614/466-3543 www.odh.ohio.gov

John R. Kasich/Governor

Lance Himes/Director of Health

AUG 2 1 2017

By Certified Mail only
T&S Management
c/o Terrie Hubbard, Administrator
1243 East Broad Street
Columbus, Ohio 43205

Re: Capital Care Network

License Number: 0763AS Case Number: 17-BRO-0182

Proposed Civil Penalty and Plan of Correction

Dear Terrie Hubbard:

You are notified that I propose to impose a civil money penalty in the amount of \$40,000.00 against Capital Care Network, located at 1160 West Sylvania Avenue, Toledo, Ohio 43612, due to violations of Revised Code (R.C.) Chapter 3702 and Ohio Administrative Code (O.A.C) 3701-83. This action is taken pursuant to R.C. 3702.32 and O.A.C. 3701-83-05.1(c)(2) and 3701-83-05.2, and in accordance with R.C. Chapter 119.

On April 11, 2017, representatives of the Ohio Department of Health conducted a licensure inspection at Capital Care Network, that revealed serious licensure violations. A copy of the report is enclosed.

In addition, please submit a Plan of Correction (POC) on the enclosed Statement of Deficiencies Form, within 10 calendar days of receipt of this letter and attain compliance no later than 30 calendar days from receipt of this notice. The Plan of Correction should be submitted to Greg Glass, Chief, Bureau of Regulatory Operations, 246 N. High St., 4th Floor, Columbus, Ohio 43215.

You may request a hearing before me or my duly authorized representative concerning my proposal to impose a \$40,000.00 civil penalty. Such request must be made in writing and received within 30 calendar days of receipt of this letter and should be directed to Heather Coglianese, Senior Legal Counsel, Ohio Department of Health, 246 N. High Street, 7th Floor, Columbus, Ohio 43215, or facsimile at (614) 564-2509. A request is considered timely if it is received by the Department of Health via facsimile, hand delivery, or ordinary United States mail within 30 calendar days of the date of receipt of this letter.

At a hearing, you may appear in person or be represented by an attorney. You may present evidence and you may examine witnesses appearing for and against you. You also may present your position, contentions, or arguments in writing, rather than appear in person for a hearing. If you are a corporation, you must be represented at the hearing by an attorney licensed to practice in Ohio. Please be advised that if you do not request a hearing within 30 calendar days, I will issue an order imposing the \$40,000.00 civil penalty.

Capital Care 2

If you have any questions regarding the POC, please contact the Bureau of Community Health Care at (614) 995-7466.

If you have any questions regarding the enforcement actions against your facility, please contact the Bureau of Regulatory Operations at (614) 644-6220.

Sincerely,

Lance D. Himes, Director Ohio Department of Health

Enclosure: N5OQ11

CMRR: 7015 1730 0000 7738 2254 - T&S Management

7017 0530 0000 5327 1001 - Facility

c: Greg Glass, Bureau of Regulatory Operations Heather Coglianese, Office of General Counsel Shannon Richey, Bureau of Community Health Care Bill Robbins, Bureau Regulatory Operations

Facility

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		070245	B. WING		C 04/11/2017		
NAME OF I	PROVIDER OR SUPPLIER	0763AS		TATE, ZIP CODE	04/1	1/2017	
	CARE NETWORK	1160 WE	ST SYLVANIA				
CAPITAL			, OH 43612			<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BË	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	Complaint Inspection	on					
	Complaint Number	OH00090642					
	Administrator: Ang	ela Flores					
	County: Lucas						
	Number of OR's:	3					
		tions are issued as a result of on completed on 4/11/17.					
C 104	O.A.C. 3701-83-03	(F) Governing Body	C 104				
	The HCF shall hav body responsible for	e an identifiable governing or the following:					
,	policies and proced	ent and implementation of dures and a mission statement elopment and management of					
	(2) The evaluation assesment and pe program on an anr	of the HCF's quality rformance improvement nual basis; and					
		ent and maintenance of a ness plan, including evacuation					
				·			
	ment of Health	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE	

If continuation sheet 1 of 9

TITLE

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

PRINTED: 06/05/2017 FORM APPROVED Ohio Dept Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C B. WING 04/11/2017 0763AS NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1160 WEST SYLVANIA AVENUE **CAPITAL CARE NETWORK TOLEDO, OH 43612** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** DEFICIENCY) C 104 Continued From page 1 C 104 This Rule is not met as evidenced by: Based on medical record review and staff interview, the Governing Body failed to ensure the Medical Emergencies policy was implemented as written. This affected one (Patient #1) of three patients reviewed. The facility performed 895 abortions in 2016. Findings include: The medical record for Patient #1 was reviewed on 4/11/17. Patient #1 came to the facility on 4/01/17 for an elective surgical abortion. The patient was determined via ultrasound to be 11.5 weeks pregnant. The medical record revealed the procedure was performed at 11:15 AM by using a plastic vacuum tip and suctioning the uterine contents. An ultrasound at the end of the procedure revealed possible retention of products of conception. Gross tissue examination revealed the "placenta with complete fetal parts". The physician who performed the procedure noted, "possible perforation of bowel in cavity" and wrote to transfer the patient to the hospital for an ultrasound.

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an emergency."

Interview with Staff A (Patient Advocate) on 4/11/17 9:15 AM revealed it was Staff A herself who drove the patient and the patient's significant other to the hospital. Staff A reported, "they (the patient and significant other) didn't have a car so I was told to drive them to Toledo Hospital so she could get checked out." When Staff A was questioned as to why the policy for "Medical Emergencies" was not followed, Staff A reported, "I guess the Doctor didn't feel it was that much of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TE, ZIP CODE VENUE PROVIDER'S PLAN OF CORRECTION (X: COMP		
AND FLAN OF CORRECTION IDENTIFICATION NUMBER.		DEM IN IOATION NOWIDER.	A. BUILDING:			
		0763AS	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
CAPITAL	CARE NETWORK		T SYLVANIA	AVENUE		
			OH 43612			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE
C 104	Continued From pa	ige 2	C 104			
	policy reads, "In the emergency, the first scene will remain with the process. 1. Assattention is required Call 911 a. Describ and follow first-aid location's address: 3. Continue First-A arrive on scene and Interview with Staff 4/11/17 at 12:15 Pt "Medical Emergences she could find relation to the scene and	entitled, "Medical reviewed on 4/11/17. The event of a medical st staff member to arrive on with the individual throughout less the subject. If medical diffollow the following steps: 2. The situation to the operator instructions B. Relay the 1160 West Sylvania Avenue. Id until emergency responders diffaction. B (Director of Nursing) on M confirmed the policy for cies" was the only facility policy ing to patient transfer and that for the incident on 4/01/17				
C 131	Each HCF, as part performance impro- rule 3701-83-12 of shall document and	of the quality assessment and overment program required by the Ohio Administrative Code, d review any complications and ich arise during the provision rice.	C 131			
	Based on medical interview, the facili review an adverse	et as evidenced by: record review and staff ty failed to document and event while providing services) patient. The total sample size				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY PLETED
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C 131	Continued From pa	ige 3	C 131			
	was three. The fac abortions in 2016.	ility performed 895 surgical				
	Findings include:					
	on 4/11/17. Patient 4/01/17 for an elect patient was determ weeks pregnant. The procedure was per plastic vacuum tip contents. An ultrast procedure revealed of conception. Growthe "placenta with ophysician who perfipossible perforation."	If for Patient #1 was reviewed to #1 came to the facility on tive surgical abortion. The sined via ultrasound to be 11.5 he medical record revealed the formed at 11:15 AM by using a land suctioning the uterine sound at the end of the dipossible retention of products is stissue examination revealed complete fetal parts". The formed the procedure noted, on of bowel in cavity" and wrote tent to the hospital for an				
	4/11/17 9:15 AM re who drove the patie other to the hospita patient and signific was told to drive th could get checked questioned as to w Emergencies" was "I guess the Doctor an emergency." The facility's policy Emergencies" was policy reads, "In the emergency, the fir scene will remain with process. 1. Assets	FA (Patient Advocate) on evealed it was Staff A herself ent and the patient's significant al. Staff A reported, "they (the ant other) didn't have a car so I em to Toledo Hospital so she out." When Staff A was thy the policy for "Medical not followed, Staff A reported, r didn't feel it was that much of entitled, "Medical reviewed on 4/11/17. The e event of a medical st staff member to arrive on with the individual throughout sess the subject. If medical d follow the following steps: 2.				

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AND PLAN OF CORRECTION	ON (X1) PROVIDER/SUPPLIER/CLIA ON IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	0763AS	B. WING		04/	11/2017	
NAME OF PROVIDER OR SUPPLIER CAPITAL CARE NETWORK	1160 WE	ODRESS, CITY, ST ST SYLVANIA , OH 43612	•			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
and follow first-aid location's address: 3. Continue First-A arrive on scene ar Interview with (Stathis incident has noted the staff B reported B reported the staff B reported B reporte	be the situation to the operator instructions B. Relay the 1160 West Sylvania Avenue. Aid until emergency responders d take over the situation. If B) at 12:15 PM confirmed by the been through peer review. Here is no facility policy for incidents and there is no log	C 131				
improvement prog (1) Monitor and evincluding effective accessibility, contioutcome, and patioutcome, and suppose (4) Establish informatioutcome, management collection, management accessible programme (1) Monitor and patioutcome, and patioutcom	sment and performance ram shall do all of the following aluate all aspects of care ness, appropriateness, nuity, efficiency, patient ent satisfaction; ctations, develop plans, and ures to assess and improve the resolve identified problems; ctations, develop plans, and ures to assess and improve the s governance, management,					

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PRINTED: 06/05/2017 FORM APPROVED Ohio Dept Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B WING 0763AS 04/11/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1160 WEST SYLVANIA AVENUE CAPITAL CARE NETWORK **TOLEDO, OH 43612** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) C 152 Continued From page 5 C 152 (5) Document and report the status of quality assessment and improvement program to the governing body every twelve months: (6) Document and review all unexpected complications and adverse events, whether serious injury or death, that arise during an operation or procedure; and (7) Hold regular meetings, chaired by the medical director of the HCF or designee, as necessary, but at least within sixty days after a serious injury or death, to review all deaths and serious injuries and report findings. Any pattern that might indicate a problem shall be investigated and remedied, if necessary. This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to document and review all adverse events as part of it's Quality Assurance program. This affected one (Patient

Findings include:

The medical record for Patient #1 was reviewed on 4/11/17. Patient #1 came to the facility on 4/01/17 for an elective surgical abortion. The patient was determined via ultrasound to be 11.5 weeks pregnant. The medical record revealed the procedure was performed at 11:15 AM by using a plastic vacuum tip and suctioning the uterine contents. An ultrasound at the end of the

#1) of three patients reviewed. The facility

performed 895 abortions in 2016.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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C 152	procedure revealed of conception. Gros the "placenta with ophysician who performation to transfer the patient ultrasound. Interview with Staff 4/11/17 at 12:15 Planot been through performance is no facility performance.	I possible retention of products is tissue examination revealed complete fetal parts". The primed the procedure noted, in of bowel in cavity" and wrote ent to the hospital for an I be (Director of Nursing) on I revealed this incident has eer review. Staff B reported inclicy for reviewing unusual is no log kept of transfers or	C 152			
C 211	Patients transporte accompanied by the	(F) MR With Patient Transport d to a hospital shall be eir medical records that are of ensure continuity of care.	C 211			
	interview, the facilit (Patient #1) transpo accompanied by th sample size was th 895 surgical abortion	record review and staff by failed to ensure a patient corted to the hospital was eir medical record. The total cree. The facility performed				
	on 4/11/17. Patien 4/01/17 for an elect patient was determ	d for Patient #1 was reviewed t #1 came to the facility on tive surgical abortion. The hined via ultrasound to be 11.5 he medical record revealed the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		0763AS	B. WING		04/1	: 1/2017
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(V4) ID	SHMMADV STA	TEMENT OF DEFICIENCIES	OH 43612	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
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C 211	Continued From pa	ge 7	C 211		:	
	plastic vacuum tip a contents. An ultras procedure revealed of conception. Grosthe "placenta with ophysician who performation to transfer the patie ultrasound.	formed at 11:15 AM by using a and suctioning the uterine ound at the end of the possible retention of products as tissue examination revealed complete fetal parts". The primed the procedure noted, in of bowel in cavity" and wrote ent to the hospital for an				
	reveal what time the whom, or the parts	in the medical record did not e patient was transported, by of the medical record which he patient to the hospital.				
	confirmed the med documentation that sent with Patient #' reported during the copied some of the	B on 4/11/17 at 12:15 PM cal record did not contain documents in the chart were to the hospital. Staff B interview, "I'm pretty sure we notes and sent them with ascertain exactly what was patient.				
C 213	O.A.C. 3701-83-17 Instructions	(H) Receipt of Discharge	C 213			
	ensure that the pat acknowledge, in wr	iatrist, dentist, or a nurse shall ient or patient's representative iting, receipt of the physician's, ist's written discharge				
	Based on medical	et as evidenced by: record review and staff y failed to ensure written				

Ohio Department of Health STATE FORM

Ohio Dept Health
STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COMPLETE C 04/11/20	
		A. BOILDING.				
		0763AS	B. WING		1	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CAPITAL	. CARE NETWORK		T SYLVANIA	AVENUE		
	OU MANA DV OTA		OH 43612	DOCUMENTO DI ANI OF CORRECTI	ON.	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 213	Continued From pa	ge 8	C 213			
	discharge instructions were provided to all patients upon discharge from the facility. This affected one (Patient #1) of three patients reviewed. The facility performed 895 surgical abortions in 2016.					
	Findings include:					
	The medical record for Patient #1 was reviewed on 4/11/17. Patient #1 came to the facility on 4/01/17 for an elective surgical abortion. The patient was determined via ultrasound to be 11.5 weeks pregnant. The medical record revealed the procedure was performed at 11:15 AM by using a plastic vacuum tip and suctioning the uterine contents. An ultrasound at the end of the procedure revealed possible retention of products of conception. Gross tissue examination revealed the "placenta with complete fetal parts". The physician who performed the procedure noted, "possible perforation of bowel in cavity" and wrote to transfer the patient to the hospital for an ultrasound.					
	been reviewed with the hospital, nor a d	I did not contain discharge instructions had the patient prior to transfer to copy of discharge instructions prior to leaving the facility.				
	This finding was co 4/11/17 at 12:15 PM	nfirmed with Staff B on //.				

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