



# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

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www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

7/22/14

## MEMORANDUM

**To:** Interested Parties  
**From:** Christine Allen, Health Information Administrator  
Office of Health Assurance and Licensing, Bureau of Licensure Operations  
**Subject:** Public Information Request

Enclosed is the information you requested from the Office of Health Assurance and Licensing. There is no charge for the first forty (40) pages of documentation provided to you. However, if your request exceeds 40 pages, you will receive a bill for duplication costs of the excess pages. Currently, we charge five cents per page.

Please be advised that section 3721.031 of the Ohio Revised Code prohibits the Department of Health from releasing any information which tends to disclose the identity of a complainant, patient or resident without the individual(s) expressed written consent or the permission of the individual(s) legal representative. Also, pursuant to the section 149.43 (A)(1) of the Ohio Revised Code, medical records are an exception to the public records law. Information subject to the provision of these sections as well as other federal and state laws regarding confidential information has been blackened out.

As a result of this request being sent, our office will consider this request closed. Should you need public information in the future, please contact The Ohio Department of Health, Office of Health Assurance and Licensing, Bureau of Licensure Operations, Information Services, 246 North High Street, 3<sup>rd</sup> Floor, Columbus, Ohio, 43215-2412 or call (614) 466-7217. If you have Internet access, please visit our web page at <http://www.odh.ohio.gov>.

Thank you for your inquiry.

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0600AS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WOMEN'S MED CENTER OF DAYTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1401 E. STROOP ROAD DAYTON, OH 45429</b>
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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
C 000	<p>Initial Comments</p> <p>Complaint Inspection</p> <p>Complaint Number OH00079475</p> <p>Administrator: Martin Haskell, MD</p> <p>County: Montgomery</p> <p>Two Procedure Rooms</p> <p>Women's Med Center Dayton was not in compliance with the rules for Ambulatory Surgical Facility, at Ohio Administrative Code 3701-83-07(A)(2), at the time of the complaint inspection completed on 06/12/15.</p>	C 000		
C 114	<p>O.A.C. 3701-83-07 (A) Patient Care Policies</p> <p>The HCF shall develop and follow comprehensive and effective patient care policies that include the following requirements:</p> <p>(1) Each patient shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and personal care needs;</p> <p>(2) Each patient shall be allowed to refuse or withdraw consent for treatment;</p> <p>(3) Each patient shall have access to his or her medical record, unless access is specifically restricted by the attending physician for medical reasons;</p> <p>(4) Each patient's medical and financial records shall be kept in confidence; and</p>	C 114		

Ohio Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 114	<p>Continued From page 1</p> <p>(5) Each patient shall receive, if requested, a detailed explanation of facility charges including an itemized bill for services received.</p> <p>This Rule is not met as evidenced by: Based on medical record review and staff interview the facility failed to ensure a patient was allowed to refuse or withdraw consent for treatment when her physical and cognitive condition precluded her from participating in her treatment. This deficient practice affected one patient ( Patient #1). The facility performed 2,522 procedures in the last year. Findings include:</p> <p>Review of the medical record for Patient #1 revealed a nurses' note dated 06/11/15 at 10:30 AM that documented "Patient arrived to facility in care of friend and was noted to be leaning on friend, walking slowly. " The note revealed a medical assistant placed Patient #1 in a wheelchair and assisted the patient to hold her head up as the patient was unable to do so. The note also documented "Patient speech noted to be slow and slurred. Patient unable to keep eyes open and noted to be twitching when open. Patient unable to hold conversation."</p> <p>Staff A confirmed in an interview Patient #1 had signs of recreational drug abuse. Staff A also stated Patient #1 had been at the clinic on 06/10/15 for an initial evaluation and was accompanied by a friend. The appointment on 06/10/15 included placement of a dilator and Patient #1 was instructed to return to have the procedure the next day on 06/11/15. Patient #1 was given six tablets of Percocet (narcotic pain</p>	C 114		

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C 114	<p>Continued From page 2 medication).</p> <p>Review of a physician's note dated 06/11/15 revealed Patient #1 "arrived at the office in a somolent state; responsive to strong stimuli; but otherwise not able to walk, or to make coherent conversation." Also, in the physician's note "report by patient friend/driver that patient took two Soma and several Percocet and probably both Suboxone and perhaps some heroin on her way in." Further review of documentation revealed the physician consulted by phone with two other physicians, including the medical director and the designated transfer physician in the back-up physician group at a local hospital, before proceeding with the surgery. The physician note dated 06/11/15 revealed the decision was made to do the procedure and planned for post procedure admission to the hospital with a diagnosis of "suspected recreational drug overdose."</p> <p>In an interview on 06/11/15 at 11:58 AM, Staff A stated the decision was made to proceed due to the presence of the dilators. The facility had Narcan available and it was administered to Patient #1 post procedure. Staff A also stated Patient #1 never lost consciousness and was responsive to staff before and after the procedure with prompting; however, review of the facility's documentation revealed Patient #1 was semi-conscious with a low blood pressure.</p> <p>Staff A also stated during this interview that the physician performing the procedure evaluated the situation and determined Patient #1 needed to be transferred to the hospital for further evaluation, monitoring and detoxification from the suspected drug overdose after the procedure due to her level of consciousness.</p>	C 114		

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C 114	<p>Continued From page 3</p> <p>Review of the physician's note revealed the physician was aware of Patient #1's lack of cognition and inability to participate in her care prior to the procedure.</p> <p>There was no documentation in the medical record that Patient #1 was asked whether or not she would like to withdraw consent due to her altered state.</p>	C 114		