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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0763AS	A. BUILDING: _____ B. WING _____	C 04/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL CARE NETWORK	1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612

(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 Complaint Inspection Complaint Number OH00090642 Administrator: Angela Flores County: Lucas Number of OR's: 3 The following violations are issued as a result of complaint inspection completed on 4/11/17.	C 000		
C 104	O.A.C. 3701-83-03 (F) Governing Body The HCF shall have an identifiable governing body responsible for the following: (1) The development and implementation of policies and procedures and a mission statement for the orderly development and management of the HCF; (2) The evaluation of the HCF's quality assesment and performance improvement program on an annual basis; and (3) The development and maintenance of a disaster preparedness plan, including evacuation procedures.	C 104		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0763AS	A. BUILDING: _____ B. WING _____	C 04/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL CARE NETWORK	1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612

(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 104	Continued From page 1 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. 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 an emergency."	C 104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0763AS	A. BUILDING: _____ B. WING _____	C 04/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL CARE NETWORK	1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612

(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 104	Continued From page 2 The facility's policy entitled, "Medical Emergencies" was reviewed on 4/11/17. The policy reads, "In the event of a medical emergency, the first staff member to arrive on scene will remain with the individual throughout the process. 1. Assess the subject. If medical attention is required follow the following steps: 2. Call 911 a. Describe the situation to the operator and follow first-aid instructions B. Relay the location's address: 1160 West Sylvania Avenue. 3. Continue First-Aid until emergency responders arrive on scene and take over the situation. Interview with Staff B (Director of Nursing) on 4/11/17 at 12:15 PM confirmed the policy for "Medical Emergencies" was the only facility policy she could find relating to patient transfer and that 911 was not called for the incident on 4/01/17 described above.	C 104		
C 131	O.A.C. 3701-83-09 (C) Adverse Events Each HCF, as part of the quality assessment and performance improvement program required by rule 3701-83-12 of the Ohio Administrative Code, shall document and review any complications and adverse events which arise during the provision of the facility's service. This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to document and review an adverse event while providing services to one (Patient # 1) patient. The total sample size	C 131		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0763AS	A. BUILDING: _____ B. WING _____	C 04/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL CARE NETWORK	1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612

(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 131	Continued From page 3 was three. 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. 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 an emergency." The facility's policy entitled, "Medical Emergencies" was reviewed on 4/11/17. The policy reads, "In the event of a medical emergency, the first staff member to arrive on scene will remain with the individual throughout the process. 1. Assess the subject. If medical attention is required follow the following steps: 2.	C 131		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0763AS	A. BUILDING: _____ B. WING _____	C 04/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL CARE NETWORK	1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612

(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 131	Continued From page 4 Call 911 a. Describe the situation to the operator and follow first-aid instructions B. Relay the location's address: 1160 West Sylvania Avenue. 3. Continue First-Aid until emergency responders arrive on scene and take over the situation. Interview with (Staff B) at 12:15 PM confirmed this incident has not been through peer review. Staff B reported there is no facility policy for reviewing unusual incidents and there is no log kept of transfers or unusual events.	C 131		
C 152	O.A.C. 3701-83-12 (C) Q A & Improvement Requirements The quality assessment and performance improvement program shall do all of the following: (1) Monitor and evaluate all aspects of care including effectiveness, appropriateness, accessibility, continuity, efficiency, patient outcome, and patient satisfaction; (2) Establish expectations, develop plans, and implement procedures to assess and improve the quality of care and resolve identified problems; (3) Establish expectations, develop plans, and implement procedures to assess and improve the health care facility's governance, management, clinical and support processes; (4) Establish information systems and appropriate data management processes to facilitate the collection, management, and analysis of data needed for quality assessment and performance improvement, and to comply with the applicable data collection requirements of Chapter 3701-83 of the Administrative Code;	C 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0763AS	A. BUILDING: _____ B. WING _____	C 04/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL CARE NETWORK	1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612

(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 152	Continued From page 5 (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 #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	C 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0763AS	A. BUILDING: _____ B. WING _____	C 04/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL CARE NETWORK	1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612

(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 152	Continued From page 6 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. Interview with Staff B (Director of Nursing) on 4/11/17 at 12:15 PM revealed this incident has not been through peer review. Staff B reported there is no facility policy for reviewing unusual incidents and there is no log kept of transfers or unusual events.	C 152		
C 211	O.A.C. 3701-83-17 (F) MR With Patient Transport Patients transported to a hospital shall be accompanied by their medical records that are of sufficient content to ensure continuity of care. This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a patient (Patient #1) transported to the hospital was accompanied by their medical record. The total sample size was three. 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	C 211		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0763AS	A. BUILDING: _____ B. WING _____	C 04/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL CARE NETWORK	1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612

(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 211	Continued From page 7 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. The documentation in the medical record did not reveal what time the patient was transported, by whom, or the parts of the medical record which had accompanied the patient to the hospital. Interview with Staff B on 4/11/17 at 12:15 PM confirmed the medical record did not contain documentation that documents in the chart were sent with Patient #1 to the hospital. Staff B reported during the interview, "I'm pretty sure we copied some of the notes and sent them with her", but could not ascertain exactly what was sent along with the patient.	C 211		
C 213	O.A.C. 3701-83-17 (H) Receipt of Discharge Instructions The physician, podiatrist, dentist, or a nurse shall ensure that the patient or patient's representative acknowledge, in writing, receipt of the physician's, podiatrist's, or dentist's written discharge instructions. This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure written	C 213		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0763AS	A. BUILDING: _____ B. WING _____	C 04/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL CARE NETWORK	1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612

(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 213	Continued From page 8 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. The medical record did not contain documentation that discharge instructions had been reviewed with the patient prior to transfer to the hospital, nor a copy of discharge instructions given to the patient prior to leaving the facility. This finding was confirmed with Staff B on 4/11/17 at 12:15 PM.	C 213		