Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN C	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:		COMPLETED	
		1081AS	B. WING		C 03/25/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NORTHEA	ST OHIO WOMEN'S CEN	NTER 2127 STATI	E ROAD A FALLS, OH	44223		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	E
C 000	Initial Comments		C 000			
	Licensure Complaint	Inspection				
	Complaint Number: C	DH00124266				
	Administrator: Sherri	Grossman				
	County: Summit					
	Number of Operating	Rooms: one				
		n is issued as a result of the aspection completed on				
C 114	O.A.C. 3701-83-07 (A	a) Patient Care Policies	C 114			
	The HCF shall develop and follow comprehensive and effective patient care policies that include the following requirements:					
	(1) Each patient shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and personal care needs;					
	(2) Each patient shal withdraw consent for	l be allowed to refuse or treatment;				
	medical record, unles	I have access to his or her s access is specifically ading physician for medical				
	(4) Each patient's me shall be kept in confid	edical and financial records lence; and				
		I receive, if requested, a of facility charges including				

Ohio Department of Health

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

TITLE (X6) DATE

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		1081AS	B. WING		03	C / 25/2022	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	,		
NORTHEA	AST OHIO WOMEN'S CEI	NTER	TE ROAD GA FALLS, OH	44223			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
C 114	Continued From page an itemized bill for se		C 114				
	review, and interview source, the facility fai policies that ensured	ictures provided from d review, investigative report with staff and outside led to follow patient care each patient's medical confidence and a patient's					
	Review of pictures pron 07/21/2021 and of on 10/18/2021 and 10 removed from the garthe facility by this indi	ovided by an outside source oservation of the actual PHI 0/22/2021 of the contents rbage dumpster outside of ividual and visualized by the ntified in the investigative ollowing PHI:					
	identifying the patient Patient #2 - Walgreer	olored pharmacy receipt 's name and date of birth ns prescription receipt 's name, address and phone					
		pharmacy receipt identifying ddress and phone number					
	two Rite-Aid prescript	-Aid pharmacy receipts and tion bottles identifying the ess and phone number					
	Patient #5 - Northeas	t Ohio Women's Center					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		1081AS	B. WING		C 03/25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE	
NORTHE	AST OHIO WOMEN'S CEN	NTER 2127 STA	TE ROAD GA FALLS, OH 4	44223	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT 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 BE COMPLETE
C 114	Continued From page	2	C 114		
	(NEOWC) prescription	n identifying the patient's			
	Patient #6 - NEOWC patient's name and bi	prescription identifying the rthdate			
	Patient #7 - NEOWC patient's name and bi	prescription identifying the rthdate			
	Patient #8 - NEOWC patient's name and bi	prescription identifying the rthdate			
	Patient #9 - NEOWC patient's name and bi	prescription identifying the rthdate			
	two Rite-Aid prescript	e-Aid pharmacy receipts and ion bottles identifying the ess and phone number.			
	Patient #11 - Two pre identifying the patient number	scription bottle labels 's name, address and phone			
		ncy Room Wrist Band 's name and birthdate			
		gy Laboratory lab results fax ntifying the patient's name, number.			
		gy Laboratories testing ng the patient's name and			
		gy Laboratories testing ng the patient's name and			
		ens pharmacy prescription			

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		1081AS	B. WING		03	C / 25/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	•		
NORTHE	AST OHIO WOMEN'S CEI	NTER 2127 STA	TE ROAD GA FALLS, OH	44223			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
C 114	address and phone n Patient #17 - Klein phreceipt, two Klein precidentifying the patient number. Patient #18 - Klein phreceipt, two Klein precipt, two Klein precipt, two Klein precipt prescription box for macetate identifying the and phone number. Patient #19 - Ripped identifying the patient #20 - Two CV identifying the patient and phone number. Patient #21 - NEOWO form identifying the patient #22 - Pathological request form identifying birthdate Patient #23 - Pathologidentifying the patient #23 - Pathologidentifying the patient Patient #24 - Two Wapamphlets, Two Walg prescription bottles id address and phone n	bottle labels, and ledroxyprogesterone e patient's name, birthdate, umber. armacy green colored scription bottle labels 's name, address and phone armacy green colored scription bottle labels, and ledroxyprogesterone e patient's name, address CVS pharmacy receipt 's name and address S pharmacy receipts 's name, birthdate, address C Private Physician Meeting atient's name and birthdate gy Laboratories testing ng the patient's name and birthdate ligreens prescription reens pharmacy entifying the patient's name,	C 114				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	1081AS		B. WING			C 8 /25/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	·		
NORTHE	AST OHIO WOMEN'S CEI	NTER	TE ROAD GA FALLS, OH 4	14223			
(X4) ID PREFIX TAG	(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	
C 114	Continued From page	e 4	C 114				
	identifying the patient number.	's name, address and phone					
		narmacy green colored obtion bottle label identifying address.					
		Patient #27 - Five Rite-Aid prescription receipts identifying the patient's name, address and phone number Patient #28 - Medical Abortion Note Sheet identifying the patient's name and birthdate Patient #29 - Two Rite-Aid prescription bottles identifying the patient's name and address					
	Patient #30 - Two Klein prescription bottles identifying the patient's name and address						
		Patient #31 - Prescription bottle identifying the patient's name and address					
	Patient #32 - Two Ritidentifying the patient	e-Aid prescription bottles 's name and address					
	Patient #33 - Two Ritidentifying the patient	e-Aid prescription bottles 's name and address					
		yprogesterone prescription tient's name and address					
	Patient #35 - Two Kle	ein prescription bottles 's name and address					
	Patient #36 - Rite-Aid identifying the patient						
	Patient #37 - Marc prothe patient's name	escription bottle identifying					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
		1081AS	B. WING		C 03/25/2022
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE	1 00/10/1011
NORTHE A	AST OHIO WOMEN'S CEI	NTER 2127 STA	TE ROAD		
NORTHE	Г	СИУАНО	GA FALLS, OH 4		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
C 114	Continued From page	2 5	C 114		
	Patient #38 - Two Ritidentifying the patient	e-Aid prescription bottles 's name and address			
	Patient #39 - Two CV identifying the patient				
	Patient #40 - Unknow identifying the patient				
	Patient #41 - Unknow identifying the patient				
	Patient #42 - Walgreens prescription bottle identifying the patient's name and address Patients #16, #20, #43, #44, #45, #46, #47, #48 #49, #50, #51, #52, #53, #54, #55, and #56 - Appointment Calendar Document identifying the patient's names and phone numbers.				
	patient surgery lists, a documents revealed	cluding medical records, and appointment calendar at least 47 of the 56 patients recent patients of the			
	1:30 PM to 2:18 PM v personal health inforr outside the facility. T thought this was on 0 not write down the da later on his way back find anything. He sta Sunday and Monday Sunday. He left the F	nducted on 09/13/21 from with an individual who found nation (PHI) in the dumpster he individual stated he 6/15/21 or 06/17/21 but did te. He came back a week from Michigan but did not ted the first two times were and then a week later on PHI with Right to Life ed at 572 West Market			

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STATEMEN	r of Deficiencies	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		1081AS	B. WING		03/25/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
NODTHE		2127 STA	TE ROAD			
NORTHEA	AST OHIO WOMEN'S CEI	CUYAHO	GA FALLS, OH	44223		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
C 114	Continued From page	e 6	C 114			
C 1114	Review of the facility Information, effective were not to dispose of into the facility's trash in prescriptions that hinstructed no to dispose of the prescription bag into these items to a staff the item. When paties they do not want to fill give that prescription shredded or to take the they can destroy it the Review of the policy to related to prescription revealed patients' prediscarded into the trainstructed to take the either have patient keremove labels from both Any other items that put they should give to stadvised that they can information into our trown personal items in knowledge, they are of that we will be unabled. Signs were observed facility, that stated, "A Discard Anything with On It Into Our Trash! Don't Want To Take V Staff Member So, It Controlled."	policy titled Patient 07/08/21, revealed patients of their personal information cans. When patients bring have been filled, they will be use of the empty bottles or cour trash. Patients can give member who will then shred onts have prescriptions that I, they will be instructed to to a staff member to be one prescription with them so conselves. Itiled, Quality Assurance, on bottles effective 01/01/14 oversity of their bottles or staff will ottles and shred the labels. Obtained a shred the labels. Obtaine				
	conducted with a form worked for the facility	ner Medical Assistant that When asked about Patient Biohazard disposal she				

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					С	
		1081AS	B. WING		1	5/2022
					1 00.2	<u></u>
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ILE, ZIP CODE		
NORTHEA	ST OHIO WOMEN'S CEI	NTER 2127 STA				
		CUYAHO	GA FALLS, OH	44223		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPI		DATE
				DEFICIENCY)		
C 114	Continued From page	7	C 114			
0 111	. •					
	stated that the dispos					
	_	good, sometimes patient				
	-	n the trash can or things				
		ropriately. Numerous				
		out in the trash. When				
		at Patient Health Information				
		trash, she stated "on patient				
	charts we have patier					
	• •	have seen them thrown shred bin, and it was				
		ht some of those documents				
	•	ish. When asked again				
		n away specifically, she				
		not think of one individual				
		couple of the nurses throw a				
	-	with a patient name. I have				
	never seen any bioha	zard actually go into the				
	garbage. " She also	spoke about the process				
		tion bottles. She would				
	•	the prescription then she				
		off of the bottle and place it				
		e patient wanted to keep the				
	•	give it back to them. She				
		ad witnessed patients				
		le in the trash can and the				
		ed to the prescription bag.				
		she stated she would take				
		dispose of it properly. She				
		g staff throwing prescription				
	bottles or prescription	is in the trasm.				
	Review of the supple	mental investigation report				
		x hereto) further verified the				
	information summariz					
	Simalish Gammanz					
			1		,	

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