Ohio Dept Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
					С			
		1014AS		B. WING		03/2	5/2022	
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
PLANNED	PARENTHOOD BEDFOR	RD HEIGHTS REGIC		KSIDE ROAD 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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
C 000	Initial Comments			C 000				
	Licensure Complaint	Inspection						
	Complaint Number: 0	DH00125069						
	Administrator: Holly N	Myers						
	County: Cuyahoga							
	Number of Procedure							
	Number of Operating							
		n is issued as a result of the spection completed on	he					
C 114	4 O.A.C. 3701-83-07 (A) Patient Care Policies			C 114				
		p and follow comprehens care policies that include t s:						
	dignity and	t, and full recognition of						
	individuality, including personal care needs;	privacy in treatment and						
	(2) Each patient shal withdraw consent for	I be allowed to refuse or treatment;						
	medical record, unles	I have access to his or he s access is specifically ding physician for medica						
	(4) Each patient's me shall be kept in confid	edical and financial record ence; and	ls					

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:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
J. J. L. W. G. G. W. L. G. W. L. G. W. G.		A. BUILDING:		С			
		1014AS	B. WING		03/25/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
PLANNED	PARENTHOOD BEDFO	RD HEIGHTS REGIC	DCKSIDE ROAD RD HEIGHTS, OH				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFICED TO THE APPROFICE (CROSS)	D BE COMPLETE		
C 114	(5) Each patient sha	Il receive, if requested, a of facility charges including	C 114				
	outside source, recor review, and interview source, the facility fai policies that ensured	victures provided from i'd review, investigative report if with staff and outside illed to follow patient care each patient's medical confidence and a patient's					
	Findings include:						
	Review of pictures provided by an outside source on 09/02/21 and observation of the actual PHI on 10/25/2021 and 10/26/2021 of the contents removed from the garbage dumpster outside of the facility by this individual and visualized by the investigators and identified in the investigative report revealed the following PHI:						
	Patient #1 - Sign in s name	heet identifying the patient's					
	Patient #2 - Ripped b	ill identifying the patient's					
	Patient #3 - Potential patient's name	urine sample identifying the					
	Patient #4 - Appointn educational reminder patient receipt identif	document with patient label,					

Ohio Department of Health

STATE FORM 53P611 If continuation sheet 2 of 5

Ohio Dept Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
					С
		1014AS	B. WING		03/25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE	
PLANNED	PARENTHOOD BEDFOR	RD HEIGHTS REGIC	OCKSIDE ROAD	44146	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
C 114	Continued From page	2	C 114		
	1	agnostics lab document 's name, birthdate, address			
	Patient #6 - Three Qu documents identifying birthdate, address an	the patient's name,			
	Patient #7 - Procedure type document identifying the patient's name  Patients #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, and #31 - Specimen cups identifying the patients' names  Patient #24 - Ultrasound identifying patient's name  Patient #32 - Ultrasound identifying patient's name				
	Patient #33 - Specime patient's name	en cup label identifying			
	1	cords and procedure list the 33 patients identified tients of the facility.			
	1:30 PM to 2:18 PM v personal health inform facility. He stated he night into Sunday or r said he had a shoppin restaurant dumpsters went to the dumpsters building. He stated he of urine or sexually tra	ducted on 09/13/21 from vith the individual who found nation in the dumpster of the was at the facility Saturday maybe Sunday morning. He ng cart and looked in the behind a strip mall and then is behind a multi-story e found 1000 vials/cultures ansmitted disease (STD) dithat the specimen vials			

Ohio Department of Health

STATE FORM 53P611 If continuation sheet 3 of 5

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Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		1014AS		B. WING		03/2	25/2022
	ROVIDER OR SUPPLIER  D PARENTHOOD BEDFOI	RD HEIGHTS REGIC	25350 ROC	RESS, CITY, STA KSIDE ROAD HEIGHTS, OH		•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 114	had an opaque liquid found 30-50 cups, 2-4 clients' names on the not a small operation. Week later and took phealth information (PI Right to Life Northeas Market Street in Akro Review of patient right completed on 09/02/2 Planned Parenthood Services, you have the privacy of conversation confidentiality of your by law."  Review of the education HIPPA completed of staff had annual training HIPPA.  During an interview which we completed 09/14/21 are Family Planning on the STD testing. There we floor. On their consultation to the ones that did spatients under 25. Family Planning to any pafacility. She also veri	at the bottom. He also dozen cups of urine wm. He stated this clinic. He stated he went basictures and found personall. He left the items west Ohio located at 572 N	vith c was ck a conal rith //est  nt at al ave co vided  ated ated at all d to  er I that coing rst could so is cone	C 114			
	09/14/21 at 2:02 PM. know for sure if she c patients. " If the patie yes, I would have had	Staff E2) was interview She stated that she di ared for any of the spe ents were 25 or younge the specimen cups. We shand they are dispose	d not cified r then Ve do				

Ohio Department of Health

STATE FORM 53P611 If continuation sheet 4 of 5

PRINTED: 03/25/2022 FORM APPROVED

Ohio Dept Health

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				С				
1014AS		B. WING		03/25/2022				
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
PLANNED	PARENTHOOD BEDFO	RITHEIGHTS REGIC	KSIDE ROAD	4440				
0/4) ID	STIMMADV ST	ATEMENT OF DEFICIENCIES	HEIGHTS, OH	PROVIDER'S PLAN OF CORRECTION	<u> </u>	()(5)		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE		
C 114	Continued From page	e 4	C 114					
	cups allegedly ended	e did not know how these up in their dumpster and I any patients throwing their						
	Review of the supplemental investigation report (attached as Appendix hereto) further verified the information summarized above.							

Ohio Department of Health

STATE FORM 53P611 If continuation sheet 5 of 5