

OFFICE OF HEALTH ASSURANCE AND LICENSING
OHIO DEPARTMENT OF HEALTH
COMPLAINT FORM

You may file this complaint **ANONYMOUSLY**, by **NOT** providing us your name and address. **Skip to Section II if you wish to remain anonymous.** If you remain anonymous, ODH will not be able to contact you to obtain additional information or notify you of the results of the complaint investigation.

Section I Complainant Information – Complete only if you wish to receive our acknowledgement and notification letters with the results of the complaint investigation *Red outlined fields are mandatory

Complainant Name: Right to Life Action Coalition of Ohio, Greater Toledo Area Right to Life		
Street Address: c/o Eugene F. Canestraro, 405 Madison Street, Suite 1100		
City: Toledo	State: OH	Zip: 43604
Primary Telephone: 321-6444 (419)	Secondary Telephone: ()	

NOTE: All person-identifiable information is confidential.

Section II Facility Information

*Facility Name: Capital Care Network of Toledo	*Facility Type: ASF	
*Address: 1160 W. Sylvania Avenue,		
City: Toledo	State: OH	Zip: 43612
Telephone: 419-478-6801		

Section III Resident(s)/Patient(s) Information

Resident/Patient Name: N/A	Date of Birth:
Relationship to Resident/Patient:	Is the Resident/Patient still in the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Name(s):	
Name:	Date of Birth:
Relationship to Resident/Patient:	Is the Resident/Patient still in the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Date of Birth:
Relationship to Resident/Patient:	Is the Resident/Patient still in the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section IV Alleged Wrongdoer(s) Information – if applicable or known

Name: See Complaint.	Title:
Additional Name(s)/Title:	
Name and Title:	
Name and Title:	
Name and Title:	

***Section V Narrative Description**

Provide a narrative description of your complaint which should include **date, time and location** of the incident. Include name and phone number of any witness(es), if applicable.

See attached Complaint.

Submit this form to ODH

OHIO DEPARTMENT OF HEALTH
DIVISION OF QUALITY ASSURANCE

NARRATIVE:

COMPLAINANTS' NAMES:

Right to Life Action Coalition of Ohio

and

Greater Toledo Area Right To Life

Facility Information:

Terrie Hubbard - ASF License holder
4494 Township Rd. 179
Marengo, Ohio 43334

d/b/a - Capital Care Network of Toledo:
facility address: 1160 W. Sylvania Avenue:
Toledo, Ohio 43612

COMPLAINT

INTRODUCTORY STATEMENT

“Regulation of the practice of medicine is necessary to protect public health and safety.”

Bouquett v. Ohio State Medical Board, 123 Ohio App.3d 466, 475 (10th Dist. 1997).

This Complaint aims to shine light on and rectify a regulatory failure of the Ohio Department of Health (“ODH”) to properly scrutinize a license application by an abortion clinic, allowing the clinic to continue operating under a license newly issued by the ODH just days after it revoked the clinic’s existing license for a regulatory violation. The Complainants, the Right to Life Action Coalition of Ohio, a not for profit corporation, and the Greater Toledo Area Right To

Life, also a not for profit corporation (“hereinafter Complainants”) address in this Complaint statutory and regulatory infractions affecting women’s health and safety committed by Capital Care Network of Toledo, an Ambulatory Surgical Facility (“ASF”), and its license holder Terrie Hubbard (“Hubbard”), and woefully inadequate oversight by the ODH.

The infractions include Hubbard’s filing of a blatantly false and misleading application to the ODH for a new ASF license in a brazen attempt to circumvent a 2018 Ohio Supreme Court decision authorizing the ODH to revoke Hubbard’s ASF license after she was discovered operating her Toledo abortion clinic without a written transfer agreement required by Ohio law.

This Complaint also points a finger at the ODH for turning a blind eye to Hubbard’s infractions and granting her a brand new license (based on the obviously false and misleading statements in her application) only a few days after it permanently revoked her existing ASF license. The ODH’s woefully negligent review of Hubbard’s application, amounting to a renewal of the license the ODH revoked only a few days earlier, flouted the ODH’s express statutory duty to deny licensure to an ASF applicant that cannot show compliance with the Ohio Revised Code and Ohio Administrative Regulations to protect women’s safety and health.

The ODH’s grossly negligent review of Hubbard’s duplicitous ASF application requires an independent investigation of this Complaint by the Ohio Attorney General and/or Inspector General. Complainants seek reversal of the grant of licensure to Hubbard and her Toledo abortion clinic.

In support of their Complaint, Complainants allege and assert as follows:

HISTORY OF CAPITAL CARE NETWORK OF TOLEDO

1. On April 28, 2005 The ODH first granted an ASF license (#0763AS) to “Capital Care Network” to operate an abortion clinic in Toledo.
2. The “Capital Care Network of Toledo” trade name was first used October 18, 2009 according to a name registration filing with the Ohio Secretary of State made by G & H Management Corporation (“G&H”). At this time G&H also filed name registration for “Capital Care Network Health Center,” and “Capital Care Network of [Akron, Cleveland, Columbus, Fairfield, Cincinnati, Dayton, Youngstown]. These registrations were scheduled to expire after 5 years, on February 4, 2015.
3. Upon information and belief, Hubbard acquired ownership of G&H in or about 2010.
4. In or about August 13, 2010 Hubbard and her husband Stephen Hubbard formed T&S Management of Columbus LLC (“T&S”), an Ohio limited liability company with its principal place of business at 1343 East Broad St., Columbus, Franklin County, Ohio 43205. Hubbard is a member and the manager of T&S.
5. Through G&H and T&S Hubbard operated abortion facilities in Cuyahoga Falls, Columbus, Toledo, and elsewhere, including Capital Care Network of Toledo (“CCNT”).
6. In March 2012 the ODH cited CCNT for operating its ASF without a written transfer agreement (“WTA”), which is required by Ohio Revised Code (“ORC”) §3702.303 and Ohio Adm. Code (“OAC”) §3701-83-19(E). The purpose of a WTA is to “specif[y] an effective procedure for the safe and immediate transfer of patients from the facility to the hospital when medical care beyond the care that can be provided at the [ASF] is necessary, including when emergency situations occur or medical complications arise.” ORC §3702.303(A).

7. After ODH's citation CCNT entered a WTA with the University of Toledo Medical Center. However, the University of Toledo told CCNT it would not renew the WTA after its July 31, 2013 expiration.
8. On April 16, 2013 the ODH revoked the license of Capital Care Network of Cuyahoga Falls, owned by Hubbard, for 34 pages of infractions of Ohio regulatory and health standards and because Hubbard -- through T&S -- declined to contest the cited violations. **Exhibit 1.**
9. CCNT's WTA with the University of Toledo expired on July 31, 2013. Thereafter until January 20, 2014 CCNT operated without a WTA.
10. In August 2013 the ODH notified CCNT that it intended to revoke CCNT's license because of its lack of a WTA.
11. On January 24, 2014 CCNT entered into a WTA with the University of Michigan Health System, located over 50 miles away from CCNT. ODH notified CCNT that the WTA was inadequate because the distance from the Toledo clinic and the University of Michigan Health System was too great. See ORC §3702.3010. ODH refused to renew CCNT's license to operate. The decision was upheld by a ODH hearing examiner after a hearing on June 10, 2014.
12. Meanwhile, in May 2014, CCNT abortion doctor Thomas Michalis was arrested on federal charges of possession and distribution of child pornography. Michalis pled guilty and in August 2015 he was sentenced to a prison term of 15 years.
13. On July 29, 2014 the ODH issued an adjudication order refusing to renew and revoking CCNT's license to operate based on the June 10, 2014 hearing examiner's findings.

14. CCNT challenged the ODH's July 29, 2014 license revocation in the Lucas County Common Pleas Court. The Court entered a stay permitting CCNT to continue to operate during the legal challenge.
15. On November 26, 2014 the City of Columbus, Division of Income Tax secured a default judgment in the amount of \$33,270.55 for unpaid taxes was entered against T & S Management of Columbus LLC d/b/a Capital Care Women's Center and Terrie R. Hubbard, and Steven V. Hubbard, in the Franklin County Court of Common Pleas, Columbus OH. **Exhibit 2.**
16. On June 19, 2015 the Lucas County Common Pleas Court reversed the ODH's revocation of CCNT's license to operate. The ODH appealed and on July 29, 2016 the Sixth District Court of Appeals affirmed the Lucas County Court of Common Pleas decision. The ODH appealed to the Ohio Supreme Court and on January 24, 2018, the Ohio Supreme Court reversed the lower court's determination, sustaining the ODH's revocation order.
17. On February 4, 2015 the Ohio Secretary of State canceled the CCNT trade name.
18. On January 28, 2016 the City of Columbus, Division of Income Tax secured an Agreed Judgment in the amount of \$15,355.42 for unpaid taxes was entered against T & S Management of Columbus LLC d/b/a Capital Care Women's Center and Terrie R. Hubbard, and Steven V. Hubbard, in the Franklin County Court of Common Pleas, Columbus OH. **Exhibit 3.**
19. On April 11, 2016, a federal tax lien was recorded against T & S Management of Columbus LLC in the Franklin County Recorder's Office in the total amount of \$602,484.84 representing unpaid federal taxes from 2012 through 2013. **Exhibit 4.**
20. On August 11, 2017 the ODH inspected CCNT and found "serious licensure violations." The ODH proposed a \$40,000 fine. **Exhibit 5.**

21. On September 21, 2017 the City of Columbus, Division of Income Tax secured a default judgment in the amount of \$24,709.51 for unpaid taxes was entered against T & S Management of Columbus LLC d/b/a Capital Care Women’s Center and Terrie R. Hubbard, and Steven V. Hubbard, in the Franklin County Court of Common Pleas, Columbus OH. The lien was satisfied in June 29, 2018. **Exhibit 6.**

22. On January 24, 2018, the Ohio Supreme Court issued its decision involving ODH’s appeal of the Sixth District Court of Appeals decision concerning CCNT. The decision sustained the ODH’s decisional authority to terminate CCNT’s license for operating without a WTA. The decision is reported at 2018 WL774298, __N.E.3d__ , 153 OH S.Ct. 3d 362 (1/24/2018), reconsideration denied 152 OH S. Ct. 3d 1449, 4/25/2018.

HUBBARD’S DECEPTIVE EFFORTS TO SECURE A NEW ASF LICENCE

23. All ASF’s in Ohio are required by statute to obtain a health care facility license from the ODH, conditioned on compliance to quality standards established by it. ORC §3702.30(A)(4)(a), (B), (D), and (E)(1). ODH’s regulations explicitly require the director of ODH to “deny an application for a license or an application for amendment or renewal of a license if” the ASF “fails to make application for a license in accordance with rule 3701-83-04 of the Administrative Code,” or “fails to demonstrate to the director [of ODH] that it “meets or continues to meet the requirements of section 3702 of the Revised Code and Chapter 3701-83 of the Administrative Code.” OAC § 3701-83-05(C).

24. Following the Ohio Supreme Court’s January 24, 2018 decision upholding ODH’s order revoking Hubbard’s Toledo abortion business license because she was operating without a WTA, Hubbard continued to operate, although she had reason to believe that the ODH would revoke

her CCNT license (#0763AS) as soon as it lawfully could do so. Hubbard decided to try to secure a brand new license for her Toledo abortion operation.

25. Hubbard's first step was to secure a WTA. ORC §3702.303 and OAC §3701-83-19(E) require each ASF maintain a WTA with a local hospital. See ¶6 above. An applicant or license holder must provide a copy of the WTA to the ODH as a condition for issuance or continuance of a license. See OAC §3701-83-19(E) and (E)(1). While a variance from this requirement is available if certain conditions are met, see OAC §3701-83-14(A), Hubbard has never requested a variance for CCNT.

26. Hubbard approached Toledo Hospital and negotiated a WTA, which was executed on February 14, 2018. **Exhibit 7.** The WTA's exordium clause states: "THIS TRANSFER AGREEMENT ("Agreement") is made effective this 14th day of Feb., 2018, by and between The Toledo Hospital ("Hospital") and T&S Management of Columbus LLC, d/b/a/ Capital Care Network of Toledo ("Facility")." The WTA is signed "Capital Care Network" by "Terri R. Hubbard" as "Owner." Arturo Polizzi signed the WTA as President of The Toledo Hospital,

27. On or about March 13, 2018, Hubbard submitted a Health Care Facility Application ("Application") to the ODH for a *new* ASF license. **Exhibit 8.**

28. Hubbard chose not to disclose in her Application that she was seeking a new license to replace an existing license, and she did not identify her existing license number #0763AS. (Exhibit 8, Box 1). Nor did she indicate that her Application Type was "Change of Ownership." Rather, she deceitfully denominated the Application in Box 1 as "Initial", allowing her to conceal her existing license number.

29. Still, Hubbard could not conceal the fact that the Facility name (DBA) (Box 4) ("Capital Care Network of Toledo"), its Telephone Number (Box 6) ("419-478-6801"), and its Address (Box

7) (“1160 West Sylvania Avenue, Toledo 43612 Lucas County”) were unchanged from her existing business operation in Toledo, though she left blank “Previous facility name, if applicable” (Box 5).

The Application also states, in Box 2, that the “Date of operation or projected opening date or date of change of ownership” of the facility is “03/04/2018.” The date of operation of the Facility preceded the actual Application submission. In fact, Hubbard continued to operate her clinic after the Supreme Court decision on January 24, 2018 until ODH’s grant of a new license (#1214AS) on May 8, 2018.

30. To separate this “initial” license application from previous renewals, Hubbard indicated in the Application that she, not T&S or any other entity, is the “Individual owner” of CCNT (Boxes 13-18). She signed the Application as “owner” and left blank the sections for “Multiple Owner, Partnership, Limited Liability Company, Corporation, Association, Other” (Boxes 19-25). No 5% or more ownership names are listed (Box 26).

31. By designating herself as sole and individual owner of CCNT she revealed that her WTA with Toledo Hospital is defective because it is between Toledo and T&S. T&S is nowhere listed in Hubbard’s March 2018 ASF licensure Application. Consequently, Toledo Hospital has a WTA with T&S, *not* with the new license holder of CCNT, Terrie Hubbard. And Hubbard, as the individual owner of CCNT, has no WTA with Toledo Hospital.

32. Hubbard’s Application contains other glaring omissions, contradictions, and false statements:

- a. The Application states that the business is a “Partnership” (Box 12). Yet no partners, officers, or statutory agent are listed in Boxes 19-28.
- b. The Application states that the health care facility is accredited by “NAF” (Box 11) but no accreditation inspection report is included with the application, as required.

- c. The Application at line 30 lists Schuyler Beckwith as “On-site administrator’s name.”
On information and belief Ms. Beckwith is an employee of a Planned Parenthood facility, and is not a full time employee of CCNT.
- d. The Application at Box 31 lists “Lucy Nunnally MD” as medical director
“responsible for the provision of health care services.” However, no
license/certification # (Box 32) is disclosed.
- e. The Application asks at Box 33: “Has the new owner(s), administrator or medical
director been affiliated through ownership or employment with any of the facilities
listed in § 3701-83-04(A)(1)(c) [sic] of the OAC within five years prior to the date of
this application?” The Application states that if the Yes box is marked, the applicant
should “provide in writing the individual’s name(s) and address(es) of the facilities.”
The Application shows the “Yes” box is checked but no documentation was
submitted in compliance with line 33’s requirement.
- f. The Application asks at Box 34: “Has the owner(s), administrator or medical director
been convicted of any criminal conviction, civil judgment or administrative
adjudication related to the provision of care or bearing a direct or substantial
relationship to the job responsibilities he/she is to carry out? (This information is
required by OAC § 3701-83-04(A)(1)(e).) If the Yes box is checked, the
Application requires provision “in writing of the individual’s name, full explanation
stating the charge(s), date(s) and disposition(s). The Application shows that the No
box was checked. Hubbard knowingly and intentionally failed to advise the
ODH:

- i. That the Ohio Supreme Court upheld the DOH's revocation of her license to operate her ASF on January 24, 2018.
- ii. That Hubbard's Cuyahoga Falls ASF license was revoked for multiple statutory and administrative code violations by the ODH on April 12, 2013. See ¶8 above and Exhibit 1.
- iii. That the ODH has issued a fine of \$40,000 against Hubbard for infractions of health and safety requirements. See ¶20 above and Exhibit 5.
- iv. That she, as owner of CCNT, or as an owner, member and/or officer of affiliated businesses, including T&S, is currently subject to civil judgments for unpaid federal taxes in excess of \$600,000. See above ¶19, Exhibit 4. Upon information and belief, said liens impose personal liability on Hubbard via I.R.C. §6672.
- v. That the City of Columbus issued payroll tax liens in excess of \$70,000.00 for failure to pay payroll taxes. See above ¶¶15, 18, and 21, and Exhibits 2, 3, and 6.

33. The Application contains the applicant's (Hubbard's) affirmation: "I affirm that to the best of my knowledge and belief, the answers provided herein and all accompanying materials are true and correct." The "Affirm" box was checked.

34. Violation of the affirmation requirement by providing knowingly false information subjects the affiant to criminal liability under ORC §2921.11(B) and ORC §2921.11(A)(5).

**ODH GRANTS HUBBARD A NEW LICENSE
DESPITE HER DECEPTIVE ASF APPLICATION**

35. On April 25, 2018, the ODH revoked CCNT's license (#0763AS).

36. Less than 2 weeks later, on May 8, 2018, the ODH granted to “Capital Care Network of Toledo”, the same Facility DBA as under revoked license #0763AS, an Ambulatory Surgical Facility License (“ASF”), Facility ID # 1214AS, operating at 1160 West Sylvania Ave., Toledo, Ohio, the same address as under the revoked license #0763AS. **Exhibit 9.**

37. Had ODH examined Hubbard’s Application in accordance with professional standards it normally applies to review ASF license applications, the Application’s obvious contradictions, falsities, and omissions, would have been noted, prompting a closer ODH review. At least ODH would have required Hubbard to submit a complete and truthful Application. Examination of that would then have disclosed several salient facts that would have required more thorough investigation and presumably a denial of Hubbard’s relicensing.

38. First, omitted by Hubbard in her Application was the fact that the Ohio Supreme Court had sustained ODH’s revocation order of Hubbard’s SF license for failing to maintain a valid WTA. The ODH reviewers would have been placed on alert that Hubbard was applying for what was tantamount to a license renewal application for the same operation she had been running before ODH’s April 25, 2018 revocation order of her license #0763AS.

39. Second, If ODH were paying attention, it would have seen that, based on her application, her WTA was inadequate. The ODH may issue only one license of the same type (in this case an ASF) for a given location. OAC § 3701-83-05. Since the ASF license issued on May 8, 2018 by the ODH for the 1160 West Sylvania Ave., Toledo, Ohio location (# 1214AS) does not include, as license holder, T&S Management of Columbus LLC (T&S), the WTA submitted by Hubbard in T&S’s name does not legally apply to or protect the ASF license holder for CCNT, the facility

located at 1160 W. Sylvania Ave., Toledo, Ohio 43612. For that reason alone, the license issued by the ODH is fatally flawed and should have caused the ODH to reject Hubbard's application.

40. Third, while Hubbard omitted this information in answer to the question in Box 34, an adequate examination of the Application by ODH should have addressed the significance of ODH's own pending citation against CCNT for violation of quality and safety standards, issued only six months earlier, and accompanied by a proposed penalty of \$40,000. See ¶20, and Exhibit 5. The citation raised quality issues that should have precluded automatic re-licensure of CCNT (or issuance of a new license for an identical ASF operation) absent a thorough ODH investigation.

41. Fourth, even though not disclosed by Hubbard, the need to investigate CCNT's quality program before relicensure should have been red flagged by its own revocation of Hubbard's license to operate in Cuyahoga Falls for multiple (34 pages of) quality and patient safety issues. See ¶8, and Exhibit 1.

42. Fifth, the public record showed that Hubbard's operations were burdened by serious financial problems, as evidenced by publicly available tax lien filings and judgments for unpaid federal taxes and payroll taxes in the amount of almost three quarters of a million dollars. These facts would naturally have raised questions about the ability of CCNT to deliver good quality patient care on a continuing basis. See ¶¶15, 18, 19, and 21, and Exhibits 2, 3, 4, and 6.

43. The ODH at a minimum was woefully negligent in conducting its review of Hubbard's licensure application. But the ODH may, for reasons unrelated to its statutory duty to enforce regulations to preserve patient safety and health, have knowingly and intentionally decided to forego its normal process of ASF license application scrutiny in Hubbard's case. For whatever

reason, the ODH turned a blind eye to Hubbard's Application, and without investigating any of the blatant issues that an appropriate review of the Application would have revealed, it simply issued a new ASF license to a patently ineligible applicant.

PRAYER FOR RELIEF

44. As described above, Terri Hubbard, operating as Capital Care Network of Toledo, an ASF located in Toledo, Ohio, is providing abortion services to women from Ohio and surrounding states without a validly issued license assuring quality care for these women.

45. Complainants are presently without other redress to address the serious operational and licensure failures of Hubbard's CCNT operation. The Complainants have no relief through ORC §3702.33 (seeking REVOCATION OR LICENSE SUSPENSION) since Hubbard's license has issued irrespective of the obvious and critical irregularities and falsehoods in her Application.

46. However, the OAC §3701-83-05.1(C)(2) mandates that the ODH "revoke, suspend, or refuse to renew" a health care facility license if it determines that the facility is not in compliance with any provision of the Ohio Adm. Code Chapter 3701-83, which includes defects in a license application and the lack of a WTA. OAC §3701-83-19(E).

47. The public interest is ill-served when an AFS clinic, after revocation of its license for violation of law -- an action meant to be permanent, not temporary, see *State v. White*, 29 Ohio St. 3d 39,40, 505 N.E. 2d 632 (1987) -- is allowed to circumvent that revocation by the simple expedient of securing a new license through subterfuge, as occurred here. The public health is harmed when an ASF's revoked license is automatically renewed without scrutiny of its woefully incomplete and misleading application for new licensure, and without investigation of

serious quality and compliance issues a properly completed application would have triggered, as happened here.

48. Hubbard's misrepresentations and omissions in her Application notwithstanding, the ODH defaulted in its regulatory responsibilities because it knew Hubbard's checkered history, yet failed to require from her a complete and fully documented application for licensure, failed to investigate the issues such an application would have raised, and failed to confirm that she (the proposed license holder) possessed an enforceable WTA. As a result, the ODH's grant of ASF licensure to Hubbard is unsupported by reliable, probative and substantial evidence. A re-review of the application evaluation and decisional process is required. That includes, as a start, insistence that Hubbard file a complete and accurate ASF application. And it necessitates a thorough and complete investigation of the issues a complete application submission would raise. Importantly, because of her defalcations to date, Hubbard should not be permitted to operate under her new license number during the application review process.

49. Because the ODH is an interested party in this proceeding, inasmuch as its own conduct is being complained of, Complainants request that the review be conducted by, or at least supervised by, the Ohio Office of Inspector General and/or Office of Attorney General.

CONCLUSION

Wherefore, the Complaining parties urge the Ohio Department of Health to reconsider the Hubbard/CCNT Application and immediately and permanently to rescind said licensure in light of the blatant and serious defects identified herein.

Date: October 24, 2018

Respectfully submitted,

Eugene F. Canestraro

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Attorneys For Complainants

EXHIBIT 1



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

IN THE MATTER OF:

Capital Care Network
2127 State Road
Cuyahoga Falls, Ohio 44223
HCF Number: 1008AS

ADJUDICATION ORDER

By letter dated March 5, 2013, T & S Management of Columbus, LLC was notified that, pursuant to Revised Code (R.C) section 3702.32 and in accordance with R.C. Chapter 119., the Director proposed to revoke the Health Care Facility license of Capital Care Network located at 2127 State Road, Cuyahoga Falls, Ohio 44223 (Capital Care), to operate as an ambulatory surgical facility. Additionally, T & S Management of Columbus, LLC was notified that an order was issued prohibiting Capital Care from performing medical services including surgical procedures, pharmaceutical services, and anesthesia services.

This letter notified T & S Management of Columbus, LLC that Capital Care was entitled to a hearing regarding my proposal to revoke the Health Care Facility license and my Order prohibiting medical services from being performed, if a hearing was requested within thirty (30) days of receipt of the notice. T & S Management of Columbus, LLC did not submit a hearing request.

My action proposing to revoke Capital Care's license and my Order prohibiting medical services from being performed were based on the Ohio Administrative Code (O.A.C.) violations that were cited on the February 14, 2013, licensure compliance inspection. A copy of the report of the licensure compliance inspection is incorporated into this Order by reference.

In light of the foregoing, I hereby revoke Capital Care's Health Care Facility license to operate as an ambulatory surgical facility for violations of R.C. section 3702.30 and O.A.C. Chapter 3701-83.

Any party desiring to appeal shall file a notice of appeal with the Ohio Department of Health, Office of General Counsel, 246 North High Street, Seventh Floor, Columbus, Ohio 43215, setting forth the Order appealed from and stating that the Department's Order is not supported by reliable, probative, and substantial evidence and is not in accordance with law. The notice of appeal may, but need not, set forth the specific grounds of the party's appeal beyond the statement that the Department's Order is not supported by reliable, probative, and substantial evidence and is not accordance with law. The notice of appeal shall also be filed by the appellant with the court of common pleas of the county in which the place of business of the licensee is located or the county court of common pleas where the licensee resides.

In filing a notice of appeal with the Department or court, the notice that is files may be either the original notice or a copy of the original notice. Such notices of appeal shall be filed within fifteen (15) days after the mailing of the notice of the Department's Order as provided in R.C. section 119.12.

4/16/2013
Date

Theodore E. Wymyslo
Theodore E. Wymyslo M.D.
Director of Health

I hereby certify this to be a true and correct copy of the Adjudication Order of the Director of the Ohio Department of Health.

4/16/13
Date

Michelle Anderson
Custodian of the Director's Journals
Ohio Department of Health

EXHIBIT 2

IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS
COLUMBUS, OHIO

City of Columbus, Division of Income Tax,

Plaintiff,

v.

T & S Management of Columbus LLC
dba Capital Care Womens Center, et al.

Defendants,

Case № 2014 CVH 9329

Judge Charles A. Schneider

**DEFAULT JUDGMENT ENTRY AGAINST DEFENDANTS T & S MANAGEMENT OF COLUMBUS LLC
DBA CAPITAL CARE WOMENS CENTER, TERRIE R. HUBBARD, AND STEVEN V HUBBARD**

The Defendants, having been duly served with the complaint in this action, have failed to appear and otherwise defend this matter. Upon application of the plaintiff and pursuant to Rule 55 of the Ohio Rules of Civil Procedure, it is hereby ORDERED that default judgment is rendered against the Defendants, T & S Management of Columbus LLC dba Capital Care Womens Center, Terrie R. Hubbard, and Steven V Hubbard, in the sum of \$33,270.55 with interest of 3% per annum continuing to accrue until fully paid, plus all costs. Should Plaintiff submit this case to any of its private collection agencies, pursuant to Columbus City Council Ordinance № 0130-2009, a post-judgment collection fee that is no greater than 30% of the remaining balance of this judgment after the accrual of post-judgment interest minus any post-judgment payments made by Defendants shall be included in the judgment. This is a final appealable order. **IT IS SO ORDERED.**

Judge

DRAFTED BY:
RICHARD C. PFEIFFER, JR.
COLUMBUS CITY ATTORNEY
/s/ Melissa A. Hicks
Melissa A. Hicks (079496), Assistant City Attorney
Tel: (614) 645-7717 Fax: (614) 724-6503
MAHicks@Columbus.gov

Franklin County Court of Common Pleas

Date: 11-26-2014
Case Title: COLUMBUS CITY DIVISION INCOME TAX -VS- T & S
MANAGEMENT COLUMBUS LLC ET AL
Case Number: 14CV009329
Type: DEFAULT JUDGMENT FOR CASE

It Is So Ordered.

A handwritten signature in black ink, appearing to read 'C.A. Schneider', is written over a circular, textured stamp. The stamp is partially obscured by the signature.

/s/ Judge Charles A. Schneider

Court Disposition

Case Number: 14CV009329

Case Style: COLUMBUS CITY DIVISION INCOME TAX -VS- T & S
MANAGEMENT COLUMBUS LLC ET AL

Case Terminated: 12 - Default

Final Appealable Order: Yes

Motion Tie Off Information:

1. Motion CMS Document Id: 14CV0093292014-10-2399980000
Document Title: 10-23-2014-MOTION FOR DEFAULT JUDGMENT
Disposition: MOTION GRANTED

EXHIBIT 3

IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS
COLUMBUS, OHIO

City of Columbus, Division of Income Tax,

Plaintiff,

v.

T&S Management of Columbus
dba Capital Care Womens Center, et al.,

Defendants.

Case No 2015 CVH 4318

Judge Laurel Beatty

AGREED JUDGMENT ENTRY

This matter came on by agreement of Plaintiff, by and through counsel, and Defendants this 28th day of January, 2016. The parties agree and the Court finds and orders as follows:

1. Judgment is hereby rendered in favor of Plaintiff and against Defendants in the amount of \$15,355.42 plus costs and interest at 3% per annum until satisfied.

2. Upon filing this Agreed Judgment Entry, Plaintiff shall file a Certificate of Judgment with the Court. In addition, upon payment in full of all amounts due, Plaintiff shall issue a Satisfaction of Judgment and Release of Lien. Defendants shall be responsible for paying all fees and costs associated with filing the judgment lien and releasing the judgment lien.

3. Defendants shall pay the judgment amount plus interest at 3% per annum and court costs starting with a monthly installment of \$800.00 commencing January 15, 2016 and due on or before the 15th day of each month thereafter, until said judgment plus interest at 3% per annum and costs is paid in full.

4. Checks shall be made payable to the: *Columbus City Treasurer* and mailed to the office of the City Attorney, 77 North Front Street, Columbus, Ohio 43215, ATTN: Claims Section-Tax.

5. Upon Defendants default:

i) Plaintiff may execute on the Judgment *instanter*;

ii) Plaintiff may refer the case to any of its private collection agencies pursuant to Columbus City Council Ordinance No 0130-2009 and Defendants shall pay a post-judgment collection fee that is equal to 30% of the remaining balance of this judgment, which includes the accrual of post-judgment interest minus any post-judgment payments made by Defendants; and

iii) Defendants shall pay any additional court costs.

Pursuant to Rules 53(D) and 58 of the Ohio Rules of Civil Procedure, the Court hereby directs the Clerk of Court to serve upon all parties notice of this judgment and its date of entry upon the journal.

IT IS SO ORDERED.

JUDGE LAUREL BEATTY

/S/ TERRIE R. HUBBARD
TERRIE R. HUBBARD FOR T&S MANAGEMENT OF COLUMBUS DBA CAPITAL CARE WOMEN'S CENTER, DEFENDANT

/S/ STEVEN V. HUBBARD
STEVEN V. HUBBARD, DEFENDANT

/S/ TERRIE R. HUBBARD
TERRIE R. HUBBARD, DEFENDANT

Approved and Drafted by:

/S/ Melissa A Hicks
Melissa A. Hicks (0079496)
Assistant City Attorney
City Attorney's Office
77 North Front Street
Columbus, Ohio 43215
Phone: (614) 645-7717
Fax: (614) 724-6503
E-Mail: MAHicks@Columbus.gov
Attorney for Plaintiff

EXHIBIT 4



Instrument Number: 201604110043232
Recorded Date: 04/11/2016 10:08:25 AM



Terry J. Brown
 Franklin County Recorder
 373 South High Street, 18th Floor
 Columbus, OH 43215
 (614) 525-3930
<http://Recorder.FranklinCountyOhio.gov>
Recorder@FranklinCountyOhio.gov

FranklinCountyRecorderTerryBrown @RecorderBrown

Transaction Number: T20160021559
Document Type: FEDERAL TAX LIEN
Document Page Count: 1

Submitted By (Mail):
 IRS

Return To (Mail Envelope):
 IRS

Mail

Mail Envelope

First Grantor:
 T & S MANAGEMENT OF COLUMBUS LLC

First Grantee:
 INTERNAL REVENUE SERVICE

Fees:
 Document Recording Fee: \$5.00

Instrument Number: 201604110043232
Recorded Date: 04/11/2016 10:08:25 AM

Total: \$5.00

OFFICIAL RECORDING COVER PAGE

DO NOT DETACH

THIS PAGE IS NOW PART OF THIS RECORDED DOCUMENT

NOTE: If the document data differs from this cover sheet, the document data always supersedes the cover page.
 COVER PAGE DOES NOT INCLUDE ALL DATA, PLEASE SEE INDEX AND DOCUMENT FOR ANY ADDITIONAL INFORMATION.

11874		Department of the Treasury - Internal Revenue Service	
Form 668 (Y)(c) (Rev. February 2004)		Notice of Federal Tax Lien	
Area: SMALL BUSINESS/SELF EMPLOYED AREA #2 Lien Unit Phone: (800) 913-6050		Serial Number 205171216	For Optional Use by Recording Office
<p>As provided by section 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue.</p>			
Name of Taxpayer T & S MANAGEMENT OF COLUMBUS LLC			
Residence 1243 EAST BROAD ST COLUMBUS, OH 43205			
<p>IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of the lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).</p>			

Kind of Tax (a)	Tax Period Ending (b)	Identifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
1065	12/31/2012	XX-XXX0865	04/28/2014	05/28/2024	2856.94
1065	12/31/2014	XX-XXX0865	12/28/2015	01/27/2026	1170.00
940	12/31/2011	XX-XXX0865	07/07/2014	08/06/2024	64859.31
940	12/31/2013	XX-XXX0865	02/09/2015	03/11/2025	4095.35
941	09/30/2011	XX-XXX0865	11/21/2011	12/21/2021	
941	09/30/2011	XX-XXX0865	03/31/2014	04/30/2024	8469.19
941	03/31/2012	XX-XXX0865	06/16/2014	07/16/2024	65537.50
941	06/30/2012	XX-XXX0865	06/16/2014	07/16/2024	76172.08
941	09/30/2012	XX-XXX0865	06/23/2014	07/23/2024	82715.52
941	12/31/2012	XX-XXX0865	08/24/2015	09/23/2025	68840.38
941	03/31/2013	XX-XXX0865	02/09/2015	03/11/2025	69076.57
941	06/30/2013	XX-XXX0865	02/09/2015	03/11/2025	55843.92
941	09/30/2013	XX-XXX0865	02/09/2015	03/11/2025	55573.23
941	12/31/2013	XX-XXX0865	02/09/2015	03/11/2025	47274.85
Place of Filing COUNTY RECORDER FRANKLIN COUNTY COLUMBUS, OH 43215					Total \$ 602484.84

This notice was prepared and signed at DETROIT, MI, on this,

the 25th day of March, 2016.

Signature <i>Dana J Brandenburg</i> for DANA J BRANDENBURG	Title REVENUE OFFICER (614) 280-8633	22-15-2625
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(NOTE: Certificate of officer authorized by law to take acknowledgment is not essential to the validity of Notice of Federal Tax lien
Rev. Rul. 71-466, 1971 - 2 C.B. 409)

Part 1 - Kept By Recording Office

Form 668(Y)(c) (Rev. 2-2004)
CAT. NO 60025X

EXHIBIT 5



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 21 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 Coglianesi, 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 Coglianesse, Office of General Counsel
Shannon Richey, Bureau of Community Health Care
Bill Robbins, Bureau Regulatory Operations
Facility

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0763AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2017
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NAME OF PROVIDER OR SUPPLIER CAPITAL CARE NETWORK	STREET ADDRESS, CITY, STATE, ZIP CODE 1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612
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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
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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

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0763AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2017
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NAME OF PROVIDER OR SUPPLIER CAPITAL CARE NETWORK	STREET ADDRESS, CITY, STATE, ZIP CODE 1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612
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C 104	<p>Continued From page 1</p> <p>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.</p> <p>Findings include:</p> <p>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.</p> <p>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."</p>	C 104		
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Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0763AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2017
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NAME OF PROVIDER OR SUPPLIER CAPITAL CARE NETWORK	STREET ADDRESS, CITY, STATE, ZIP CODE 1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612
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C 104	<p>Continued From page 2</p> <p>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.</p> <p>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.</p>	C 104		
C 131	<p>O.A.C. 3701-83-09 (C) Adverse Events</p> <p>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.</p> <p>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</p>	C 131		

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0763AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2017
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C 131	<p>Continued From page 3</p> <p>was three. The facility performed 895 surgical abortions in 2016.</p> <p>Findings include:</p> <p>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.</p> <p>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."</p> <p>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.</p>	C 131		

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0763AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2017
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NAME OF PROVIDER OR SUPPLIER CAPITAL CARE NETWORK	STREET ADDRESS, CITY, STATE, ZIP CODE 1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612
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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		

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0763AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2017
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C 152	<p>Continued From page 5</p> <p>(5) Document and report the status of quality assessment and improvement program to the governing body every twelve months;</p> <p>(6) Document and review all unexpected complications and adverse events, whether serious injury or death, that arise during an operation or procedure; and</p> <p>(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.</p> <p>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.</p> <p>Findings include:</p> <p>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</p>	C 152		
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Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0763AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2017
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C 152	<p>Continued From page 6</p> <p>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.</p> <p>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.</p>	C 152		
C 211	<p>O.A.C. 3701-83-17 (F) MR With Patient Transport</p> <p>Patients transported to a hospital shall be accompanied by their medical records that are of sufficient content to ensure continuity of care.</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 (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.</p> <p>Findings include:</p> <p>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</p>	C 211		

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0763AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2017
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NAME OF PROVIDER OR SUPPLIER CAPITAL CARE NETWORK	STREET ADDRESS, CITY, STATE, ZIP CODE 1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612
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C 211	<p>Continued From page 7</p> <p>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.</p> <p>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.</p> <p>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.</p>	C 211		
C 213	<p>O.A.C. 3701-83-17 (H) Receipt of Discharge Instructions</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure written</p>	C 213		

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0763AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2017
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C 213	<p>Continued From page 8</p> <p>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.</p> <p>Findings include:</p> <p>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.</p> <p>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.</p> <p>This finding was confirmed with Staff B on 4/11/17 at 12:15 PM.</p>	C 213		
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EXHIBIT 6

IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS
COLUMBUS, OHIO

City of Columbus, Division of Income Tax,

Plaintiff,

v.

T & S Management of Columbus LLC
dba Capital Care Womens Center, et al.,

Defendants,

Case № 2017 CVH 6218

Judge Kim J. Brown

**DEFAULT JUDGMENT ENTRY AGAINST DEFENDANTS T & S MANAGEMENT OF COLUMBUS LLC
DBA CAPITAL CARE WOMENS CENTER, TERRIE R. HUBBARD, AND STEVEN V. HUBBARD**

The Defendants, having been duly served with the complaint in this action, have failed to appear and otherwise defend this matter. Upon application of the plaintiff and pursuant to Rule 55 of the Ohio Rules of Civil Procedure, it is hereby ORDERED that default judgment is rendered against the Defendants, T & S Management of Columbus LLC dba Capital Care Womens Center, Terrie R. Hubbard, and Steven V. Hubbard, in the sum of \$24,709.51 with interest of 4% per annum continuing to accrue until fully paid, plus all costs. Should Plaintiff submit this case to any of its private collection agencies, pursuant to Columbus City Council Ordinance № 0130-2009, a post-judgment collection fee that is no greater than 30% of the remaining balance of this judgment after the accrual of post-judgment interest minus any post-judgment payments made by Defendants shall be included in the judgment. This is a final appealable order. **IT IS SO ORDERED.**

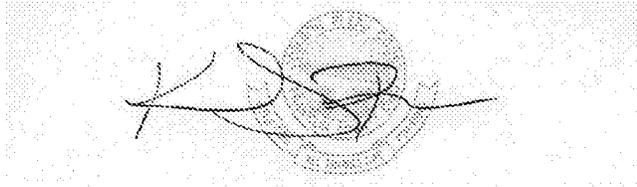
Judge

DRAFTED BY:
RICHARD C. PFEIFFER, JR.
COLUMBUS CITY ATTORNEY
/s/ Melissa A. Hicks
Melissa A. Hicks (0079496), Assistant City Attorney
Tel: (614) 645-7717 Fax: (614) 724-6503
MAHicks@Columbus.gov

Franklin County Court of Common Pleas

Date: 09-21-2017
Case Title: CCOLUMBUS DIVISION INCOME TAX -VS- T & S
MANAGEMENT COLUMBUS LLC ET AL
Case Number: 17CV006218
Type: DEFAULT JUDGMENT FOR CASE

It Is So Ordered.

A handwritten signature in black ink is written over a circular, textured seal. The signature is cursive and appears to read 'Kim Brown'. The seal is partially obscured by the signature.

/s/ Judge Kim Brown

Court Disposition

Case Number: 17CV006218

Case Style: CCOLUMBUS DIVISION INCOME TAX -VS- T & S
MANAGEMENT COLUMBUS LLC ET AL

Case Terminated: 12 - Default

Motion Tie Off Information:

1. Motion CMS Document Id: 17CV0062182017-08-2499980000
Document Title: 08-24-2017-MOTION FOR DEFAULT JUDGMENT
- PLAINTIFF: CCOLUMBUS DIVISION INCOME TAX
Disposition: MOTION GRANTED

**IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS
COLUMBUS, OHIO**

City of Columbus, Division of Income Tax,

Plaintiff,

v.

T & S Management of
Columbus LLC, et al., ,

Defendants

Case No. 2017 CVH 6218

Lien No. 2017 JG 39454

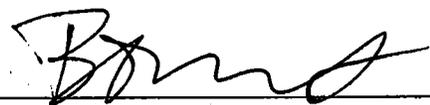
Judge: Kim J. Brown

SATISFACTION OF JUDGMENT ENTRY WITH RELEASE OF LIEN

Plaintiff hereby acknowledges that the above-captioned case has been fully satisfied and any and all liens may be released, costs to the Plaintiff. The Clerk of Courts is hereby requested to release this Certificate of Judgment.

Respectfully submitted,

ZACH KLEIN
COLUMBUS CITY ATTORNEY



Brent M. Ralston (0079951)
Assistant City Attorney
77 North Front Street
Columbus, OH 43215
614-645-7991
614-724-6503 (fax)
BMRalston@Columbus.gov
Attorney for Plaintiff

TLB

EXHIBIT 7

**TRANSFER AGREEMENT
BETWEEN**

The Toledo Hospital

AND

Capital Care Network of Toledo

THIS TRANSFER AGREEMENT ("Agreement") is made effective this 14th day of FEB., 2018, by and between The Toledo Hospital ("Hospital") and T&S Management of Columbus LLC, d/b/a Capital Care Network of Toledo ("Facility").

Recitals

Hospital is an Ohio nonprofit corporation which is qualified to provide acute inpatient medical care to patients in northwest Ohio.

Facility maintains an ambulatory surgical facility in Toledo, Ohio and desires to contract with Hospital to facilitate the transfer of Facility patients in need of hospital services to Hospital.

Statement of Agreement

NOW, THEREFORE, in consideration of the foregoing, the parties hereby agree as follows:

1. Hospital agrees to accept transfer of patients from Facility in the event of medical complications, emergency situations, and other needs as they arise, subject to need, appropriate available facilities and the admission requirements for Hospital. Facility agrees to be responsible for the transportation of patients to and from Hospital and to give priority to the readmission of patients to Facility upon discharge from Hospital. The parties agree to cooperate with each other in the drafting of any necessary documents relating to the transfer of patients.

2. Facility will use its best efforts to ensure that appropriate medical and administrative information accompanies patient to Hospital. Information shall include but not be limited to, documentation of consent to treatment and transfer by patient or his/her legal guardian, patient demographic data, copies of patient's records, copies of advance directives executed by patient, and other medical information as requested by Hospital.

3. The parties acknowledge and agree that each party is at all times acting and performing as an independent contractor, and nothing in this Agreement is intended to or shall be deemed or construed to create any relationship between the parties other than that of independent entities contracting with each other.

4. This Agreement does not restrict Hospital from accepting patients from other institutions nor does it restrict Facility from transferring patients to other institutions.

5. Neither party assumes any liability for debts or obligations incurred by the other party to this Agreement.

6. No clause of this Agreement shall be interpreted as authorizing one party to look to the other to pay for services rendered to a patient transferred by virtue of this Agreement, except to the extent that such liability would exist separate and apart from this Agreement.

7. Each party agrees to maintain professional and general liability insurance or an equivalent program of self-insurance with sufficient minimum limits.

8. Facility agrees to indemnify and hold harmless Hospital, its directors, officers, employees and agents from and against any and all claims, actions, or liabilities which may be asserted against any of them by third parties in connection with actions and inactions of Facility, its directors, officers, employees or agents.

9. The initial term of this Agreement shall be 1 year, commencing on FEB. 14, 2018. Thereafter, this Agreement shall automatically renew for successive 1-year periods. This Agreement may be terminated by either party in writing upon 60 days' written notice. This Agreement shall be immediately terminated without notice if either party shall have its license to operate revoked or impaired, or if there is a change in ownership of Facility.

10. This Agreement shall be governed in all respects by the laws of the State of Ohio.

11. Neither party shall discriminate in the provision of services on the basis of race, creed, color, sex, national origin, religion, disability or any other basis prohibited by law.

12. Each party agrees to notify the other in advance of an impending transfer, when practicable.

13. Each party is separately responsible for billing and collection for medical services rendered to patient. Neither party assumes the responsibility for collections of accounts receivable of the other party.

14. Notices required by this Agreement to be sent in writing shall be delivered to:

On behalf of Hospital:

The Toledo Hospital
2142 N. Cove Blvd.
Toledo, Ohio 43606
A#n: *President*

On behalf of Facility

Capital Care Network
1160 West Sylvania Ave.
Toledo, Ohio 43612
ATTN: Terrie Hubbard

Signatures

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed as of the date first set forth above.

THE TOLEDO HOSPITAL

By: 
Arturo Polizzi, President

CAPITAL CARE NETWORK

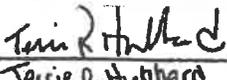
By: 
Its: Terrie R. Hubbard owner

EXHIBIT 8

Health Care Facility Licensure Application

As defined in section 3702.30 of the ORC and 3701-83-04 of the OAC

ODH Use Only
ID # 1214AS
OHL # 42116

Print Legibly in Ink or Type

1. Application Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Initial/Replacing existing facility, ID#	2. Date of operation or projected opening date or date of change of ownership. 03/04/2018
--	--

3. Licensure Type only one

<input checked="" type="checkbox"/> Ambulatory surgical facility # of operating rooms <input type="text" value="2"/> # of procedure rooms <input type="text"/> Is this facility located in a building that houses in-patient care? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Freestanding inpatient rehabilitation facility # of patient care beds <input type="text"/>	<input type="checkbox"/> Freestanding dialysis center # of hemodialysis stations <input type="text"/> # of peritoneal stations <input type="text"/> # of training stations <input type="text"/> <input type="checkbox"/> Freestanding birthing center # of birthing rooms <input type="text"/>
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PRO REGULATORY OPS
 2018 MAR 20 PM 1:18

4. Facility name (DBA) Capital Care Network of Toledo	Telephone number (419) 478-6801	
6. Previous facility name, if applicable		
7. Address 1160 West Sylvania Avenue		
City Toledo	Zip 43612	County Lucas
8. E-mail address 1160sylvania@gmail.com		

9. Mailing address, if different from above		
Name		
Address		
City	State	Zip

8:18:35 MAR 19 18
 #300

10. Days and hours of operation for this facility	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							

3500

11. Is this health care facility accredited or certified? No Yes
 If yes, type NAF
 If yes, enclose a copy the current accreditation inspection report with this application.

12. This business is a/an Individual Partnership Limited Liability Company
 Corporation Association Other:

Individual owner: Skip questions 19 through 29 only.

More than one owner, partnership, corporation, limited liability company or association, skip questions 13 through 18 only.

13. Owner's name
 Terrie Hubbard

14. Address

City	State	Zip
Marengo	OH	

15. Phone number
 (614) 251-1800

16. Owner's occupation
 CEO

17. Owner's business address, if different from question #7

Address
 1243 East Broad Street

City	State	Zip	18. Phone number
Columbus	OH	43205	(614) 251-1800

Multiple Owners, Partnership, Limited Liability Company, Corporation, Association, Other

19. Business entity name (Legal name as registered with the Secretary of State)

20. Address

City	State	Zip	21. Phone number

22. Business Activity

23. This business is a
 For profit Not for Profit Government

24. Date of incorporated or registration

25. Charter/registration number

26. List the name of each person who has an ownership interest of 5% or more in the business (attach additional sheets if necessary).

Name	Name
Name	Name
Name	Name

27. Officers names, titles, addresses and phone numbers

Title	Name	Address	Phone Number

28. Statutory agent's name (As Registered with the Secretary of State)	Address	Phone Number

29. If state agency or local government, the name, address and phone number of individual authorized to enter into agreement on behalf of state agency or local government. Not Applicable

Name	Address	Phone Number

30. On-site administrator's name

Schuyler Beckwith

31. Medical director's name or individual responsible for the provision of health care services

Lucy Nunnally MD

32. License/Certification #

33. Has the new owner(s), administrator or medical director been affiliated through ownership or employment with any of the facilities listed in rule 3701-83-04(A)(1)(c) of the OAC within five years prior to the date of this application?

No Yes *If "yes", provide in writing the individual's name(s) and address(es) of the facilities.*

34. Has the owner(s), administrator or medical director been convicted of any criminal conviction, civil judgment or administrative adjudication related to the provision of care or bearing a direct or substantial relationship to the job responsibilities he/she is to carry out?

No Yes *If "yes", provide in writing the individual's name, full explanation stating the charge(s), date(s) and disposition(s).*

I affirm that to the best of my knowledge and belief, the answers provided herein and all accompanying materials are true and correct. I understand that section 3702.30 of the Ohio Revised Code and paragraph (E) of rule 3701-83-04 of the Ohio Administrative Code require the owner to inform the Director, in writing, of any changes in the information contained in the statement of ownership set forth in the initial application and any change in accreditation status, no later than 30 days after the occurrence of the change. Affirm

Any owner named herein may sign the application. That owner's name must appear in question #13 or #26. If the signatory is not an owner, attach a notarized affidavit that the individual is the authorized representative of the owner.

Print/Type owner's/representative's name & title <i>Terrie R. Hubbard owner</i>	Signature <i>Terrie R. Hubbard</i>	Date <i>3-02-18</i>
Print/Type administrator's name <i>Schuyler Beckwith</i>	Signature <i>Schuyler Beckwith</i>	Date <i>3/13/18</i>
Print/Type medical director's name <i>L. ANN NUNNALLY MD</i>	Signature <i>L. Ann Nunnally MD</i>	Date <i>3/13/18</i>

Ohio Department of Health ~ DQA/BIOS - Licensure Program ~ 246 N. High Street - 3rd Floor ~ Columbus, OH 43215 ~ (614) 466-7719

HEA 1870 (rev. 06/11/12)

EXHIBIT 9



State of Ohio License Information

[Ambulatory Surgical Facility Program Page](#)

CAPITAL CARE NETWORK OF TOLEDO

State ID: 1214AS

Provider Demographics

Address:	1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612	Ownership:	N/A
County:	LUCAS	Operator:	TERRIE HUBBARD
Phone Number:	(419)478-6801	Administrator:	SCHUYLER BECKWITH
Fax Number:	(419) 478-6968	Mailing Address:	*
E-mail Address:	1160sylvania@gmail.com		

State of Ohio License Information

General License Information:

License Status:	ACTIVE
Licensed Date:	05/08/2018
License Expiration Date:	05/31/2019
Open Date:	05/08/2018
Licensed Capacity:	2
Services:	N/A

Survey Results

There are no survey results submitted for this facility.

Please note that "Survey Results" of Medicare and/or Medicaid certified nursing facilities are compiled on CMS Form 2567 and come from both standard annual and complaint investigations.

The "Survey Results" include the results of ODH's inspection of the facility. Where the inspection identifies deficient practices at the facility, the facility's plan to correct those deficiencies is also included.

* A mailing address will appear if it is different from the business address



Enhanced Information Dissemination Version 3.0
Software release on: 07/28/2016