



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

April 4, 2012

Terrie Hubbard, RN, Owner
Capital Care Network
1160 West Sylvania Avenue
Toledo, OH 43612

RE: Capital Care Network - License: 0763AS
Survey Completed on March 27, 2012

Dear Terrie Hubbard:

The Ohio Department of Health, under the authority of Chapter 3702 of the Ohio Revised Code, inspects Health Care Facilities to determine compliance with the licensure requirements set forth in Chapter 3701-83 of the Ohio Administrative Code. To attain and maintain licensure, a health care facility must be in compliance with each licensure requirement and not have any violations that jeopardize the patients' health and safety or seriously limit the facility's capacity to provide adequate care and services.

On the date noted above, we completed an inspection of your facility and cited the violation(s) annotated on the enclosed form. Therefore, in order to recommend your agency for licensure, we must receive an acceptable plan of correction **signed and dated within ten (10) calendar days** after you receive this notice. **Failure to provide an acceptable plan of correction may result in denial, revocation, or non-renewal of your license.**

This plan of correction must contain the following at a minimum:

What action(s) will be accomplished to correct the situation(s) or condition(s) causing or contributing to the noncompliance.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance/improvement program will be put into place.

Capital Care Network
April 4, 2012
Page Two of Two

The Plan of Correction must be written on the enclosed Statement of Deficiency form.

The projected date of correction must not exceed 30 days from the date of inspection exit date unless approval for an extended period for correction is obtained from this office.

Where documentary evidence of corrective action is appropriate, such evidence should accompany the plan of correction wherever possible. When this is not possible, these documents should be provided not later than the latest correction date submitted in your plan of correction **and accepted by this office**. Evidence of compliance may include documentation of facility monitoring, in-service training records, consultant reports, work orders, purchase orders, invoices, photographs, or other information that would confirm compliance.

Normally, an onsite revisit will be conducted to verify corrective action has been taken per the plan of correction. However, after our review of the plan of correction and any evidence of compliance, it is possible that an onsite visit will not be required. If this is the case, you will be advised by phone that your plan of correction was accepted and that the appropriate licensure action will be recommended to the licensure administrator.

If you have any questions regarding this notice, please feel free to contact me at (614) 387-0801.

Sincerely,



Wanda L. Iacovetta, R.N.
Non Long Term Care Unit Supervisor
Bureau of Community Health Care Facilities and Services
Division of Quality Assurance

WLI/cc

Enclosure: STATE FORM Licensure

FILE COPY

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 03/27/2012
--	--	--	--

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>BS/KH</p> <p>Licensure Compliance Inspection</p> <p>Administrator: Terrie Hubbard, RN</p> <p>County: Lucas</p> <p>Number of OR's: 3</p> <p>Services: Medical and surgical abortions</p> <p>Licence Current: Yes</p> <p>License Expiration Date: 04/30/12</p> <p>The following violation is issued as a result of the Licensure Compliance Inspection completed on 03/27/12</p>	C 000		
C 234	<p>O.A.C. 3701-83-19 (E) Transfer Agreement</p> <p>The ASF shall have a written transfer agreement with a hospital for transfer of patients in the event of medical complications, emergency situations, and for other needs as they arise. A formal agreement is not required in those instances where the licensed ASF is a provider-based entity of a hospital and the ASF policies and procedures to accommodate medical complications, emergency situations, and for other needs as they arise are in place and approved by the governing body of the parent hospital.</p>	C 234		

Ohio Department of Health

TITLE

(X6) DATE

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

STATE FORM

8899

RO7P11

If continuation sheet 1 of 2

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 03/27/2012
NAME OF PROVIDER OR SUPPLIER CAPITAL CARE NETWORK		STREET ADDRESS, CITY, STATE, ZIP CODE 1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 234	Continued From page 1 This Rule is not met as evidenced by: Based on review of facility administrative documentation and staff interview, the facility failed to have evidence of an appropriate written transfer agreement with a hospital for transfer of patients in the event of medical complications, emergency situations, and for other needs. The facility performed a total of 1033 procedures in the past twelve months. Findings include: Request for a hospital transfer agreement on 03/27/12 revealed there was no formal written agreement between the facility and a hospital for the provision of care in the event of medical complications, emergency situations, and for other needs as needed. This finding was confirmed by employee A.	C 234		

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 03/27/2012
--	--	--	--

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

C 000	<p>Initial Comments</p> <p>BS/KH</p> <p>Licensure Compliance Inspection</p> <p>Administrator: Terrie Hubbard, RN</p> <p>County: Lucas</p> <p>Number of OR's: 3</p> <p>Services: Medical and surgical abortions</p> <p>Licence Current: Yes</p> <p>License Expiration Date: 04/30/12</p> <p>The following violation is issued as a result of the Licensure Compliance Inspection completed on 03/27/12</p>	C 000		
C 234	<p>O.A.C. 3701-83-19 (E) Transfer Agreement</p> <p>The ASF shall have a written transfer agreement with a hospital for transfer of patients in the event of medical complications, emergency situations, and for other needs as they arise. A formal agreement is not required in those instances where the licensed ASF is a provider-based entity of a hospital and the ASF policies and procedures to accommodate medical complications, emergency situations, and for other needs as they arise are in place and approved by the governing body of the parent hospital.</p>	C 234	<p>C 234 - Transfer Agreement</p> <p>04/20/2012</p> <ol style="list-style-type: none"> This deficiency will be corrected with the following measures: <ol style="list-style-type: none"> A new transfer agreement has been created. Transfer Agreement has been submitted to the legal department of Toledo Hospital and is pending their review and approval. The following measures have been taken to ensure that the deficiency does not recur: <ol style="list-style-type: none"> An independent review has been conducted by a consultant of ICA Enterprises to ensure that contracts are in place and current. This performance will be monitored to ensure that the solutions are permanent through: <ol style="list-style-type: none"> Contracts and Agreements will be reviewed upon an annual basis. This deficiency was corrected on April 20, 2012 and is pending review from the legal department of Toledo Hospital. Enclosed is supporting evidence. 	

APR 23 AM 11:08
 OHIO DEPT OF HEALTH
 OCA-IMPACTS

Ohio Department of Health
Terrie R Hubbard
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
 TITLE: CEO
 (X6) DATE: APR 14, 2012

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 03/27/2012
--	--	--	--

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

C 234 Continued From page 1

C 234

This Rule is not met as evidenced by:
Based on review of facility administrative documentation and staff interview, the facility failed to have evidence of an appropriate written transfer agreement with a hospital for transfer of patients in the event of medical complications, emergency situations, and for other needs. The facility performed a total of 1033 procedures in the past twelve months.

Findings include:

Request for a hospital transfer agreement on 03/27/12 revealed there was no formal written agreement between the facility and a hospital for the provision of care in the event of medical complications, emergency situations, and for other needs as needed.

This finding was confirmed by employee A.



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

AUG 10 2012

Terrie Hubbard, RN, Owner
Capital Care Network
1160 West Sylvania Avenue
Toledo, Ohio 43612

Re: **Proposed Civil Penalty and Proposed License Revocation**
Facility Name: Capital Care Network
Facility Number: 0763AS

Dear Ms. Hubbard:

The Ohio Department of Health (Department) completed an inspection at Capital Care Network (Capital), located at 1160 West Sylvania Avenue, Toledo, Ohio 43612 on March 27, 2012. The March 27, 2012 inspection revealed that Capital does not have a written transfer agreement with a hospital for transfer of patients in the event of medical complications, emergency situations, and for other needs as they arise as required by Ohio Administrative Code (O.A.C.) 3701-83-19(E). By letter dated April 4, 2012, we notified Capital of this and requested that the facility provide an acceptable plan of correction for the violation signed and dated within ten (10) calendar days of receipt of the April 4, 2012 letter. A copy of the March 27, 2012, inspection report is enclosed and incorporated into this notice by reference. As of the date of this letter, the violation referenced above has not been corrected.

Capital is hereby notified that I propose to impose a civil penalty in the amount of twenty-five thousand dollars (\$25,000.00) against it in accordance with R.C. Chapter 119 and R.C. 3702.32 (D)(5) due to a violation of paragraph (E) of O.A.C. 3701-83-19.

Additionally, Capital is hereby notified that I propose to issue an order revoking Capital's health care facility license (ambulatory surgical facility) in accordance with Chapter 119 and R.C. 3702.32(D)(2) due to a violation of paragraph (E) of O.A.C. 3701-83-19.

You may request a hearing before me or my duly authorized representative concerning my proposal to impose a civil penalty and my proposal to revoke Capital's license. Such request **must** be made in writing and received within thirty days of receipt of this letter and should be directed to Kaye Norton, Ohio Department of Health, 246 North High Street, Seventh Floor, Columbus, Ohio 43215. A request is considered timely if it is received by the Department of Health via facsimile, hand delivery, or ordinary United States mail within thirty 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 the state of Ohio. Please be advised that if you do not request a hearing within thirty days, I may take action in accordance with this notice.

Page 2 Capital Care Network

If you have questions concerning the basis of these proposed actions, please contact Kathryn A. Kimmet in the Division of Quality Assurance at (614) 644-6220. Questions pertaining to the hearing process should be directed to Lisa Kathumbi, Senior Legal Counsel, at (614) 466-4882.

Sincerely,



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

Enclosure

Certified Mail Return Receipt Requested: 7002 0860 0006 5905 8965

c: Roy Croy, Chief, Bureau of Community Health Care Facilities and Service
Kathryn A. Kimmet, Chief, Bureau of Regulatory Compliance
Lisa Kathumbi, Senior Legal Counsel, Ohio Department of Health

TRANSFER AGREEMENT

This Transfer-Agreement ("Agreement") is made effective this 1st day of August 2012, by and between The University of Toledo on behalf of The University of Toledo Medical Center herein known as ("Hospital") and Capital Care Women's Center d/b/a Capital Care Network herein known as ("Facility").

Recitals

Hospital is an instrumentality of the state of Ohio which is qualified to provide acute inpatient medical care to patients in northwest Ohio.

Facility maintains post-acute facility in Toledo, Ohio, and desires to contract with Hospital to facilitate the transfer of Facility residents in need of hospital services to Hospital.

Statement of Agreement

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

1. When a referring physician who is a member of the Facility's Medical Staff determines that a resident should be transferred to Hospital, the Facility shall initiate the necessary arrangements with Hospital.
2. Hospital agrees to accept transfer of residents subject to need, appropriate available facilities and the admission requirements for Hospital. The appropriateness of patient transfer and time/mode of transportation shall be determined by the referring and accepting physician. The parties agree to comply with federal and state legal requirements regarding the emergency transfer of patients, and shall transfer patients in a timely manner; Facility agrees to be responsible for the transportation of residents to and from Hospital and to give priority to the readmission of residents 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 residents.
3. Facility will use its best efforts to ensure that appropriate medical and administrative information accompanies resident to Hospital. Information shall include but not be limited to, documentation of consent to treatment and transfer by resident or his/her legal guardian, resident demographic data, copies of resident records, copies of advance directives executed by resident, and other medical information as requested by Hospital.
4. 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.
5. This Agreement does not restrict Hospital from accepting residents from other institutions nor does it restrict Facility from transferring residents to other institutions.
6. Neither party assumes any liability for debts or obligations incurred by the other party to this Agreement.

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

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

9. To the extent permitted by Ohio law, including but not limited to the Ohio Constitution, R.C. Chapter 2743 et seq. and R.C. §3345.40, each party agrees to be responsible for any negligent acts or omissions arising out of this Agreement by or through itself or its employees and each party further agrees to defend itself and themselves and pay any judgments and costs arising out of such negligent acts or omissions, and nothing in this Agreement shall impute or transfer any such responsibility from one party to the other.

10. The initial term of this Agreement shall be 1 year, commencing on August 1, 2012. Thereafter, this Agreement shall automatically renew for successive 1-year periods unless 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.

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

12. 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.

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

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

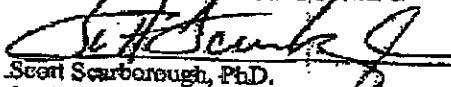
15. Notices required by this Agreement to be sent in writing shall be delivered to:

On behalf of Hospital:
University of Toledo, Medical Center
3000 Arlington Avenue
Toledo, Ohio 43614
Attn: Executive Director

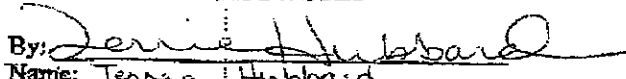
On behalf of Facility:
Capital Care Women's Center
d/b/a Capital Care Network
1160 West Sylvania Avenue
Toledo, Ohio 43612
Attn: _____

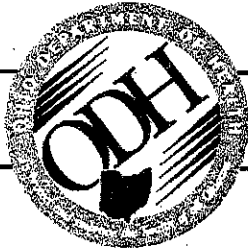
IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed as of the date first set forth above.

THE UNIVERSITY OF TOLEDO


Scott Scarborough, PhD.
Senior Vice President &
UTMC Executive Director
Date: 8/17/12

CAPITAL CARE NETWORK

By: 
Name: Terese Hubbard
Its: CEO
Date: 8.17.12



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

AUG 31 2012

Terrie Hubbard, RN, Owner
Capital Care Network
1160 West Sylvania Avenue
Toledo, Ohio 43612

Re: **Proposed Civil Penalty and Revocation**
Facility Name: Capital Care Network
HCF Number: 0763AS

Dear: Ms. Hubbard:

I notified you by letter dated August 10, 2012, that I proposed to revoke Capital Care Network's health care facility license (ambulatory surgical facility) for a violations of paragraph (E) of Ohio Administrative Code 3701-83-19. Subsequently, on August 27, 2012, a member of my staff reviewed the transfer agreement submitted by Capital Care Network and determined that the violation has been corrected. Therefore, I withdraw my proposal to revoke Capital Care Network's health care facility license (ambulatory surgical facility).

Additionally, by letter dated August 10, 2012, I notified Capital Care Network that I proposed to impose a civil penalty in the amount of twenty-five thousand dollars (\$25,000). This letter also provided notice of Capital Care Network's right to a hearing in accordance with Chapter 119. of the Revised Code. The proposal to impose a civil penalty remains in effect.

If you have questions, please contact Kathryn Kimmet in the Division of Quality Assurance at (614) 644-6220.

Sincerely,

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

Enclosure.

Certified Mail Return Receipt Requested: **7011 3500 0000 6860 7068**

c: Roy Croy, Chief, Bureau of Community Health Care Facilities and Service
Kathryn Kimmet, Chief, Bureau of Regulatory Compliance
Tamara Malkoff, Assistant Bureau Chief, Bureau of Information and Operational Support
Lisa Kathumbi, Senior legal Counsel, Ohio Department of Health



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
1160 West Sylvania Avenue
Toledo, Ohio 43612

HCF Number: 0763AS

ADJUDICATION ORDER

By letter dated April 4, 2012, we notified Terrie Hubbard that, pursuant to Revised Code (R.C) section 3702, the Ohio Department of Health completed an inspection of Capital Care Network (Capital) on March 27, 2012, and cited a violation. We further notified Ms. Hubbard that, in order to attain and maintain licensure, Capital must be in compliance with each licensure requirement and not have any violations that jeopardize the patients' health and safety or seriously limit the facility's capacity to provide adequate care and services. We requested that Ms. Hubbard submit an acceptable plan of correction signed and dated within ten (10) calendar days after the April 4, 2012, letter was received.

Subsequently, by letter dated August 10, 2012, I notified Ms. Hubbard that, as of August 10, 2012, Capital had not corrected the violation referenced above. Consequently, in the August 10, 2012, letter, I notified Ms. Hubbard that, pursuant to R.C. section 3702.32, I proposed to impose a civil penalty against Capital. I further notified Ms. Hubbard that Capital was entitled to a hearing regarding my proposal to impose a civil penalty if a hearing was requested within thirty (30) days of receipt of the notice. Ms. Hubbard did not submit a hearing request.

In light of the foregoing, I hereby impose a civil penalty in the amount of twenty-five thousand dollars (\$25,000.00) based on lack of a written transfer agreement with a hospital for transfer of patients in the event of medical complications, emergency situations, and for other needs as they arise as required by Ohio Administrative Code (O.A.C) rule 3701-83-19(E).

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 in 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.

Page 2 Capital Care Network

In filing a notice of appeal with the Department or court, the notice that is filed 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 section 119.12 of the Revised Code.

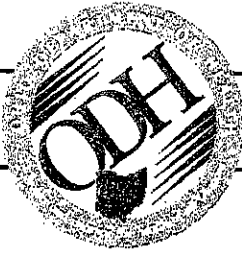
10/16/12
Date

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.

10/16/12
Date

Mendi M. Williams
Custodian of the Director's Journals
Ohio Department of Health



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

OCT 19 2012

Terrie Hubbard, RN, Owner
Capital Care Network
1160 West Sylvania Avenue
Toledo, Ohio 43612

Re: **Civil Penalty**
Facility Name: Capital Care Network
HCF Number: 0763AS

Dear Ms. Hubbard and Capital Care Network:

Enclosed please find a copy of the Director's Journal Entry (Adjudication Order) in the matter of Capital Care Network. You will receive an invoice from the Ohio Department of Health Accounts Receivable unit with instructions for payment of the civil penalty. If payment is not received in a timely manner, interest at a rate of 3.0 percent per year will be added to the civil penalty for each day until payment is received. Additionally, the license of a facility with unpaid fines will not be renewed.

Please call Brenda Mancuso at (614) 644-6220 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kathryn A. Kimmet'.

Kathryn A. Kimmet, Chief
Bureau of Regulatory Compliance

Enclosure

Certified Mail Number: 7012 1640 0001 6863 7042

c: Brenda Mancuso, Reviewer, Bureau of Regulatory Compliance
Roy Croy, Chief, Bureau of Community Health Care Facilities and Services
Rachel L. Belenker, Assistant Counsel, Office of the General Counsel
Bridgette Smith, Licensure Administrator, Bureau of Information and Operational Support
Tamara Harrison, Ohio Department of Health, Accounts Receivable