



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

November 21, 2012

NOV 27 2012

Norma Tomlinson, Administrator
University Of Toledo Medical Center
3000 Arlington Avenue
Toledo, OH 43699

RE: University Of Toledo Medical Center - Provider Number: 360048
Survey Completed on November 8, 2012

Dear Ms. Tomlinson:

The Ohio Department of Health, on behalf of the Centers for Medicare & Medicaid Services (CMS), surveys Hospitals to determine whether they meet the requirements for Medicare participation. To participate as a provider or supplier of services in the Medicare Program, a Hospital agency must be in compliance with each of the Conditions of Participation or Conditions for Coverage established by the Secretary of Health and Human Services, and be free of deficiencies which limit the capacity of the provider or supplier to furnish adequate care or services.

On the date noted above, we completed a survey of University Of Toledo Medical Center and cited the deficiencies described on the enclosed form CMS 2567, Statement of Deficiencies and Plan of Correction (PoC). Since these include condition-level deficiencies, we are recommending that your Medicare provider agreement be terminated by CMS effective February 5, 2013, unless you achieve compliance by demonstrating to us that you have corrected the deficiencies.

Please submit your plan of correction (signed and dated) to this office **within ten (10) calendar days** after you receive this notice. Failure to submit an acceptable plan of correction or to achieve compliance within the required time frames may result in termination as recommended.

Your PoC must contain the following:

What corrective action(s) will be accomplished for those patients found to have been affected by the deficient practice;

How you will identify other patients having the potential to be affected by the same deficient practice and what corrective actions will be taken;

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What measures will be put into place or what systemic changes you will make to insure that the deficient practice does not recur; and,

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

If we receive evidence of compliance; i.e., a credible allegation that indicates that you have resolved the problems found, or a plan of correction, that is realistic in terms of possibility of corrective action being achieved by the alleged date, we will conduct a revisit to verify compliance.

This survey will be conducted no later than 45 days from the date of the survey shown in the heading to this letter. If it is determined that compliance has not been achieved, or should you fail to provide a credible allegation of compliance or plan of correction timely, it shall be up to the CMS Regional Office in Chicago whether or not any additional opportunity to correct will be allowed.

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

Sincerely,

Wanda L. Iacovetta, RN

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

WLI:sd

Enclosures

c: Bureau of Regulatory Compliance
Centers for Medicare & Medicaid Services