

Kim Banning

From: Kim Banning
Sent: Thursday, May 04, 2017 12:40 PM
To: Don Jensen
Cc: 'Shane Ewald'; Donald Plank; 'David Watkins'; Christopher Kessler; 'Reed, Frank J.'; Kayla Holbrook
Subject: Access Energy Neighborhood Petition - BZA-0001-2017
Attachments: 20170504113505424.pdf

Chair Jensen,

The attached petition was received today, which is outside the 3 day window to submit to the Board, however, it can still be introduced as relevant evidence per the BZBA Rules under Sec. 6.13, as follows:

"The Board may consider any relevant evidence not contained in the record. The Chair may order exhibits to be entered into the record. If a member of the Board objects the matter shall be put to a vote of the Board and the Board shall order the exhibit entered or rejected by a majority vote."

I made paper copies of this document and the correspondence submitted yesterday by Jean Mathews-Mitchell for the Board's consideration.

Thank you for your attention to this matter.

Respectfully,

KIMBERLY BANNING, CMC
Clerk of Council

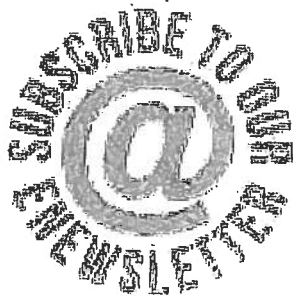


CITY OF GAHANNA

200 S. Hamilton Rd. Gahanna, OH 43230

☎ 614.342.4090

@kim.banning@gahanna.gov



COUNCIL OFFICE MEETING AGENDAS & MINUTES



From: Michael Blackford

Sent: Thursday, May 04, 2017 11:38 AM

To: Kim Banning <Kim.Banning@gahanna.gov>; Kayla Holbrook <Kayla.Holbrook@gahanna.gov>

Subject: Access Energy Neighborhood Petition

Good morning,

Attached is a neighborhood petition I've just received. They would like it be included as part of the record.

Thanks!

April 23, 2017

City of Gahanna
Board of Zoning and Building Appeals
200 South Hamilton Road
Gahanna, OH 43230-2996

Re: Application CU-0009-2016
121 James Road
175 W. Johnstown Road
Gahanna, OH 43230

We, the undersigned, do not want Access Ohio's proposed Drug and Alcohol Treatment Center moving into the above referenced addresses. We are the families - caring and concerned, not judgmental or paranoid - who live next to and around these addresses. We understand the need that exists for those with addictions. We also know that physical addictions carry with them emotional and mental complexities.

Gahanna's city officials and leaders are currently in process of bringing awareness to our own epidemic of drug and alcohol abuse and addictions. We do not need this facility placed in our quiet area, causing it to become a place of interest to addicts not seeking help and/or dealers.

1. Referenced properties are 1500 feet from Gahanna public park trails, the Gahanna Swimming Pool, a softball field, the Veterans of Foreign Wars post, and multiple baseball/soccer fields between the pool and trails.
2. Referenced properties are 5-10 minute walks to Creekside.

Our utmost concern is the safety of our families. Our second is the cohesion of our neighborhoods. The third concern is property value, which is affected by both safety and cohesion of the area. A neighborhood Drug and Alcohol Treatment Center can not possibly offer increased safety, cohesion, or property values

Name & Address

May 1, 2017
Zip code 43230

Gahanna Animal Hospital

- 1 Lisa Y. Henry 144 W. Johnstown Rd.
- 2 Amy Morton 144 W. Johnstown Rd Gatt.
- 3 Andrea Conley 144 W Johnstown Rd Gahanna
- 4 Kim Stafford 144 W. Johnstown Rd. Gahanna
- 5 April Calcedis 144 W. Johnstown Rd Gahanna
- 6 Monica Eyerman 144 W. Johnstown Rd Gahanna
- 7 Kat L. Clouse 144 W. Johnstown Rd Gahanna
- 8 Jessica Schneider 144 W. Johnstown Rd. Gahanna, OH
- 9 Debra McFerran 144 W. Johnstown Rd Gahanna, OH
- 10 DEB RAUSCH 144 W JOHNSTOWN RD GAHANNA
- 11 Ian/Ida Vandy 144 W JOHNSTOWN RD
- 12 Chrissy Ellis 144 W. Johnstown Rd. Gahanna, OH
- 13 Jessica Murray 144 W. Johnstown Rd Gah 43230
- 14 Bobbly June 144 W Johnstown Rd Gah 43230
- 15 Anne Boden 144 W. Johnstown Rd Gahanna 43230
- 16 Jason Worman DVM 144 W. Johnstown rd. Gahanna 43230
- 17 Nancy A. Rich DVM 144 W. Johnstown Rd Gahanna 43230
- 18 Kristen Wood 144 W Johnstown Rd Gahanna 43230
- 19 Renee Hanery RVT 144 W Johnstown Rd Gahanna 43230
- 20 John Worman DVM 144 W Johnstown Rd Gah 43230
- 21 Paige N. McCay 144 W. Johnstown Rd. Gahanna, OH 43230
- 22 Bridget Douglas 144 W. Johnstown Rd Gahanna, OH 43230
- 23 Jay Heurkens 144 W. Johnstown Rd Gahanna OH 43230
- 24 Chris Zusta 144 W. Johnstown Rd Gahanna OH 43230
- 25 Caroline Ogle 144 W Johnstown Rd Gahanna OH 43230
- 26 Abby Armentrout 144 W. Johnstown Rd. Gahanna, OH 43230
- 27

April 23, 2017

City of Gahanna
Board of Zoning and Building Appeals
200 South Hamilton Road
Gahanna, OH 43230-2996

Re: Application CU-0009-2016
121 James Road
175 W. Johnstown Road
Gahanna, OH 43230

We, the undersigned, do not want Access Ohio's proposed Drug and Alcohol Treatment Center moving into the above referenced addresses. We are the families - caring and concerned, not judgmental or paranoid - who live next to and around these addresses. We understand the need that exists for those with addictions. We also know that physical addictions carry with them emotional and mental complexities.

Gahanna's city officials and leaders are currently in process of bringing awareness to our own epidemic of drug and alcohol abuse and addictions. We do not need this facility placed in our quiet area, causing it to become a place of interest to addicts not seeking help and/or dealers.

1. Referenced properties are 1500 feet from Gahanna public park trails, the Gahanna Swimming Pool, a softball field, the Veterans of Foreign Wars post, and multiple baseball/soccer fields between the pool and trails.
2. Referenced properties are 5-10 minute walks to Creekside.

Our utmost concern is the safety of our families. Our second is the cohesion of our neighborhoods. The third concern is property value, which is affected by both safety and cohesion of the area. A neighborhood Drug and Alcohol Treatment Center can not possibly offer increased safety, cohesion, or property values

May 1, 2017

5

Name	Address	Zip
1 John Akers	187-A W. Schmutz Rd	43230
2 NATHAN POIK ZDF/MGR	5868 Mink St Postville	43062
3 James McElroy	145 Osceola Ct W.	43230
4 SARAH SUNCY, BEN, RN	405 JAMES ROAD GATMANA	43230
5 Jason Davis	405 James Rd GATMANA	43230
6 Sean Bandy	423 James Rd.	43230
7 Jeff & Heidi	432 James Rd GATMANA	43230
8 Jose Jose Materni	386 James Rd	43230
9 Steve Steve Frazier	354 James Rd.	43230
10 Steve	346 James	43230
11 Bryan Jim	351 James Rd	43230
12 Crystal Jones Crystal Jones	385 James Rd	43230
13 Jama John Jones	385 James Rd	43230
14 CANDACE MOSER	414 OBERLIN ST.	43230
15 DREW STAFFORD	"	"
16 Nicholas Klein	413 Clemson St.	"
17 Sarah Klein	"	"
18 Anna Fernon Anna Fernon	431 Clemson St.	43230
19 Frances Frances	421 Clemson	43230
20 Steve Steve	406 Clemson	43230
21 Ken	142 Creekside Green Dr	43230
22		
23		
24		
25		
26		
27		

April 23, 2017

City of Gahanna
Board of Zoning and Building Appeals
200 South Hamilton Road
Gahanna, OH 43230-2996

Re: Application CU-0009-2016
121 James Road
175 W. Johnstown Road
Gahanna, OH 43230

We, the undersigned, do not want Access Ohio's proposed Drug and Alcohol Treatment Center moving into the above referenced addresses. We are the families - caring and concerned, not judgmental or paranoid - who live next to and around these addresses. We understand the need that exists for those with addictions. We also know that physical addictions carry with them emotional and mental complexities.

Gahanna's city officials and leaders are currently in process of bringing awareness to our own epidemic of drug and alcohol abuse and addictions. We do not need this facility placed in our quiet area, causing it to become a place of interest to addicts not seeking help and/or dealers.

1. Referenced properties are 1500 feet from Gahanna public park trails, the Gahanna Swimming Pool, a softball field, the Veterans of Foreign Wars post, and multiple baseball/soccer fields between the pool and trails.
2. Referenced properties are 5-10 minute walks to Creekside.

Our utmost concern is the safety of our families. Our second is the cohesion of our neighborhoods. The third concern is property value, which is affected by both safety and cohesion of the area. A neighborhood Drug and Alcohol Treatment Center can not possibly offer increased safety, cohesion, or property values

④ Name & Address

Date: May
zip code 43230

Ramona Beaulieu - 3190 W Johnstown Rd.

JEREMY WESDENHAL - 190 W JOHNSTOWN RD

April 23, 2017

City of Gahanna
Board of Zoning and Building Appeals
200 South Hamilton Road
Gahanna, OH 43230-2996

Re: Application CU-0009-2016
121 James Road
175 W. Johnstown Road
Gahanna, OH 43230

We, the undersigned, do not want Access Ohio's proposed Drug and Alcohol Treatment Center moving into the above referenced addresses. We are the families - caring and concerned, not judgmental or paranoid - who live next to and around these addresses. We understand the need that exists for those with addictions. We also know that physical addictions carry with them emotional and mental complexities.

Gahanna's city officials and leaders are currently in process of bringing awareness to our own epidemic of drug and alcohol abuse and addictions. We do not need this facility placed in our quiet area, causing it to become a place of interest to addicts not seeking help and/or dealers.

1. Referenced properties are 1500 feet from Gahanna public park trails, the Gahanna Swimming Pool, a softball field, the Veterans of Foreign Wars post, and multiple baseball/soccer fields between the pool and trails.
2. Referenced properties are 5-10 minute walks to Creekside.

Our utmost concern is the safety of our families. Our second is the cohesion of our neighborhoods. The third concern is property value, which is affected by both safety and cohesion of the area. A neighborhood Drug and Alcohol Treatment Center can not possibly offer increased safety, cohesion, or property values

April 29, 2017
Zip Code 48230

③
Name & Address

- | | |
|------------------------|-------------------------------|
| Christine Unver | 84 Orchard Dr. |
| 2) Flora Lenihan | 84 River Dr |
| 3) Gloria Derrick | 87 River |
| 4) HELVA Fleming | 96 RIVER |
| 5) Dona Wilson | 160 James Rd |
| 6) W | 160 James Rd |
| 7) Dan Luft | 159 James Rd |
| 8) Pat Luft | 159 James Rd. |
| 9) Jon Erickson | 155 James Rd |
| 10) Bette Jo Erickson | 155 JAMES RD |
| 11) Jenny Rauchensteig | 223 James Rd. |
| 12) Robert R Kott | 116 Orchard Hill |
| 13) Michael Falkum | 84 Orchard Hill Ct |
| 14) Kristy Green | 107 Orchard Hill Ct. |
| 15) W | 115 Orchard Hill Ct. |
| 16) Mike Egan | 236 JAMES RD. |
| 17) Mary G Rayson | 257 James Rd. |
| 18) Neil James | 257 James Rd. |
| 19) James Elyh | 294 James Rd. |
| 20) Lisa Lambert | 293 JAMES RD. |
| 21) MITCH MACKAY | 221 JAMES RD. |
| 22) Douglas Huss | 144 Creekside Green |
| 23) Martha Huss | 144 Creekside Green |
| 24) M & Victor | 134 Creekside Green Dr. |
| 25) W | 134 Creekside Green Dr. |
| 26) Cheryl Halsey | 102 102 Orchard Dr |
| 27) anne Lenihan | 115 orchard Dr. |

April 23, 2017

City of Gahanna
Board of Zoning and Building Appeals
200 South Hamilton Road
Gahanna, OH 43230-2996

Re: Application CU-0009-2016
121 James Road
175 W. Johnstown Road
Gahanna, OH 43230

We, the undersigned, do not want Access Ohio's proposed Drug and Alcohol Treatment Center moving into the above referenced addresses. We are the families - caring and concerned, not judgmental or paranoid - who live next to and around these addresses. We understand the need that exists for those with addictions. We also know that physical addictions carry with them emotional and mental complexities.

Gahanna's city officials and leaders are currently in process of bringing awareness to our own epidemic of drug and alcohol abuse and addictions. We do not need this facility placed in our quiet area, causing it to become a place of interest to addicts not seeking help and/or dealers.

1. Referenced properties are 1500 feet from Gahanna public park trails, the Gahanna Swimming Pool, a softball field, the Veterans of Foreign Wars post, and multiple baseball/soccer fields between the pool and trails.
2. Referenced properties are 5-10 minute walks to Creekside.

Our utmost concern is the safety of our families. Our second is the cohesion of our neighborhoods. The third concern is property value, which is affected by both safety and cohesion of the area. A neighborhood Drug and Alcohol Treatment Center can not possibly offer increased safety, cohesion, or property values

2

April 30, 2017
zip Code 43230

Name & Address

- 1 Renate Miller
- 2 Dean Miller
- 3 SHARON L. WIGAL, 151 LANSDOWNE AVE.
- 4 Virginia Clark 159 Lansdowne Ave
- 5 Maureen Fishman 191 Lansdowne Ave
- 6 Wanda Deany 237 Lansdowne Ave.
- 7 Theresa Deany 237 Lansdowne Ave
- 8 Beth Fisher 262 Brookhaven Dr. E
- 9 Melinda Edwards 250 Brookhaven Dr E
- 10 J. J. Dyer 214 BROOKHAVEN DR N
- 11 J. Dwyer 216 Brookhaven DR N
- 12 William V. Richardson 232 Brookhaven Dr. N
- 13 Mellany & James Dean 244 Brookhaven Dr. N.
- 14 J. J. Dyer 248 BROOKHAVEN DR N
- 15 J. J. Dyer 256 BROOKHAVEN DR N
- 16 Barbara Guernell 292 Brookhaven dr n
- 17 Renee Gallion 269 Brookhaven Dr W
- 18 Michelle D. Harper 279 Brookhaven Dr. W
- 19 Lillian G. Buclock 147 W. Johnstown Rd.
- 20 Richard F. Moore 147 W. Johnstown Rd.
- 21 Rita Wiser 151 W. Johnstown Rd
- 22 Marsha Zorich 151 W. Johnstown Rd
- 23 Barbara Aurst 151 W. Johnstown Rd
- 24 Jeremy McGlone 151 W. Johnstown Rd
- 25 Stephanie Mills 151 W. Johnstown Rd
- 26 Shylla White 151 W. Johnstown Rd
- 27 Linda Hurst Keelle 151 W. Johnstown Rd

May 6, 2017

April 23, 2017

City of Gahanna
Board of Zoning and Building Appeals
200 South Hamilton Road
Gahanna, OH 43230-2996

Re: Application CU-0009-2016
121 James Road
175 W. Johnstown Road
Gahanna, OH 43230

We, the undersigned, do not want Access Ohio's proposed Drug and Alcohol Treatment Center moving into the above referenced addresses. We are the families - caring and concerned, not judgmental or paranoid - who live next to and around these addresses. We understand the need that exists for those with addictions. We also know that physical addictions carry with them emotional and mental complexities.

Gahanna's city officials and leaders are currently in process of bringing awareness to our own epidemic of drug and alcohol abuse and addictions. We do not need this facility placed in our quiet area, causing it to become a place of interest to addicts not seeking help and/or dealers.

1. Referenced properties are 1500 feet from Gahanna public park trails, the Gahanna Swimming Pool, a softball field, the Veterans of Foreign Wars post, and multiple baseball/soccer fields between the pool and trails.
2. Referenced properties are 5-10 minute walks to Creekside.

Our utmost concern is the safety of our families. Our second is the cohesion of our neighborhoods. The third concern is property value, which is affected by both safety and cohesion of the area. A neighborhood Drug and Alcohol Treatment Center can not possibly offer increased safety, cohesion, or property values.

April 30, 2017
zip code 43230

①
Name & Address

1	Kathy	97 ORCHARD DR
2	Kathy	97 Orchard Dr
3	JEFF & SUSIE GARDNER	91 ORCHARD HILL CT
4	Todd BIDLAK	99 orchard HILL CT ^{GALATIUM}
5	Seth Pw	176 Lansdowne Ave
6	Ted Davison	194 LANSDOWNE AVE
7	Robert Hair	242 Lansdowne Ave.
8	MIKE BOOK	254 LANSDOWNE AVE
9	Nancy BOOK	254 LANSDOWNE AVE
10	Betty Kober	268 Brookhaven Dr E
11	Alex Bumbalough	276 Brookhaven Dr E
12	Rachael Usselman	284 Brookhaven DR E
13	Dali Stanley	311 E Brookhaven Dr. E
14	Michael Purcell	259 Brook Dr W
15	Abir Ahmed	293 Brookhaven Dr W
16	Brittany Stough	285 Brookhaven Dr. W.
17	Dustin Stough	285 Brookhaven Dr. W.
18	Ken W. [unclear]	276 James Rd
19	[unclear]	111 W. JOHNSTOWN Rd ^{May 1, 2017}
20	Jeff Broumoull	111 W. Johnstown Rd suite C.
21	ROBERT CANDOR	111 W. JOHNSTOWN RD. SUITE D
22	Gerhardo Gals	111 W. Johnstown Rd etc D.
23	[unclear]	122 W. Johnstown Rd
24	Donna Trotter	156 CREEKSIDE GREEN DR
	Jana Bardelay	190 W. Johnstown Rd.
	Amanda Tussing	415 James Rd.
	TIM STEINER	474 JAMES Rd

Kim Banning

From: Kim Banning
Sent: Wednesday, May 03, 2017 4:11 PM
To: Don Jensen
Cc: 'Shane Ewald'; Donald Plank; 'David Watkins'; Christopher Kessler; 'Reed, Frank J.'
Subject: 5-3-2017 Correspondence Re: BZA-0001-2017
Attachments: Gahanna Zoning - Appeals - 5-4-17.docx

Importance: High

Chair Jensen,

The attached correspondence was received today by Jean Mathews-Mitchell, which is outside the 3 day window to submit to the Board. However, it can still be introduced as relevant evidence per the BZBA Rules under Sec. 6.13, as follows:

"The Board may consider any relevant evidence not contained in the record. The Chair may order exhibits to be entered into the record. If a member of the Board objects the matter shall be put to a vote of the Board and the Board shall order the exhibit entered or rejected by a majority vote."

Thank you for your attention to this matter.

Respectfully,

KIMBERLY BANNING, CMC
Clerk of Council



CITY OF GAHANNA

200 S. Hamilton Rd. Gahanna, OH 43230

☎ 614.342.4090

@kim.banning@gahanna.gov



COUNCIL OFFICE MEETING AGENDAS & MINUTES



From: nurseprac1@aol.com [mailto:nurseprac1@aol.com]
Sent: Wednesday, May 03, 2017 2:14 PM
To: Kim Banning <Kim.Banning@gahanna.gov>
Subject: In response to my private personnel file posting

Attachment -

Jean Mitchell

May 3, 2017

Board of Zoning and Building Appeals
200 S. Hamilton Road
Gahanna, Ohio 43230

TO WHOM IT MAY CONCERN:

Jean Mathews-Mitchell's Response to Proposed Exhibit Not Already Included in The Record List of Exhibits: (e) Correspondence from John Johnson to Jean Mathews-Mitchell

Plank Law Firm submitted a letter of termination which is not dated (from 2015) or signed by John Johnson, stating I was not a good fit for their organization. I was not a "good fit" perhaps for the following reasons:

1. John Johnson had a nurse with a license suspended by the Ohio Board of Nursing when I started, illegally working for him in the Dayton location. I refused to allow her to illegally work under my direction.
2. I was asked to make up a plan of correction by John Johnson to submit to the Ohio Mental Health and Addictions Services, which I refused to do, in response to OMHAS's letter to John Johnson which follows:

December 14, 2015

Dr. John Johnson, CEO

Access Hospital Dayton
2611 Wayne Avenue
Dayton, OH 45420

Dear Dr. Johnson:

In accordance with Ohio Administrative Code (OAC) 5122-14-04(D)(1)(a), **the Department of Mental Health and Addiction Services (OhioMHAS) is issuing a probationary license for your hospital (Access) effective today**, due to serious deficiencies found during an unannounced on-site survey of your hospital investigating 2 patient complaints on November 19, 2015.. In accordance with Revised Code Section 5119.33(D), **the Department is also issuing an order suspending the admission of patients to your hospital.**

You may avoid this suspension of admissions action by providing a *responsive, approved corrective action plan* by *January 14, 2016*. These deficiencies involve non-compliance with the following administrative rules:

- OAC 5122-14-10(G)- Patient Restraint- Failure to adhere to applicable Medicare Conditions of Participation for use of mechanical restraint and to comply with the prohibited use of chemical restraint;

- OAC 5122-14-11(E)- Patient Rights- Failure to allow the patient freedom to meet with visitors and to communicate freely with family, guardian, etc.
- OAC 5122-14-12(H)- Culturally Relevant Services- Failure to provide culturally relevant services to a patient with co-occurring intellectual disability;
- OAC 5122-14-12(K)(1)- Medical Services- Failure to provide treatment for a patient's diagnosed and documented urinary tract infection;
- OAC 5122-14-13(G)- Patient Assessment- Failure to conduct a thorough physical assessment of a patient following numerous falls;
- OAC 5122-14-13(I)- Failure to develop an individualized treatment plan; and
- OAC 5122-14-14(F)- Incident Notification- Failure to report allegations of abuse in a timely manner

During the on-site investigation, Rob Nugen and I discussed the complaints with leadership, including Dr. Charles Misja, Medical Director; Missy Honeycutt, Corporate Compliance Officer; Jean Mitchell, Director of Nursing; and Keith Shaw, Assistant Chief Operating Officer. We also interviewed staff, reviewed relevant patient medical records and personnel files, and toured the inpatient units.

Complaint 1

In accordance with Ohio Administrative Code (OAC) 5122-14-12(H), "The primary function of each inpatient psychiatric service provider shall be to provide diagnostic and treatment services for persons with a primary diagnosis of mental illness. Such services shall be culturally relevant and sensitive and shall take into consideration any relevant patient history of trauma and/or abuse."

"Each consumer residing in an inpatient psychiatric hospital shall have the right to private conversation, and access to phone, mail and visitors: The right to communicate freely with others, unless specifically restricted in the patient's service/treatment plan for reasons that advance the person's goals" (OAC 5122-14-11(E)(6)(b)).

The complainant (Durable Power of Attorney for Healthcare (DPOAH) for patient A.J.) alleged that she could not reach the patient by telephone while hospitalized as the hospital numbers were non-functioning and that the patient's attorney was refused access to see the patient upon request. She indicated that during the patient's hospitalization he was transferred to another local hospital due to a compromised medical condition, and that an illegal substance was found on the patient upon examination at the local hospital. The complainant reportedly requested transfer of the patient to another psychiatric hospital after the patient was medically stabilized but was returned to your hospital, subsequent requests to Access staff for a transfer were denied, and that staff did not return her phone calls.

Prior to our survey, Janel Pequignot, Chief of Licensure and Certification, called you to discuss the complaint on November 10, 2015. You indicated that repair work was occurring on the phone lines and that the situation would be remedied. During our on-site discussion, leadership acknowledged that the telephone lines were inoperable for a two week period during the

patient's hospitalization but that presently a back-up system was being installed. Mr. Shaw stated that these landlines would be installed by November 25, 2015, and be located on each patient unit along with having one cell phone dedicated for each unit. Dr. Misja indicated that he had provided staff education related to notification of families/guardians should telephone lines fail to function again. Ms. Honeycutt provided a copy of a staff directive should the phone lines become non-functioning in the future and also submitted a statement to the Department on November 30, 2015, that backup telephone lines had been activated on November 23, 2015. No service invoice from the telephone company showing evidence of completion was submitted as requested by the Department.

Dr. Misja stated that the involved patient had a sudden change in mental status and became somnolent and lethargic while hospitalized. As a result, he was transferred to another local hospital where he was admitted and medically stabilized. According to Dr. Misja, there was no evidence that the patient's condition was the result of an illegal substance. He stated that the hospital who medically stabilized the patient indicated that the patient's condition was "likely a benzo overdose" but said that the patient did not receive this type of medication while at Access. Of note is that prior to the on-site, Access submitted a response on November 14, 2015 to the Department stating that Access had administered benzodiazepines to the patient, then on November 16, 2015 amended the response to state that the hospital had not administered benzodiazepines. Furthermore, on November 30, 2015, Ms. Honeycutt's submitted a statement inconsistent with that of Dr. Misja when she indicated that the patient indeed had received Restoril on four occasions prior to being transferred to another hospital on November 4, 2015.

Dr. Misja stated that the patient was improved after he returned to Access. Ms. Honeycutt indicated that the patient was "pink slipped" back to Access and that the social worker denied any request from the DPOAH to have him transferred to another psychiatric facility. Upon investigation, she determined that the patient had improved significantly when the attorney requested to visit and that staff should have asked the patient if he wanted to see the visitor, as the patient was not too psychotic or delusional at that time to make an informed decision.

Complaint 2

According to (OAC) 5122-14-01(C)(58), "Restraint means any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely."

In accordance with (OAC) 5122-14-12(H), "The primary function of each inpatient psychiatric service provider shall be to provide diagnostic and treatment services for persons with a primary diagnosis of mental illness. Such services shall be culturally relevant and sensitive and shall take into consideration any relevant patient history of trauma and/or abuse."

"Each inpatient psychiatric service provider shall provide an environment that is clean, safe, aesthetic, and therapeutic" (OAC 5122-14-10(E)).

According to OAC 5122-14-10(G)(1)(f), "A drug or medication administered involuntarily to an individual in an emergency may be considered a chemical restraint if both conditions cited in

paragraph (C)(6) of rule 5122-14-01 of the Administrative Code are met. Chemical restraint shall not be used under any circumstances.”

In accordance with OAC 5122-14-11(D)(2), “Services are appropriate and respectful of personal liberty:

(a) The right to be treated in a safe treatment environment;

(b) The right to receive humane services; and

(e) The right to reasonable protection from physical or emotional abuse or harassment”

“Each inpatient psychiatric service provider shall provide or make provision for the following services in order to promote recovery and meet the comprehensive needs of each patient: Medical services, including dental, to meet the comprehensive physical and psychiatric treatment needs of each patient as identified in the patient’s treatment plan” (OAC 5122-14-12(K)(1)).

“Each inpatient psychiatric service provider shall be responsible for conducting a complete assessment of each patient including a consideration of the patient’s strengths and patient’s needs, and types of services to meet those needs in the least restrictive environment consistent with treatment needs” (OAC 5122-14-13(G)).

“Each patient shall have a written individualized treatment plan that is responsive and timely to the treatment needs of the patient based on information provided by the patient and the patient’s family and assessments by the clinical treatment team” (OAC 5122-14-13(I)).

“Each reportable incident shall be documented on form ‘DMH-LIC-013’ as required by the department, and shall be forwarded to the department within twenty-four hours of its discovery, exclusive of weekends and holidays” (OAC 5122-14-14(F)).

Telephone conversations occurred on November 16, 2015, with complainants Edith Deal, Department of Developmental Disabilities; Kathy Rader, Investigative Agent Champaign Residential Services, Inc. (CRSI); and Janeen Wallace, guardian of patient E.P., about their concerns related to E.P.’s care and treatment while hospitalized at Access. Ms. Rader later provided additional information, including a police report, and photographic evidence of E.P.’s bruises. The police report corroborated Ms. Rader’s information that police assisted the patient’s guardian at the time of patient discharge. The following concerns were conveyed by Ms. Wallace and Ms. Rader during the telephone conversation:

- During visitation, E.P. was “knocked out,” i.e. unresponsive and locked in his room. A nurse stated that E.P. had been “B-52’d.” E.P. continued to be very sedated for the next 2 days.
- During his hospitalization, E.P. developed a bump/scrape on his forehead and a chipped tooth, had food around his mouth, and was unshaven. A nurse denied that E.P. had chipped his tooth at the hospital but that he had fallen twice and bumped his head, 1 fall witnessed, the other fall unwitnessed.
- On November 12, 2015, E.P. had 2 black eyes; staff stated that he ran into door knobs.
- The hospital refused to provide incident reports upon the guardian’s request related to E.P.’s bruises and staff was “standoffish” when questioned about how the bruises occurred. A nurse stated that there were no incident reports completed related to E.P.

- The guardian called Montgomery County Police Department to assist in getting E.P. discharged. Prior to leaving the hospital grounds, the guardian examined E.P. and determined he had significant bruising over his entire body.
- Upon discharge, E.P. was taken to Urbana Hospital where it was determined he had additional bruising.
- E.P. was diagnosed with a urinary tract infection (UTI) prior to admission at Access but received no treatment for it while hospitalized at Access.
- The guardian submitted a request for E.P.'s medical records on November 13, 2015, but at the time of the telephone conversation on November 16, 2015, had not yet received these records.

During our on-site discussion related to this complaint, all leadership admitted to knowing that E.P. had bruising around his eyes during hospitalization, although there was discrepancy among them about when this bruising developed. Dr. Misja said that the patient's black eyes were of gradual onset and were not prominent until Wednesday or Thursday the week of November 9, 2015. Dr. Toro stated that E.P. had black eyes when he came in, i.e. when he was first seen by Dr. Toro on November 6, 2015. The nurse interviewed stated that E.P.'s black eyes started on November 7, 2015. Leadership explained that the patient had a wide, unsteady gait and walked in a stooped-over manner, looking down when he walked, which caused him to run into furniture and other items that caused bruising. They stated that he also fell, slid out of the wheelchair, and was very combative with patients and staff. Leadership and nurses interviewed denied awareness of the allegation that the patient had multiple bruises upon discharge and denied seeing any additional bruises on the patient.

Review of the patient's medical record showed evidence of multiple medical problems including Parkinson Disease. He was diagnosed with and treated for a UTI at the hospital from which he was transferred to Access. Despite the presence of this diagnosis in the patient's medical record, the patient did not receive treatment for a UTI while hospitalized at Access for which leadership was unable to offer an explanation. It is noted that the patient's psychosocial and nursing assessments were comprehensive and completed timely. The nursing skin assessment indicated that the patient had 2 large bruises on the back side of his right hip at the time of admission. The psychiatric evaluation was not completed within 24 hours of the patient's admission, and psychiatric progress notes of November 10, 12, and 13 were illegible. No individualized treatment plan reflecting the patient's co-occurring intellectual disability was present in the medical record. Leadership has not provided a copy of E.P.'s treatment plan upon the Department's request to date.

Documentation throughout the medical record indicated that the patient had an unsteady gait, was a fall risk, and had fallen and slid from the wheelchair on numerous occasions. Despite this, no complete, head to toe nursing and/or physician assessment was conducted after the patient's admission assessments. The physician progress note of November 7, 2015, stated that the patient had fallen and bumped his left forehead, sustained a superficial contusion, and chipped his left front incisor.

Nursing notes indicated that a waist belt was utilized to keep the patient from falling out of the wheelchair. On November 12, 2015, the physician order stated, "Okay for wheelchair while sedated with posey waist self-release belt." According to CMS, the use of restraint for the prevention of falls should not be considered a routine part of a falls prevention program. During this time, the patient received numerous prn psychotropic medications which likely caused sedation. If the patient's sedation impaired his ability to remove the waist belt device, the waist belt would constitute a restraint. Leadership agreed that due to the patient's limited cognitive status and possible sedation, it was unlikely that he could have removed the waist belt. Therefore, the hospital should have implemented restraint protocol, including a time limited physician order for restraint.

The patient was mechanically restrained on November 10, 2015; however, every 15 minute patient observation was not documented in the medical record. A mental health technician recorded vital signs every 15 minutes during restraint, but there was no documented completion of circulation checks, or offering of food, fluid or use of the restroom to the patient during this time. It is noted that a nurse completed a face to face assessment within 1 hour of restraint initiation, and a time limited physician order and debriefing was present.

The patient's behavior alternated between sedation and agitation according to the nursing progress notes. During the tour of the units, there was no indication that the patient was locked in his room as alleged, as the patient rooms had no locks on the doors. Dr. Misja reduced the patient's Klonopin medication on November 7, 2015, due to the patient's sedation. The medical record confirmed that the patient received numerous prn and routine psychotropic medications during his hospitalization, which included a prn Haldol 5mg., Ativan 2 mg., and Benadryl 50 mg. combination, for which the patient had a standing order. Leadership admitted that all patients admitted to Access have this particular standing prn order. The nurse interviewed admitted to saying that the patient had been "B52'd" with this medication but disliked this terminology. He explained that he used the term to promote understanding with another nurse. During interview, Dr. Toro stated that he had never heard the term before he learned it at Access Hospital.

Upon discussion with the Department's medical director, use of terms such as "B-52'd" related to medication administration and the presence of a standing prn order for this combination of medications does not represent individualized patient treatment and indicates the use of chemical restraint.

Plan of Correction

The Department requires the following plan of correction to address areas of non-compliance discovered during the on-site investigation/survey. The Department must be assured of compliance with all regulatory requirements pending review of your corrective action plan and before a full license will be re-issued. Program leadership must provide the following information to the Department by *January 14, 2016*:

Patient Safety (OAC 5122-14-10)

- Proposal to ensure that the hospital provides culturally relevant care specifically related to patients who have co-occurring mental health and intellectual disability issues
- Proposal for real time nurse/physician review process to evaluate care and treatment of patients who repeatedly fall and to ensure a most optimal fall prevention plan is utilized

- Policy/procedure that addresses patient issues in which leadership initiates a root cause analysis, the process for completion, its composition, and a timeline for completion
- Policy/procedure that addresses implementation of restraint protocol related to use of a posey waist belt when the patient is unable to release belt
- Policy/procedure that addresses prohibition of use of chemical restraint

Patient Rights (OAC 5122-14-11)

- Summary of staff education provided, including date(s) of education, attendance roster, content of education, etc., to ensure that staff members are knowledgeable about patient rights specifically related to the following:
 - Patients' ability to communicate freely with others and have visitors;
 - Patients' right to be treated in a safe environment and to reasonable protection from physical or emotional abuse; and
 - Referral of patients to the patient rights advocate when indicated
- Summary of a process to ensure that patients and/or family members can participate in an advisory capacity related to programming and relevant policies and procedures
- Copy of service invoice from telephone company showing that additional phone lines were installed

Medical Services (OAC 5122-14-12(K))

- Proposal to ensure that psychiatrists have appropriate medical oversight/involvement as evidenced by:
 - Medical services are timely provided to meet the comprehensive physical and psychiatric treatment needs of each patient;
 - Psychiatric evaluations are completed within 24 hours of patients' admission; and
 - Real time physician peer review process to evaluate care and treatment of patients who have declined related to their psychiatric/medical condition

Treatment Plans (OAC 5122-14-13(I))

- Summary of staff education, policies and/or procedures, and QA monitors that ensures that individualized, culturally competent, patient treatment plans are completed timely and include co-occurring mental health and intellectual disability issues
- Summary of staff education, policies and/or procedures, and QA monitors that ensures that the initial treatment plan is reviewed, updated and/or revised within 72 hours of a patient's admission and that subsequent updates occur at least every 7 days
- Proposal to ensure that a complete patient assessment is conducted following a patient fall, change in medical condition, or otherwise as indicated

Medical Records (OAC 5122-14-13(F))

- Summary of staff education and QA monitors that ensures that all entries in the medical record are legible

Reportable Incidents (OAC 5122-14-14)

- Summary of any QA monitoring and its frequency and/or procedural changes to ensure that reportable incidents are reported timely to the Department as required.
- Proposal for staff to obtain training on how to conduct both a thorough incident review and root cause analysis, and a timeline by when this will be complete.
- Policy/procedure identifying incidents in addition to reportable incidents that Access will review and analyze.

The Plan of Correction (POC) must also include the plan for improving the processes that led to the findings of non-compliance, including how Access is addressing improvements in its systems in order to prevent the likelihood of recurrence of the non-compliant practices, as well as the monitoring and tracking procedures that will be implemented to ensure that the POC is effective and that the specific deficiencies cited will remain corrected and in compliance with the regulatory requirements.

In addition, please submit any documentation identified in this communication previously requested by the Department, but not yet submitted. Thank you for your assistance in this matter. Please call me at 614-644-6166 if you have additional questions.

Sincerely,

Bureau of Licensure and Certification

I have not been associated with John Johnson since 2015 and have since been gainfully employed. My sole purpose in giving testimony re: Alcohol and drug (AoD) non-medical residential treatment facility is my belief that any AoD non-medical residential treatment facility

would be detrimental to the community. My statements were submitted during the last planning committee.

Thank you,

Jean A. Mathews-Mitchell, RN MSN, MT, MLT(ASCP)
Former Gahanna Resident

