SHAWN F. SULLIVAN ATTORNEY AT LAW, LTD

1717 East Wayne Street South Bend, Indiana 46615 Admitted in Indiana, Illinois, and North Carolina Direct Line: (574) 233-7860 Facsimile: (574) 233-7862

November 27, 2015

Re: Violations of Informed Consent Law/Pre-Trial Diversion Hearing

Via Email: Kcotter@StJoePros.org and Facsimile (574) 235-9761
Kenneth P. Cotter
Office of the Prosecuting Attorney
County-City Building
227 West Jefferson Blvd. 10th Floor
South Bend, IN 46601

Dear Mr. Cotter:

I am again writing you as attorney for The Life Center (TLC), the TLC Advocates who filed the complaints leading to the revocation of the Women's Pavilion's license, and many other petitioners who are participants in the "Answer the C.A.L.L." campaign that began last February 18, 2015. After several letters, emails and a meeting, I need to make a record of where we are. We have not issued any press releases to date for fears of spoilation of evidence and interference with the prosecutorial process. We have reached that point, however, with the Pretrial Diversion Hearing a few days away, that the public and sitting judge need to at least be generally aware of the matter, and that we are asking for the rule of law to apply here.

To reiterate, we have asked that the following crimes be investigated and prosecuted:

- Ten Admitted Informed Consent Violations: On June 3, 2015, in response to my clients' complaints (containing audio, testimonial, and eye-witness evidence), that Dr. Klopfer was violating the informed consent law, Indiana Code ("I.C.") § 16-34-2-1.1, the Indiana State Department of Health (ISDH) substantiated these complaints in reviewing 10 patient files and finding 10 violations. (See ISDH letter and report attached hereto for your convenience) During that same inspection, Dr. Klopfer admitted that the abortions were administered without informed consent. (*Id.*) Assuming these women were 18 years or older, Dr. Klopfer's criminal offenses are Class A Infractions, I.C. § 16-34-2-7, punishable by a fine of up to \$10,000.00. I.C. § 34-28-5-4.
- Admitting To Intentionally Operating A Criminal Enterprise: If anyone is familiar with the contours of the informed consent law, it is Dr. Klopfer; not simply because of his past citations for this violation, but because he has been involved in litigation challenging it, and

As set forth herein, the fact that Dr. Klopfer admitted to operating his practice in violation of the informed consent law, conspiring to operate a criminal enterprise has felony implications. Dr. Klopfer may be steadfastly opposed to women having voluntary and informed consent, but it is clear he is well-versed in these requirements after participating in cases where these laws have been upheld as constitutionally sound.

he has ben practicing in Indiana for decades. As you know, we have testimony as well as an audio recording of Dr. Klopfer's trained staff admitting that they do not follow or adhere to the 18 hour mandatory waiting period, as required by I.C. § 16-34-2-1.1, and we have Dr. Klopfer admitting to the ISDH that he does not provide informed consent when performing medical abortions. See Exhibit 1 attached hereto. Leading up to that audio evidence, we filed complaints and evidence with the ISDH regarding patients who told us that Dr. Klopfer administered abortions on the first visit and in violation of the 18 hour rule. And even subsequent to the revocation of his clinic license, on June 26, 2015, Dr. Klopfer continued to systematically provide medical abortions without informed consent. We have filed these complaints with ISDH, they are no longer regulating Dr. Klopfer's abortion clinic, and they cannot prosecute the crimes anyways. Dr. Klopfer deliberately operated a criminal enterprise in our community from start to finish.

- Additional Informed Consent Violations: Through his last day of operation, November 6, 2015, Dr. Klopfer continued to see patients without honoring the informed consent law. Most of these violations were medical abortions, but some were surgical abortions, including two on the last day of operation, and all of them have been noted to the ISDH. These crimes should not go un-enforced in our community regardless of what the ISDH has or has not done. Bringing criminal charges for these crimes is the Prosecutor's province.
- Operating Without A Permit and Performing Illegal Abortions: As we have advised your office, since the last day of legal operation by Dr. Klopfer (November 6, 2015), patients have continued to visit Dr. Klopfer for either the continuation of their medical abortions, to start medical abortions, or for post abortive services. Under I.C. § 16-21-2-10, "Necessity of license," a person must obtain a license . . . before establishing, conducting, operating, an abortion clinic" Surely, Dr. Klopfer is operating and maintaining his abortion clinic, based on the data we supplied to you, as the patients going there now, were for the most part, patients the last day of legal business. Knowing that he was obligated to close, obviously he should not have started any medical abortions (which by standard medical practice would have required the continuation beyond November 6, 2015) or performed surgical abortions that would require follow-up. As you know, operating without a permit is a criminal misdemeanor, while, performing an abortion without a license is a felony.
- The Other Potential Crimes: These will be discussed so as to not impair any investigation.
- **Pretrial Diversion Agreement**: Since the Pretrial Diversion Agreement was filed on December 1, 2014, Dr. Klopfer has been violating the informed consent law systematically. Ten findings of violations by the ISDH, which Dr. Klopfer admitted-to, in addition to Dr.

A Woman's Choice--East Side Women's Clinic, A Clinic for Women, Inc., Fort Wayne Women's Health Organization, Inc., Ulrich G. Klopfer, Doctor v. Newman, 305 F.3d 684 (7th Cir. 2002) (Judge Easterbrook reversing Judge Hamilton in S.D. IN and holding that an inferior federal court could not depart from the holding of Casey that an informed-consent law is valid even when compliance entails two visits to the medical provider), reh'g en banc denied in 2002 U.S. App. LEXIS 22601, cert. denied in A Woman's Choice-East Side Women's Clinic v. Brizzi, 537 U.S. 1192, 154 L. Ed. 2d 1026, 123 S. Ct. 1273 (U.S. 2003).

Klopfer's admission that he was operating his practice in violation of the informed consent law and the TLC Advocate complaints representing over 50 potential informed consent violations since the revocation of Dr. Klopfer's license. (See Exhibit attached hereto) All this, and the new complaints (some of which will not be mentioned here in order to protect the evidence and your possible investigation) would be more than Dr. Klopfer's Pretrial Diversion Agreement can absorb. If this is the standard pretrial diversion agreement used in St. Joseph County, then Dr. Klopfer agreed, in section II.B "[n]ot commit ANY criminal offense during the term of this agreement."

My clients desire that I reiterate that this is not a political issue. My clients are not protesters or lobbyists. The Life Center houses and an adoption agency and many ministries, but not one of them dabbles in politics. TLC Advocates do not carry signs or chant political slogans; they reach out to mothers in distress offering them financial, legal, and medical assistance or protection (i.e., domestic violence cases) if they are being "forced" into having an abortion. Because Dr. Klopfer, as a matter of practice, violated the informed consent law, the women entering the Women's Pavilion were denied their ability to process their alternatives, even though that is a right guaranteed by law. This is highly troubling to my clients who have helped many women (over 100) entering Women's Pavilion. It stands to reason that they would have been able to assist many more if Dr. Klopfer would have abided by the law. Accordingly, whether a person is pro-life, pro-choice, or pro-abortion, compliance with the law should be the focus, not politics. If this matter is political it is only in the sense that Dr. Klopfer has found political shelter from being held accountable for continuously operating his South Bend abortion clinic in violation of the criminal code – even when he has admitted these violations.

Respectfully,

Shawn F. Sullivan

Attorney for TLC Advocates and those similarly situated

c. T. Borek

Dr. Jennifer Borek

E. Master

K. DuBree

F. Holmes

J. Kominkiewicz

C. Virtue



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner EXHIBIT 1 to 11-12-15 K. Cotter Letter

June 26, 2015

REGARDING THE APPLICATION FOR LICENSE TO OPERATE AN ABORTION CLINIC:

Women's Pavilion 2010 Ironwood Circle South Bend, IN 46635

NOTICE OF DENIAL OF LICENSE

To:

Dr. Ulrich Klopfer, DO Women's Pavilion 2010 Ironwood Circle South Bend, IN 46635

The Director of the Division of Acute Care, Indiana State Department of Health (hereinafter referred to as "Director"), upon review and recommendation of the Abortion Clinic Licensing Program ("Program"), hereby issues this Notice of Denial of License ("Notice").

TLC Advocates At the time of this Notice, the applicant's current licensure is pending revocation following a complaint survey conducted on June 03, 2015. During the complaint survey deficiencies demonstrating non-compliance were cited. The program believes these deficiencies provide further evidence of the clinic's inability to comply with and follow existing state law and that such behavior is an intentional and willful act.

Based on the clinic's survey history of non-compliance, ongoing non-compliance, untimely and unacceptable plans of correction and pending license revocation, the application for licensure for the above-referenced abortion clinic (seeking licensure following the expiration of the current license on June 30, 2015) has been denied.

If you wish to seek administrative review of this action pursuant to Indiana Code § 4-21.5-3-5, you must file a petition for review within eighteen (18) days after the date of this Notice.

A petition for review must be in writing and must include facts demonstrating that:

The petitioner is a person to whom the order is specifically directed; The petitioner is aggrieved or adversely affected by the order; or The petitioner is entitled to review under any law.

If the petition for review is not filed timely, this action becomes a FINAL ORDER.



Any petition for review should be submitted in writing to:

Court Administrator Office of Legal Affairs, #3H Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204-3006

Upon receipt of a timely filed petition for review, an administrative proceeding will be conducted by an Administrative Law Judge appointed by the Indiana State Department of Health.

This action does not prohibit the applicant from re-applying for licensure in the future.

Respectfully,

Terry L. Whitson

Assistant Commissioner

Health Care Quality and Regulatory Commission



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

June 26, 2015

4A-07 Alyson Cox 16620 Holly Oak Dr Westfield, IN 46074

RE: Complaint Allegation #: IN00170828

Dear Alyson Cox:

An investigation of your complaint filed with the Acute Care Division was completed on June 3, 2015 and found that your complaint was substantiated. This means the allegation(s) of your complaint was confirmed. The enclosed document is the survey report written as the result of the investigation.

When a complaint is investigated, surveyors typically interview a variety of people, review records and other documents, and make observations. Each concern of your complaint was investigated. The evidence obtained by the surveyors identified there was a violation of state requirements. These violations (deficiencies) are listed on the left-hand portion of the survey report included with this letter. The Division will review the survey findings and recommend an appropriate enforcement action.

This complaint is now closed. Should you have any questions about the report of the investigation, do not hesitate to contact us. You will need the Complaint Allegation Number identified above.

Thank you for your concern regarding the care provided to the patients in Indiana and your desire to ensure patients receive the quality care required by state regulations.

Sincerely,

John Lee, RN, MBA

Nurse Surveyor Supervisor

Program Director, Hospitals, ASC's

317/233-7487



Michael R. Pence Governor

Jerome M. Adams, MD, MPH State Health Commissioner

June 29, 2015

4A-07 Jennifer Borek South Bend, IN By Email

RE: Complaint Allegation #: IN00165426

Dear Jennifer Borek:

An investigation of your complaint filed with the Acute Care Division was completed on June 3, 2015 and found that your complaint was substantiated. This means the allegation(s) of your complaint was confirmed. The enclosed document is the survey report written as the result of the investigation.

When a complaint is investigated, surveyors typically interview a variety of people, review records and other documents, and make observations. Each concern of your complaint was investigated. The evidence obtained by the surveyors identified there was a violation of state requirements. These violations (deficiencies) are listed on the left-hand portion of the survey report included with this letter. The Division will review the survey findings and recommend an appropriate enforcement action.

This complaint is now closed. Should you have any questions about the report of the investigation, do not hesitate to contact us. You will need the Complaint Allegation Number identified above.

Thank you for your concern regarding the care provided to the patients in Indiana and your desire to ensure patients receive the quality care required by state and/or federal regulations.

Sincerely,

John Lee, RN, MBA

Nurse Surveyor Supervisor

Program Director, Hospitals, ASC's

317/233-7487

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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T 022	(1) Assume resp (A) determining (B) implement (C) monitoring	ody shall do the following: onsibility for: ng; ting; and	T 022				
	governing body faile governing all clinical and maintained, incl the medical abortion the facility for 10 of	et as evidenced by: review and interview, the d to ensure that policies services were implemented uding a policy/procedure for services being provided by 10 medical records (MR) , 22, 23, 24, 25, 26, 27, 28,					

Indiana State Department of Health

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

TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	29 and 30). Findings: 1. On 6/3/15 at 4: and clinic physicia a copy of a policy/services provided provided provided provided prior to e. 2. Review of the feindicated: a. Patient 21 reservices on 05/01/b. Patient 22 reservices on 05/13/d. Patient 23 reservices on 05/13/d. Patient 24 reservices on 05/29/e. Patient 25 reservices on 05/26/f. Patient 26 reservices on 05/26/f. Patient 27 reservices on 05/15/i. Patient 28 reservices on 05/15/i. Patient 29 reservices on 05/27/i. Patient 30 reservices on 05/27/i. Patient 30 reservices on 05/27/i. Patient 30 reservices on 05/27/i.	45 PM, the medical director in #50 was requested to provide procedure for medical abortion at the clinic and none was exit. bllowing medical records received medical abortion at the clinic and none was exit. bllowing medical records received medical abortion at the ceived medical abortion abortion abortion at the ceived medical abortion abortion abortion abortion abortion abortion abortion abortion at the ceived medical abortion abo	T 022				

FORM APPROVED Indiana State Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 011127 06/03/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) T 024 T 024 Continued From page 2 T 024 410 IAC 26-4-1 GOVERNING BODY T 024 410 IAC 26-4-1(c)(2) (c) The governing body shall do the following: (2) Ensure that: (A) clinic policies are followed so as to provide quality health care in a safe environment; and (B) the clinic complies with: (i) this article; (ii) IC 16-21; and (iii) IC 16-34. This RULE is not met as evidenced by: Based on document review and oral responses by the facility physician during interview, the governing body failed to ensure that medical abortion services provided at the clinic are in compliance with Indiana Code (IC) 16-34-2-1.1 for 10 of 10 medical records (MR) reviewed (patient 21, 22, 23, 24, 25, 26, 27, 28, 29 and 30) regarding requirements for counseling and providing information about the risks and alternatives to the use of an abortion inducing drug at least eighteen (18) hours before an abortion inducing drug is dispensed, prescribed, administered or otherwise given to a pregnant

Indiana State Department of Health

woman.

Findings:

indicates the following:

1. Review of Indiana Code (IC) 16-34-2-1.1

PRINTED: 06/29/2015 FORM APPROVED Indiana State Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING 011127 06/03/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) T 024 T 024 Continued From page 3 Voluntary and informed consent required: viewing of fetal ultrasound and hearing auscultation of fetal heart tone Sec. 1.1. (a) An abortion shall not be performed except with the voluntary and informed consent of the pregnant woman upon whom the abortion is to be performed. Except in the case of a medical emergency, consent to an abortion is voluntary and informed only if the following conditions are met: (1) At least eighteen (18) hours before the abortion and in the presence of the pregnant woman, the physician who is to perform the abortion, the referring physician or a physician assistant (as defined in IC 25-27.5-2-10), an advanced practice nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician has informed the pregnant woman orally and in writing of the following: (A) The name of the physician performing the abortion, the physician's medical license number, and an emergency telephone number where the physician or the physician's designee may be contacted on a twenty-four (24) hour a day, seven (7) day a week basis. (B) That follow-up care by the physician or the physician's designee (if the designee is

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necessary.

licensed under IC 25-22.5) and is available on an appropriate and timely basis when clinically

or information concerning the abortion inducing

risks of and alternatives to the procedure or the use of an abortion inducing drug, including:

(C) The nature of the proposed procedure

(D) Objective scientific information of the

(i) the risk of infection and hemorrhage;

PRINTED: 06/29/2015 FORM APPROVED Indiana State Department of Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: B. WING 011127 06/03/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY T 024 T 024 Continued From page 4 (ii) the potential danger to a subsequent pregnancy; and (iii) the potential danger of infertility. (E) That human physical life begins when a human ovum is fertilized by a human sperm. (F) The probable gestational age of the fetus at the time the abortion is to be performed. including: (i) a picture of a fetus; (ii) the dimensions of a fetus; and (iii) relevant information on the potential survival of an unborn fetus; at this stage of development. (G) That objective scientific information shows that a fetus can feel pain at or before twenty (20) weeks of postfertilization age. (H) The medical risks associated with carrying the fetus to term. (I) The availability of fetal ultrasound imaging and auscultation of fetal heart tone services to enable the pregnant woman to view the image and hear the heartbeat of the fetus and how to obtain access to these services. (J) That the pregnancy of a child less than fifteen (15) years of age may constitute child abuse under Indiana law if the act included an adult and must be reported to the department of child services or the local law enforcement agency under IC 31-33-5. (2) At least eighteen (18) hours before the

Indiana State Department of Health

abortion, the pregnant woman will be informed

be available for prenatal care, childbirth, and neonatal care from the county office of the

legally required to assist in the support of the child. In the case of rape, the information required

(A) That medical assistance benefits may

(B) That the father of the unborn fetus is

orally and in writing of the following:

under this clause may be omitted.

division of family resources.

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	(C) That are	doption alternatives are					
		adoptive parents may legally					
		enatal care, childbirth, and					
	neonatal care.						
	(D) That th	ere are physical risks to the					
	pregnant woman in						
		, both during the abortion					
	procedure and after.						
	(E) That Indiana has enacted the safe						
	haven law under IC 31-34-2.5. (F) The:						
	(i) Internet web site address of the state						
	department of health's web site; and						
		iption of the information that					
		the web site and that are;					
	described in section 1.5 of this chapter.						
		ant woman certifies in writing,					
		ed by the state department,	4.4				
		is performed, that:					
		rmation required by					
		subdivisions (1) and (2) has been provided to the					
	pregnant woman;	t warmen has been offered					
		gnant woman has been offered opportunity to view the fetal					
		and hear the auscultation of					
		if the fetal heart tone is					
	audible and that the						
1		d or refused to view the offered					
	fetal ultrasound ima						
	(ii) listene	ed to or refused to listen to the					
		n of the fetal heart tone if the					
	fetal heart tone is audible; and						
	(C) the pregnant woman has been given a written copy of the printed materials described in						
	section 1.5 of this of						
		phteen (18) hours before the presence of the pregnant					
		an who is to perform the					
		ng physician or a physician					
		ed in IC 25-27.5-2-10), an					

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Indiana State Department of Health

audible.

(2) does not want to listen to the auscultation

of the fetal heart tone if the fetal heart tone is

2. On 6/3/15 at 4:45 PM, the medical director and clinic physician #50 was requested to provide

PRINTED: 06/29/2015 FORM APPROVED Indiana State Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 011127 06/03/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) T 024 Continued From page 7 T 024 a copy of a policy/procedure for medical abortion services provided at the clinic and none was provided prior to exit. 3. Review of the following medical records (MR) indicated: a. Patient 21 received medical abortion services on 05/01/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. b. Patient 22 received medical abortion services on 04/29/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. c. Patient 23 received medical abortion services on 05/13/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. d. Patient 24 received medical abortion services on 05/29/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. e. Patient 25 received medical abortion services on 05/26/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours

Indiana State Department of Health

before the abortion.

before the abortion.

f. Patient 26 received medical abortion services on 04/21/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours

g. Patient 27 received medical abortion services on 05/01/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:			X3) DATE SURVEY COMPLETED 06/03/2015	
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	PROVIDER OR SUPPLIER	2010 IRO	NWOOD CIR BEND, IN 466				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
T 024	before the abortion. h. Patient 28 received medical abortion services on 05/15/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. i. Patient 29 received medical abortion services on 05/27/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. j. Patient 30 received medical abortion services on 05/27/15 and lacked documentation demonstrating that the requirements of IC 16-34-2-1.1 were completed at least 18 hours before the abortion. 4. At 3:55 PM, 4:05 PM and 4:45 PM, during the interview with the facility physician, #50, physician #50 reported: a. The facility has no log of patients with appointment dates, for either the first visit where lab work and consultation/counseling is done, or		T 024				
	surgical patient production but no log is kept for c. The process of the first appointment of th	book kept for documenting sedures on the day of surgery, medical abortion patients. for medical abortions includes: lent, an ultrasound is (i.e. pregnancy test, Rh and hematocrit) are done. mation" and counseling are t signs their "releases". RU486) is given to the patient oppostol are sent home with aginally at their convenience					

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PRINTED: 06/29/2015 FORM APPROVED Indiana State Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 011127 06/03/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) T 128 Continued From page 9 T 128 T 128 T 128 410 IAC 26-7-1 MEDICAL RECORDS 410 IAC 26-7-1(c) (c) A written or electronic register must be kept of all patients treated that provides the following: (1) Identification data. (2) Treatment rendered. (3) Attending physician. (4) Condition on discharge. (5) Transfers to hospital facility. (6) Other data deemed necessary by the clinic. This RULE is not met as evidenced by: Based upon document review and interview, the clinic failed to maintain a patient register of all patients receiving services including medical abortion services at the facility for one facility. Findings: 1. On 6/3/15 at 3:55 PM, the medical director and clinic physician #50 was requested to provide a patient register indicating all patients obtaining medical abortion services at the clinic and none

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was provided prior to exit.

first visit where lab work and

2. During an interview on 6/3/15 at 3:55 PM, the medical director and clinic physician #50 confirmed the clinic does not maintain a log of patients with appointment dates, for either the

consultation/counseling is done, or for their surgical procedures, or any other follow up appointments. Physician #50 confirmed that a

FORM APPROVED Indiana State Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING 011127 06/03/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2010 IRONWOOD CIR WOMEN'S PAVILION SOUTH BEND, IN 46635 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) T 128 T 128 Continued From page 10 register is kept for documenting surgical patient procedures on the day of surgery and confirmed that no register indicating the treatment rendered for patients obtaining medical abortion services was maintained by the clinic.

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