ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

X ASTC SUB ACUTE ☐ HHA ☐ HMO ☐ HOSPICE ☐ HOSPITAL

NAME AND ADDRESS OF FACILITY : American Women's Health DBA Western Diversey Surgical Center 110 S. River Rd.

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.530 (e)	Operative Care A registered nurse, qualified by training and experience in operating room nursing, shall be present in the operating room and function as the circulating nurse during all invasive or operative procedures requiring aseptic technique. This requirement was not met as evidenced by: Based on review of Facility Job Descriptions and staff interview it was determined that for 2 of 2 (E#1 and 2) Registered Nurses available, the Facility failed to ensure the presence of a circulating RN during an invasive and operative procedure. Findings include:	*Policy changes were made and implemented effective July 14, 2011, a Registered Nurse with competencies and experience in the field of surgery will be in the Operating Room during procedures.* *See Policy section: Surgery subsection: Ambulatory Surgery Guidelines (II -B)* *Addendum A.* *To prevent such defeciency from occuring in the future, a quality monitor has been incorporated in our performance improvement activity which will be randomly assigned to staff and collated and evaluated monthly and reported to the Nurse Manager, A. Sabater RN which in turn will be reported to the Medical Staff Committee Meeting on a monthly basis*	*7/14/2011* concurrent up to 3 months and will be revisited annually.

8/4/11 AK

DATE OF SURVEY 6/23/11 BY 27125 (Surveyor) 7(1)(b) A. Sabater RN (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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NAME AND ADDRESS
OF FACILITY: American Women's Health DBA Western Diversey Surgical Center 110 S. River Rd.

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.530 (e) Continued...	1. The Facility Job Description titled, "Registered Operating Room Nurse" was reviewed on 6/23/11 at 10:00 AM. The job description included, "Ensures Time Out is called when the surgeon, anesthetist, and staff are in the room. Undertakes any of the responsibilities of the Circulator as assigned." 2. The Facilities Office Managers (E#3 and #4) were interviewed on 6/23/11 at 10:15 AM. E#4 stated that the "only staff present in the operating room during an operative procedure are the surgeon, anesthesiologist and medical assistant. A registered nurse is not in the operating room." E#3 confirmed this finding during the interview.	*A copy of the quality monitoring tool is provided for your vewing. See Addendum A-1* *A copy of qulaity monitor evaluation tool is provided for your viewing. See Addendum A-2* *Such activity incorporated in our performance improvement activity is very recent and will most likely be revised and edited as we go along, no concrete data can be afforded currently* *A more accurate data reporting can be provided at least after 3 months of reported data.* *Responsibility: A. Sabater, RN Clinical Nurse Manager*	

DATE OF SURVEY 6/23/11 BY 27125 (Surveyor) 7(1)(b) A. Sabater RN (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

☒ ASTC ☐ HHA ☐ HMO ☐ HOSPICE

NAME AND ADDRESS: American Women's Health DBA Western Diversey Surgical Center
OF FACILITY 110 S. River Road Suite 7, DesPlaines IL

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (f)	Post Operative Care Patients shall be discharged… The name or relationship to the patient, of the person accompanying the patient upon discharge from the facility shall be noted in the patient's medical record. This requirement was not met as evidenced by: Based on review of clinical records, Facility policy, and staff interview, it was determined that for 4 of 10 (Pts. #2, 6, 12, & 14) clinical records reviewed, the Facility failed to ensure documentation of the name of the person accompanying the patient from the facility, after a procedure, on discharge. Findings include:	*Policy implementation were made:* *Staff are notified via memo regarding policy.* *Policy Section: Surgery* *Subsection: Discharge Criteria (C-8)* *Addendum B* *Memo to staff* *Addendum C*	*6/27/2011*

DATE OF SURVEY 6/23/11 BY 19840 (Surveyor)

7(1)(b) A. Sabater RN (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

☒ ASTC ☐ HHA ☐ HMO ☐ HOSPICE ☐ HOSPITAL

NAME AND ADDRESS: American Women's Health DBA Western Diversey Surgical Center
OF FACILITY 110 S. River Road Suite 7, DesPlaines IL

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (f) Cont.	1. The clinical records of Pts. #2, 6, 12, & 14 were reviewed on 6/21/11 between 9:00 and 11:00 AM. The clinical records lacked documentation of the name or relationship of the responsible person who accompanied the patients home after the procedure. -Pt. #2, a 31 year old female, had a surgical procedure performed on 5/21/11. The clinical records lacked documentation of the name or relationship of the responsible person who accompanied patient #2 home, after the procedure. - Pt. #6, a 31 year old female, had a surgical procedure performed on 5/19/11. The clinical records lacked documentation of the name or relationship of the responsible person who accompanied patient #6 home, after the procedure.	*Policy revision were made dated 6/27/11 and implementaion were made officially effective 07/14/2011 clearly stating that "A responsible person available to accompany patient home and documented on the medical records. To prevent this from occuring in the future, medical records will be audited and evidence of such documentation shall be monitored by M. Frutacz and resuts collated and reported to A. Sabater, RN - Nurse Manager and collated report presented to Medical Staff Committee Meeting. Such activity will be conducted on 100% of patient and will be continously done for a period of 3 months. If tolerance of such activities were evaluated to have a result for the first 3 months of no less than 90%, Indicator will be evaluated and will be revisited every year for compliance.*	concurrent up to 3 months and will be revisited annually.

7(1)(b)

DATE OF SURVEY 6/23/11 BY 19840 (Surveyor)

A. Sabater RN (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

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NAME AND ADDRESS: American Women's Health DBA Western Diversey Surgical Center
OF FACILITY 110 S. River Road Suite 7, DesPlaines IL

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (f) Cont.	- Pt. #12, a 23 year old female, had a surgical procedure performed on 5/20/11. The clinical records lacked documentation of the name or relationship of the responsible person who accompanied patient #12 home, after the procedure. -Pt. #14, an 18 year old female, had a surgical procedure performed on 6/10/11. The clinical records lacked documentation of the name or relationship of the responsible person who accompanied patient #14 home, after the procedure. 2. The Facility policy titled, "Discharge Criteria was reviewed on 6/21/11 at approximately 11:15 AM. The policy required, "C. The patient is discharged …based on the following criteria…8. Responsible person available to accompany patient home."	*Such monitoring activities compiled with the Chart Review Tool will be evaluated and reviewed for effectiveness after 3 months.* *No concrete data can be afforded as of this time, but such can be made available after a month or more effectively after 3 months* *Copy of Quality Monitoring Tool Provided "Chart Review" see addendum B-1.* *Copy of quality monitor evaluation tool Is provided "Chart Review Evaluation" see addendum B-2.* *Responsibility: A. Sabater RN Nurse Manager*	

7(1)(b)

DATE OF SURVEY 6/23/11 BY 19840 (Surveyor)

A. Sabater RN (Provider's Representative)

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NAME AND ADDRESS: American Women's Health DBA Western Diversey Surgical Center OF FACILITY 110 S. River Road Suite 7, DesPlaines IL

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (f) Cont.	3. The above findings were confirmed with the Office Manager and Medical Director during an interview on 6/21/11, at approximately 11:30 AM.		

DATE OF SURVEY 6/23/11 BY 19840 (Surveyor)

7(1)(b) A. Sabater RN (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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☒ ASTC SUB ACUTE ☐ HHA ☐ HMO ☐ HOSPICE ☐ HOSPITAL

NAME AND ADDRESS OF FACILITY: American Women's Health DBA Western Diversey Surgical Center 110 S. River Road, DesPlaines, IL 60016

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.610 (c) (o)	**Clinical Records** Accurate and complete records shall be maintained…the record shall include… c) pre-counseling notes … o) post counseling notes. This requirement was not met as evidenced by: A. Based on clinical record review and staff interview, it was determined that in 5 of 5 records reviewed (Pt. #1, 2, 3, 4 & 5), the Facility failed to ensure all patients received pre-operative and post- operative counseling. Findings include: 1. On 6/21/11 at approximately 9:00 A.M., clinical records 1-5 were reviewed. The records for Pt. (#1, 2, 3, 4 & 5) lacked pre-operative and post-operative counseling notes.	*Pre-op/Post-op counselling form were created and implemented July 26, 2011 The form will be assessed and evaluated periodically and edited as needed for effectiveness.* *Pre-op and post op counselling were also incorporated in the "Chart Review" monitoring as part of Performance Improvement Activities.* *In-service were conducted for the staff on how to counsel the patient utilizing the form, handouts are utilized as medium of instruction, all discussed items in the counselling are made available to show sample for patients such as contraceptive methods* *Please see in-service content and sign in sheet dated 07-25-11.* *Addendum D-1 and D-2* *Responsibility: M. Frucacz* *Manager*	*7/30/2011* *7/25/2011*

DATE OF SURVEY 6/23/11 BY 16853 (Surveyor) A. Sabater RN (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

Pg. 7

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
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☒ ASTC ☐ HHA ☐ HMO ☐ HOSPICE ☐ HOSPITAL

NAME AND ADDRESS OF FACILITY American Women's Health DBA Western Diversey Surgical Center 110 S. River Road, DesPlaines,IL 60016

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.610 (c) (o) Cont...	Clinical Records - Pt. #2, a 31 year-old female, had a surgical procedure on 5/21/11. The clinical record lacked pre and post operative counseling notes. -Pt. #3, a 35 year-old female, had a surgical procedure on 6/17/11. The clinical record lacked pre and post-operative counseling notes. -Pt #4, a 15 year-old female, had a surgical procedure on 4/24/11. The clinical record lacked pre and post-operative counseling notes.	*part of "Chart Review" monitor* *Responsibility: A. Sabater, RN*	7/5/2011

DATE OF SURVEY 6/23/11 BY 16853 (Surveyor)

7(1)(b) A. Sabater RN (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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NAME AND ADDRESS OF FACILITY: American Women's Health DBA Western Diversey Surgical Center 110 S. River Road, DesPlaines, IL 60016

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.610 (c) (o) Cont...	**Clinical Records** -Pt. #5 is a 26 year-old female, had surgical procedures done on these dates, 4/27/11 and 4/28/11. The clinical record lacked pre and post-operative counseling notes. 2. On 6/21/11 at 11:30 A.M., an interview was conducted with the Office Manager and Medical Director, and both confirmed the lack of documented pre-operative and post-operative counseling notes.		

DATE OF SURVEY 6/23/11 BY 16853 (Surveyor) — 7(1)(b) — A. Sabater RN (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

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NAME AND ADDRESS OF FACILITY: American Women's Health DBA Western Diversey Surgical Center 110 River Rd. Des Plaines

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.610 (i) continued	**Clinical Records** Accurate and complete clinical records shall be maintained for each patient and all entries in the clinical record shall be made at that time the surgical procedure is performed … The record shall include … operative record … This requirement was not met as evidenced by: Based on review of the Medical Staff Bylaws, clinical records and staff interview it was determined that for 4 of 4 (Pt. #s 4, 5, 13 and 14) patients requiring a Laminaria Insertion, the Facility failed to ensure operative reports were completed and accurate. Findings include: 1. The "Bylaws of the Medical Staff" were reviewed on 6/21/11 at 11:15 AM. The Bylaws included, "Operative Reports will include a detailed account of the findings in surgery as well as the details of the surgical technique …"	*Memo was written to the Medical Staff reminding them of the Policy of AWMC of needed documentation immediately following a surgical or invasive procedure.* *See Addendum E* *Memo to Medical Staff* *See Addendum F* *Policy Section Surgery;* *Subsection: Assessment of Care, Physicians.* *paragraph D*	7/5/2011

DATE OF SURVEY 6/23/11 BY 27125 (Surveyor)

7(1)(b) A. Sabater RN (Provider's Representative)

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NAME AND ADDRESS
OF FACILITY: American Women's Health DBA Western Diversey Surgical Center 110 River Rd. Des Plaines

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.610 (i) continued	2. The clinical record of Pt. #4 was reviewed on 6/21/11 at approximately 10:45 AM. Pt. #4 was a 15 year old female, admitted for a surgical procedure on 4/26/11. The clinical record included a surgical consent form dated 4/26/11 for a Laminaria Insertion. The insertion was performed on 4/26/11 however, the record lacked an operative report. 3. The clinical record of Pt. #5 was reviewed on 6/21/11 at approximately 11:00 AM. Pt. #5 was a 26 year old female admitted for a surgical procedure on 4/27/11. The clinical record included a surgical consent form dated 4/27/11 for a Laminaria Insertion. The Operative Report dated 4/27/11 was titled "Dilation and Suction Curettage for Abortion" and detailed that procedure, not the Laminaria Insertion.		

DATE OF SURVEY 6/23/11 BY 27125 (Surveyor)

7(1)(b) A. Sabater RN (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

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NAME AND ADDRESS
OF FACILITY: American Women's Health DBA Western Diversey Surgical Center 110 River Rd. Des Plaines

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.610 (i) continued	4. The clinical record of Pt. #13 was reviewed on 6/21/11 at approximately 10:30 AM. Pt. #13 was a 38 year old female admitted for a surgical procedure on 6/9/11. The clinical record included a surgical consent form dated 6/9/11 for a Laminaria Insertion. The Operative Report dated 6/9/11 was titled "Dilation and Suction Curettage for Abortion" and detailed that procedure, not the Laminaria Insertion. 5. The clinical record of Pt. #14 was reviewed on 6/21/11 at approximately 10:45 AM. Pt. #14 was an 18 year old female admitted for a surgical procedure on 6/9/11. The clinical record included a surgical consent form dated 6/9/11 for a Laminaria Insertion. The insertion was performed on 6/9/11; however, the record lacked an operative report.		

DATE OF SURVEY 6/23/11 BY 27125 (Surveyor)

7(1)(b)

A. Sabater RN (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

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NAME AND ADDRESS OF FACILITY: American Women's Health DBA Western Diversey Surgical Center 110 River Rd. Des Plaines

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.610 (i) continued	6. The above findings were confirmed with the Office Manager and Medical Director on 6/21/11 at 11:30 AM, during an interview.		

DATE OF SURVEY 6/23/11 BY 27125 (Surveyor)

7(1)(b)

A. Sabater RN (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

ADDENDUM A.

AMERICAN WOMENS MEDICAL CENTER
(Desplaines)

Policy Manual

Section: Surgery

Effective Date: _____

Subject: Ambulatory Surgery Guidelines

Revision Date: 07-14-11

Policy No:

Page: 1 of 1

Approved By: 7(1)(b)

I POLICY

It is the policy of American Women's Medical Center to follow established guidelines in the treatment of patients receiving outpatient surgical services.

II PROCEDURES

A. Outpatient surgical services shall be staffed and equipped to provide specialized care in the supervision of patients receiving surgery.

B. A Registered Nurse qualified and trained in the field of Operating Room and knowledge of aseptic technique shall be present on all cases performed in the operating room. He/she shall overlook and supervise an assistant to watch over the activities in the post-anesthesia care area.

C. Only patients classified as Class I, Class II, or Class III anesthesia risk are eligible for outpatient surgery at this facility.

1. ASA classifications are as follows:
   Class I - Normal healthy patient
   Class II - Patient with mild systemic disease
   Class III - Patient with severe systemic disease that limits activity, but is not incapacitating
   Class IV - Patient with incapacitating systemic disease that is a threat to life
   Class V - A moribund patient
2. Patients classified as a Class III risk may receive anesthesia at the discretion of the Anesthesia Provider.

D. Patients not acceptable for admission to the facility are as follows:

1. Patients having infections, which require isolation and additional professional help in surgical or recovery room service.
2. Surgery will be canceled if a patient shows evidence of respiratory disease or infection, on recommendation of the anesthesiologists.
3. Expectation that airway may be compromised.
4. Expectation of considerable blood loss.
5. Expectation of considerable pain.
6. Expectation of prolonged anesthesia.

D. It is the responsibility of the admitting physician to correctly evaluate the patient and the procedure for outpatient surgery, pre-operatively.

E. If the patient receives anesthesia, other than local, the patient must be informed, prior to admission to the facility of the following:

a. Patient should not attempt to drive a motor vehicle immediately upon discharge from this facility
b. Patient must make arrangements to have someone drive them home

Addendum A-1

American Women's Medical Center

110 S. River Rd., #7, Desplaines, IL 60016

Performance Improvement Activity

Quality Indicator: "Time Out" in the Operating Room

Date of Review: _____

Patient Number: _____

Reviewer: _____

Percentage: 100%

Frequency Daily

Critertia	YES	NO	N/A
A Registered Nurse is present in the operating room to initiate the "Time Out".			
At least 2 identifiers were utilized by the staff when initiating a "time out." (arm band, medical records, active participation of patient, schedule log).			
Active participation of as many staff as possible were used in the "time out" procedure" (i.e. Procedure MD, Anesthesiologist, Registered Nurse, Medical Assistant.			
Evidence of documentaion present in the medical records of initiation of "time out" procedure.			
"Time Out" procedure initiated in a timely manner. (i.e. prior to sedation procedure or any invasive procedure performance).			

Alderlum A.2

American Women's Medical Center

110 S. River Rd., #7, Desplaines, IL 60016

Performance Improvement Activity

Month of Review: _____

Critical %: > 95%

Critertia	TOTAL YES	NO	N/A
A Registered Nurse is present in the operating room to initiate the "Time Out".			
At least 2 identifiers were utilized by the staff when initiating a "time out." (arm band, medical records, active participation of patient, schedule log).			
Active participation of as many staff as possible were used in the "time out" procedure" (i.e. Procedure MD, Anesthesiologist, Registered Nurse, Medical Assistant).			
Evidence of documentaion present in the medical records of initiation of "time out" procedure.			
"Time Out" procedure initiated in a timely manner. (i.e. prior to sedation procedure or any invasive procedure performance).			

$$\frac{\text{Total Indicator}}{\text{Total No. Patient}} \times 100 = \%$$

ADDENDUM B

AMERICAN WOMEN'S MEDICAL CENTER
(Desplaines)

Policy Manual

Section: Surgery

Subject: Discharge Criteria

Policy No:

Page: 1 of 1

Effective Date: _____

Revision Date: 07-14-2011

Approved By: 7(1)(b)

I POLICY

It is the policy of American Women's Medical Center to establish criteria to be used by staff for evaluating the patient's response to anesthesia and surgery, prior to discharge.

II PROCEDURES

A. Patients shall be observed at American Women's Medical Center for a period of time sufficient to ensure that the patient is awake, physiologically stable, manifests no immediate post-operative complications, and is ready to return home or to a similar environment.

B. Local anesthesia patients may be discharged by the physician, provided that the patient's vital signs are stable.

C. The patient is discharged upon orders from the physician, based on the following criteria:

1. Adequate and stable respiratory status.
2. Stable vital signs.
3. Patient has regained consciousness and is oriented to time, place and person.
4. Mobility and sensation are present in patient.
5. Surgical site unremarkable.
6. A score of 9 or greater on the Discharge Scoring System.
7. Post-operative instructions given.
8. Responsible person available to accompany patient home and documented on the medical records.

D. Patients may be discharged in less than an hour, however, no patient shall be required to leave the facility in less than (1) hour following the procedure(s).

Addendum B-1

American Women's Medical Center

110 S. River Rd., #7, Desplaines, IL 60016

Performance Improvement Activity

Quality Indicator: Medical Records Review

Date of Review: _____

Patient Number: _____

Active Reviewer: _____

Percentage Review: 100%

Frequency of Review: Monthly

Critertia	YES	NO	N/A
Evidence of Pre-operative conselling documented in the medical records. (pre-op counselling form filled and in chart)			
Evidence of post-operative couselling documented on the medical records (post-op counselling form filled and in chart)			
Evidence of compliance with discharge criteria were met and documented in the medical records. (modified Aldrete score of 9+)			
Evidence of discharge of patient to a responsible adult documented on the medical records. (name of adult person for which patient is discharged to)			
Evidence of documentaion by procedure MD of the procedure performed in the operating room. (dicated or written operative procedure in chart)			

Addendum B.2

American Women's Medical Center

110 S. River Rd., #7, Desplaines, IL 60016

Performance Improvement Activity

Quality Indicator: Medical Records Review

Critical %: >90%

Month of Review: _____

Critertia	YES	NO	N/A
Evidence of Pre-operative conselling documented in the medical records. (pre-op counselling form filled and in chart)			
Evidence of post-operative couselling documented on the medical records (post-op counselling form filled and in chart)			
Evidence of compliance with discharge criteria were met and documented in the medical records. (modified Aldrete score of 9+)			
Evidence of discharge of patient to a responsible adult documented on the medical records. (name of adult person for which patient is discharged to)			
Evidence of documentaion by procedure MD of the procedure performed in the operating room. (dicated or written operative procedure in chart)			

$$\frac{\text{Total Indicator}}{\text{Total No. Patient}} \times 100 = \%$$

ADDENDUM C

American Women's Medical Center

Memo

To: All Staff of PACU

From: Dr. Carlos Baldoceda

CC:

Date: June 27, 2011

Re: PACU Discharge Criteria

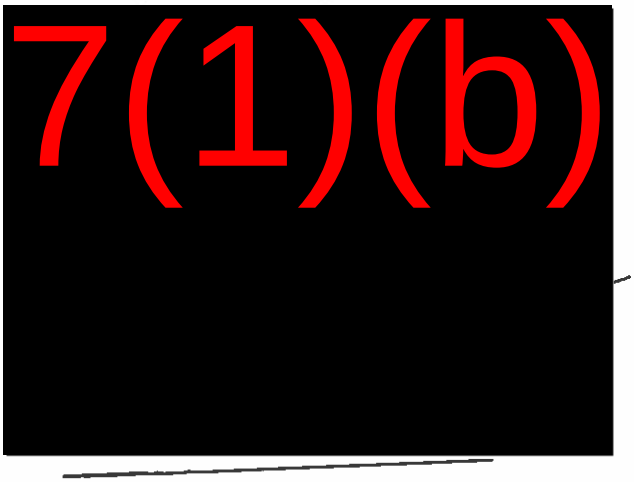
To All Staff of PACU

Please be reminded of our policy on Discharge Criteria. It is in our company's interest to make sure that a safe and effective delivery of care is accomplished, one of which is assuring that all patients have documented release from Post Anesthesia Care unit to a responsible adult.

Please follow accordingly.

Attached: AWMC Policy on Discharge Criteria

Staff Signature:



ADDENDUM D

AMERICAN WOMEN'S MEDICAL CENTER
110 S. River Road #7 Des Plaines, Il 60016 847 294-9614

COUNSELING RECORD

Last Name:_____ First Name_____ DOB:_____ Date:_____

Initial:

_____ Reviewed alternatives to abortion (parenting, adoption)

_____ Discussed risks of the abortion
Surgical (failure, incomplete, infection, hemorrhage, Perforation, death)

Medical (failure, incomplete, infection, hemorrhage, birth defects, death)

_____ Patient verbalized the decision is hers alone and she is not being forced to have an abortion

_____ Emergency Contact

Name:_____

Phone number:_____

Relationship:_____

Is this person aware of your decision? YES NO

_____ Contraceptive options reviewed:

_____OCP's _____Nuvaring _____Mirena _____Paragard

_____Depo-provers _____Condoms _____Tubal Ligation

Patient desires_____

_____ Are you or have you been in a relationship where you were hurt, kicked, slapped, forced to have sex, or made to feel afraid? YES_____ NO_____

Referral given:_____

_____ After-care instruction reviewed

_____ Reviewed anesthesia precautions: no driving, Operating heavy machinery, or making important decisions for the rest of the day.

PATIENT'S SIGNATURE:_____ Date:_____

AMERICAN WOMEN'S MEDICAL CENTER
110 S. River Rd. # 7, Des Plaines, IL 60016
(847) 294-9614

COUNSELING AND INFORMED CONSENT

The objectives of Decision Counseling should be fulfilled in response to the needs of individual patient. The opportunity for individual counseling should be offered to every woman:

-To assist the patient in exploring her feelings about pregnancy, her circumstances, and her options
- To assist the patient to face the task of choosing, encourage careful examination of all options, provide accurate information and support her right to choose for herself
- To assist the patient by referral for further counseling or additional medical services if needed.

The second process in the counseling session is to provide the following:

1. The name of the physician who will perform the abortion in writing or by business card.
2. The risks and complications associated with the abortion procedure.
3. Risks and complications associated with full term childbirth.
4. Alternatives to abortion that include continuation of the pregnancy and keeping the child, or placing the child for adoption.
5. List of agencies that offer assistance and a brief summary of services offered including adoption agencies.
6. Methods of birth control.
7. Patient must not be forced or required by anyone to have an abortion. The patient is free to withhold or withdraw consent to the abortion at any time before or during the abortion unless stopping the procedure jeopardizes the patient's health. Exercising this right will not affect the right to future care or treatment and without loss of state or federal funded benefits which the patient might otherwise be entitled.

Special care will be exercised to insure that the patient considering the abortion is not subjected to duress or coercion, expressed or implied, of any kind, and that such decisions are reached on the basis of full information and free discussion.

Informed consent is an expression of respect for the patient as a person. It respects a patient's moral right to bodily integrity, to self determination regarding sexuality and reproductive capacities, and to the support of the patient's freedom with caring relationships.

Informed consent ensures the protection of the patient against unwanted medical treatment.

The third type of counseling is an INFORMATION AND EDUCATIVE PROCESS, in which the specifics of the procedure and aftercare instructions are given and an informed consent is obtained.

Standards for Procedural Counseling

Informing the patient who chooses elective abortion of the procedure to be performed, its risks and benefits, and the aftercare involved is an important and effective means of reducing patient anxiety, increasing patient compliance, and promoting recovery.

Patients are provided with written descriptions of the abortion procedure, and risks and complications for the procedure. Patients must be supplied with materials that accurately pertain to their circumstances and are appropriate to the patient's gestational age.

This may be accomplished in group sessions if voluntary, however individual counseling must be offered. The following objectives must be fulfilled with each patient who chooses abortion.
- Insure informed consent by establishing that the patient is mentally competent and appears to understand the nature and consequences of the procedure.
- Prepare the patient for surgery in a manner that facilitates her safety and comfort.
- Assist her in reaching a decision about the method of contraception she will use and then respect her choice.
- Provide the patient with accurate information, directly applicable to her procedure, about the risks of surgery and benefits as well.
- Provide patients the opportunity to ask questions about the procedure.
- Describe the abortion procedure in terms she can readily understand.
- Inform the patient that she is free to withdraw her request for abortion until a certain point in her care.
- Consent form must be obtained for a support person to be present for any part of the abortion process.
- Written documentation signed and dated by the patient and witnessed by a staff person, indicating all of the above steps has taken place.

Counseling notes are a part of the permanent medical record and function as such in both a medical and legal context.

What to Expect From An Abortion Counseling Visit

Before arriving for your abortion counseling visit, you should have the following identification: For a patient 18 years of age or older, some form of identification with her photograph on it such as driver's license, or state non-driver identification card, high school annual photo with name printed, school ID, or military identification card.

For a patient under 18 years of age unless she is an emancipated minor or has a judicial waiver specific to abortion: a parent, legal guardian, or adult with durable power of attorney must accompany her. The adult must have a picture identification and proof of parenthood (such as a birth certificate) or the guardianship or power of attorney documents. The patient must bring some form of picture identification or proof of identity, such as a school identification card, military identification card, or a yearbook with her photo and name. A birth certificate alone is not a form of identification, but is proof of parenthood.
For a patient who is an emancipated minor: you must bring one of the following: a marriage license or divorcee decree, a court order of emancipation and a picture identification.

No smoking or food or drinks are allowed in the clinic.

When you arrive at the clinic, go to the receptionist's window and sign in. Patient sign in sheets are HIPAA compliant protecting your privacy. You will be given a number for your privacy and will always be identified by that same number while you are at the clinic. Our receptionist will give you a packet of papers to fill out in the waiting room. You should fill out these documents fully; they give us your medical history so that we can tailor our services to your individual needs.

After you have completed your paperwork and verified your identify and age to the receptionist, you can relax and watch TV or read until called back for your lab work.

Next, a staff technician will call you back for your lab work. two tests which require a few drops of blood from your fingertip. The blood tests check for Rh-factor and hematocrit. These tests give us an understanding of your overall health and take only a few moments.

Your next step is the ultrasound examination. Ultrasound is the safest and surest way to confirm that you are pregnant, rule out ectopic pregnancy, and determine how long you have been pregnant. Ultrasound does not hurt. You lie back on a padded table and uncover your abdomen (tummy) below your navel (belly button). A cool gel will be applied to your skin, and then the ultrasound scanner will be moved around on your abdomen. A small video screen shows a black-and-white image of the inside of your uterus. State law requires that we offer you the opportunity to see the ultrasound but you are not required to look at the picture.

Sometimes, such as a very early pregnancy, we can't see an image of the pregnancy with the abdominal probe. In this case you will have a second ultrasound exam called "trans-vaginal" ultrasound to give a better image of your uterus. In this case, you undress from the waist down and the probe used is a thin wand inserted into the vagina and gently moved to get a complete picture of the uterus. This is a painless exam.

After the ultrasound, you go to the counseling room for a counseling session and paperwork. You will learn more about the abortion options available so that you can make an informed decision about which method is best for you. If you decide not to have an abortion, you will learn about the many resources available to pregnant women for adoption or assistance with pre-natal care. There will be many papers to read and consent forms to sign.

If you are already certain that you want an abortion, we respect your decision; no one will try to talk you out of it. However, state law requires that we give you information about all options available to pregnant women and you will sign forms saying you have been given this information.

You will also receive information about contraception (birth control) to help you decide which method will best help you to prevent future unwanted pregnancies after your abortion. At American Women's Medical Center we are very dedicated to preventing unwanted pregnancies before they happen; the Counselor can talk with you about all of the most modern and effective contraception methods available. Unwanted pregnancies can be prevented-we believe that giving a woman complete and up-to-date information is the first step. Prescription contraceptives are available through the Center; or you may decide which method is best for you and see your own doctor to receive it.

YOU CAN CHANGE YOUR MIND AT ANY TIME DURING THIS VISIT. THE ABORTION HAS NOT BEGUN. IF YOU DECIDE NOT TO HAVE AN ABORTION, YOU DO NOT HAVE TO RETURN TO THE CLINIC.

American Women's Medical Center

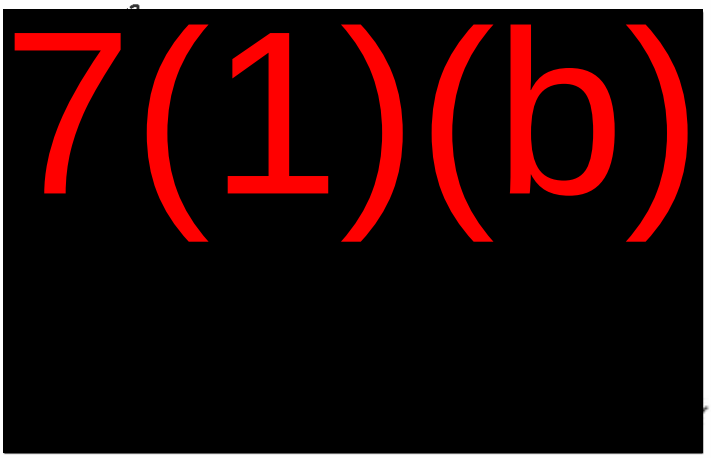
110 S. River Rd., #7, Desplaines, IL 60016

Title: Pre Operative and Post Operative Counselling for Abortion

Presented By: M. Frucacz

Date: July 25, 2011

Attendees



ADDENDUM F

American Women's Medical Center

Memo

To: All Medical Staff

From: Dr. Carlos Baldoceda

CC:

Date: 7/28/2011

Re: Ambulatory Surgery Guidelines

All procedures in the Operating Room (Surgical Procedure, Diagnostic Procedures and other invasive procedure) shall be documented on the patient's medical records. This has always been the policy of American Women's Medical Center and is a medico-legal aspect of the practice of medicine.

Medical Staff Signature:

7(1)(b)

ADDENDUM F p. 1

American Women's Medical Center - Des Plaines
Policy Manual

Section: Surgery

Subject: Assessment of Care, Anesthetists Page 1 of 2

Approved By: 7(1)(b) Effective Date: 11-20-08 Revised: _____

I. POLICY

It is the policy of American Women's Medical Center - Des Plaines for the anesthetist to document, on the Anesthesia Record, the patient's anesthesia experience prior to, during, and after a surgical procedure.

II. PROCEDURES

A. Pre-anesthetic Assessment of the Patient

1. Review Medical History
   - Respiratory System
   - Cardiovascular System
   - History of Hypertension
   - Renal System
   - History of Diabetes
   - Neuromuscular System
   - Neurologic System
   - Gastrointestinal System
   - History of Liver Disease
   - Allergies - drugs, food, latex, environmental
2. Review Surgical and Trauma History
   - Previous surgical procedures
   - Previous trauma
   - History of anesthetic complications (including those of family members)
3. Review Medications
   - Assesses tolerance and appropriateness of medication based on questioning patient of current/past medications
4. Review Social History
   - History of smoking
   - History of alcohol use
   - History of drug abuse
   - Age
   - Sex
   - Height
   - Weight
5. Assesses the airway for potential problems
6. Reviews diagnostic tests
7. Assesses the physical status of the patient

Addendum F p. 2

American Women's Medical Center – Des Plaines
Policy Manual

Section: Surgery

Subject: Assessment of Care, Physicians Page 2 of 2

Approved By: 7(1)(b) Effective Date: 11-26-08 Revised: _____

C. Laboratory, EKG, and x-rays that care necessary and relevant to the patient's health status, and for at he procedure being performed, are completed and reports available at the time of surgery.

D. Post-operative note written immediately after surgery documents:

1. Names of licensed independent practitioners who performed the procedure and his/her assistants.
2. Description of the procedure(s).
3. Findings of the procedure(s)
4. Any estimated blood loss
5. Any specimens removed
6. Postoperative diagnosis

Fullerton-Kimball Medical & Surgical Center
ACKNOWLEDGMENT OF RECEIPT OF TRAINING

(Use following abbreviations in "Purpose" columns)
IT = Initial Training O = Orientation A = Annual Other: _____

	Topics	Purpose	Date	Purpose	Date	Purpose	Date
1	Traffic Control	O	11-10-10	T	2-8-11		
2	Set Up Room for Surgery	T	11-11-10				
3	Attire - Surgical	T	11-11-10				
4	Basic Aseptic Techniques	T	11-11-10				
5	Hand Scrub-Surgical	T	11-11-10				
6	Gowning and Gloving	T	11-11-10				
7	Patient Positioning	T	11-12-10				
8	Skin Preparation	T	11-15-10				
9	Handling Sterile Supplies	T	12-07-10				
10	Sterile Supply Check	T	12-14-10				
11	Sponge, Sharp &Instrument Counts	T	11-11-10				
12	Safety Guidelines	O	11-10-10	T	2-8-11		
13	Tourniquet	T	11-12-10				
14	Electrosurgery-Cautery	T	11-12-10				
15	Laser	T	11/14/10				
16	Splints	T	11-11-10				
17	Blood and Body Fluid Precautions	O	11-04-10	T	2-8-11		
18	Needle/Glove Boxes	T	11-04-10				
19	Waste Management	T	11-04-10				
20	Operating Room Sanitation	T	11-11-10				
21	Sterilization and Disinfection	T	11-11-10				
22	Documentation of Surgical Chart	T	12-07-10				

Comments: Trained for in the Operating Room and may practice as circulating nurse. 7(1)(b)

I have reviewed the policies, and received training in the topics listed above. I was provided an opportunity to ask questions and receive answers and know that I may ask additional questions if necessary.

7(1)(b) [redacted] 12-15-10

Employee Signature Date

A. Sabater RN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7002850	A. BUILDING: _____ B. WING _____	R 08/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH CARE CENTER LTD	110 SOUTH RIVER ROAD SUITE 7 DES PLAINES, IL 60016

(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
{L 000}	Initial Comments The Illinois Department of Public Health (IDPH) conducted an onsite Life Safety Code inspection on 8/11/11. Western Diversey Surgical Center is a Pregnancy Termination Center (PTC) located at 110 S. River Road, Suite 7, Des Plaines, IL. Surveyor #12798 met with the facility administrator to identify the purpose of the visit prior to touring the facility. The building is a one story facility, non-sprinklered building which appears to be Type II (000) construction. The PTC is a tenant occupant in the building, and was inspected under the Illinois Ambulatory Surgical Treatment Center (ASTC) Licensing Requirements and the Life Safety Code (2000). The following deficiencies were identified by document review, staff interview or direct observation. The findings listed below include the code section(s) of the deficiency for your convenience. On 6/7/12 a Monitoring Survey was conducted at Western Diversey Surgical Center (DBA: American Women's Medical Center)to verify correction completions in accordance to the Provider's Plan of Correction dated 8/11/11. All corrections were made by direct observation, staff interview or document review. On 8/16/12 a Monitoring Survey was conducted at Western Diversey Surgical Center (DBA: American Women's Medical Center)All corrections have been completed as verified by direct observation..	{L 000}		

8/21 e2

PRINTED: 06/14/2012
FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7002850	A. BUILDING _____ B. WING _____	R 06/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN DIVERSEY SURGICAL CENTER	110 SOUTH RIVER ROAD SUITE 7 DES PLAINES, IL 60016

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{L 029}	38.2.1/39.3.2 HAZARDOUS AREAS 39.3.2.1 Hazardous Areas: Hazardous areas that include, but are not limited to general storage, boiler or furnace rooms, and maintenance shops shall be protected in accordance with Section 8.4.	{L 029}		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN DIVERSEY SURGICAL CENTER	110 SOUTH RIVER ROAD SUITE 7 DES PLAINES, IL 60016

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{L 029}	Continued From page 1 High hazard areas shall comply with 39.3.2.2. This Regulation is not met as evidenced by: A. Based on observation and staff interview, the facility failed to maintain fire resistant walls or provide sprinkler protecting for hazardous areas in accordance with NFPA 101, 2000 Edition, Section 39.3.2. This deficient practice could affect patients, as well as an indeterminable number of staff and visitors, if smoke / fire was allowed to move from the room into an exit access corridor. (see also L-0117, building services) 1. Storage (supply) Room, contains shelves of supplies and is considered a hazardous area. The walls to the room do not extend to the deck above as required by NFPA 101, 8.4.and 39.3.2.2. It was noted that the door to this room is rated for 1 1/2 hours. UPDATE 6/7/12: The walls were constructed to the underside of the deck as proposed by the facilities Architect. However, the joint between the walls and ceiling and a 8" x 24" area in the corner were sealed with an expandable foam by Dow called "Great Stuff" fire block. In review of the product literature this material is for "home use" in preventing air infiltration and draft proofing. The product does not provide a "fire rating" by UL and is a poly urethane based product. All the "Great Stuff" material will need to be removed and an acceptable product will need to be installed. The facility will need to discuss the product choice with their Architect and contractor and provide the Department with a UL product number and assembly prior to installation / replacement.	{L 029}	We will comply and remove the expandable foam. Will re-seal the one hour enclosure using 3M Company UL fire rated sealant (UL 1479, UL723). The work will be performed by Cardenas Construction Inc. (licensed Contractor) 17W203 Monterey Avenue, Oakbrook Terrace, IL 60181 Tel 708 612 2876 The work will be monitored by Anastasios Tsakiridis, Architect Tel 224 678 3905.	07.10.12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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ACCESS HEALTH CARE CENTER LTD	110 SOUTH RIVER ROAD SUITE 7 DES PLAINES, IL 60016

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L 029	38.2.1/39.3.2 HAZARDOUS AREAS 39.3.2.1 Hazardous Areas: Hazardous areas that include, but are not limited to general storage, boiler or furnace rooms, and maintenance shops shall be protected in accordance with Section 8.4. High hazard areas shall comply with 39.3.2.2. This Regulation is not met as evidenced by: A. Based on observation and staff interview, the facility failed to maintain fire resistant walls or provide sprinkler protecting for hazardous areas in accordance with NFPA 101, 2000 Edition,	L 029		

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L 029	Continued From page 1 Section 39.3.2. This deficient practice could affect patients, as well as an indeterminable number of staff and visitors, if smoke / fire was allowed to move from the room into an exit access corridor. (see also L-0117, building services) 1. Storage (supply) Room, contains shelves of supplies and is considered a hazardous area. The walls to the room do not extend to the deck above as required by NFPA 101, 8.4.and 39.3.2.2. It was noted that the door to this room is rated for 1 1/2 hours.	L 029		
L 046	20.2.9.1/21.2.9.1 Emergency Illumination Emergency lighting shall be provided in accordance with 7.9 and 21.2.9.2. This Regulation is not met as evidenced by: A. Based on observation and interview, the facility failed to provide emergency lights for all portions of exit discharges in accordance with NFPA 101 Sections 7.9 and 21.2.9.1. This deficient practice could affect all patients, as well as an indeterminable number of staff and visitors, if the means of egress was not illuminated during an evacuation. The facility has battery-pack lights scattered throughout the facility providing the required lighting. 1. NFPA 101, 2000, 7-9.3, 7-10.9.2 and 21.2.4. The facility failed to provide documentation as to the emergency and exit lighting testing. a. Annual battery testing for 90 minutes, was not clear or identified annually. b. The back door exit did not contain a light fixture. The lighting level for this area does not meet with the requirements of NFPA 101, 7.8.2.	L 046		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7002850	A. BUILDING: _____ B. WING _____	08/11/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH CARE CENTER LTD	110 SOUTH RIVER ROAD SUITE 7 DES PLAINES, IL 60016

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L 051	20.3.4/21.3.2 FIRE ALARM SYSTEM A manual fire alarm system, not a pre-signal type, is provided to automatically warn the building occupants. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4 and 21.3.4 This Regulation is not met as evidenced by: A fire alarm system with approved components, devices or equipment is installed and maintained according to NFPA 101, and NFPA 72. Non-functioning equipment may not provide staff proper notification to direct patients and visitors to a means of egress without crossing or entering the area of fire origin. This deficient practice could affect all patients as well as an indeterminable number of staff and visitors. 1. The facility has a defined smoke barrier separating the the OR and recovery area from the office waiting room areas. The smoke wall did not contain dampers as required by NFPA 101, 8.2.4.4.3 and 21.3.7.3. 2. The following documentation was unavailable at the time of this inspection of the fire alarm system as required by NFPA 101, 21.3.4.1: A. Bi-annual detector sensitivity calibration testing, NFPA 72, 1999, 7-3.2.1. B. Documentation on visual inspections of the control equipment, batteries, heat / smoke detectors, etc. as specified in NFPA 72, 1999 Table 7-3.1 and required weekly, monthly, semi-annually and/or yearly. C. Documentation of the periodic testing of the battery discharge per NFPA 72, 1999, Table 7	L 051		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7002850	A. BUILDING: _____ B. WING _____	08/11/2011

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L 051	Continued From page 3 -3.2. 3. The fire alarm control panel located in the storage/ laundry room: A. NFPA 72-1-5.2.5 requires that the dedicated branch circuit breaker(s), feeding the fire alarm panel and associated equipment, shall have red marking and is identified as "FIRE ALARM CIRCUIT". A lock-on device for the circuit breaker has been provided. 4. Recovery, the smoke detector is located where the airflow may prevent the operation of the detector. Separation between the detector and the air supply is 3'-0" based on NFPA 72-2-3.5.1. 5. Based on the ADT report dated 6/28/11, the fire alarm system contains 2 manual pulls, 6 smoke detectors, 7 horns and 4 strobes. The system does not contain a supervisory signal, the alarm goes directly to ADT. The facility has not provided smoke detection in all occupiable rooms to meet the requirements of NFPA 101, 21.3.7.2.	L 051		
L 076	Medical Gas 4.3.1.1.2, 20.3.2.4, 21.3.2.4 Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities, and NFPA 101. (a) Oxygen storage locations of greater than 3,000 cu. ft. are enclosed by a one hour separation. (b) Locations for supply systems of greater than 3,000 cu. ft. are vented to the outside.	L 076		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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L 076	Continued From page 4 4.3.1.1.2, 20.3.2.4, 21.3.2.4 This Regulation is not met as evidenced by: A. Based on observations it was determined that the facility failed to provide proper storage of portable oxygen containers in accordance with NFPA 99, Section 8-3.11.2. This deficient practice could affect an indeterminable number of patients, staff and visitors. 1. Storage (supply) room, contains liquid oxygen containers which are less than 20 feet from combustible items such as medical supplies and paper products. Based on conversation with the facility staff the liquid oxygen is normally kept at this location. NFPA 99, Section 8-3.1.11.2(c)(1).	L 076		

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

April 14, 2016

Renlin Xia, Administrator
Access Health Care Center, Ltd.
110 S. River Road, Suite 7
Des Plaines, IL 60016-

Re: Access Health Care Center, Ltd.
Des Plaines
Licensure survey

Dear Renlin Xia:

On April 12, 2016, a life safety code licensure monitoring survey was conducted at the above Ambulatory Surgical Treatment Center to verify completion of your Plan of Correction. All previously cited deficiencies have been corrected; therefore, the facility is no longer under monitoring.

If you have any questions, please do not hesitate to call us at 217/785-4247. The Department's TTY # is 800/547-0466, for use by the hearing impaired.

Sincerely,

7(1)(b) [redacted]

Mujeeb Ahmed, Project Designer
Design and Construction Section
Division of Life Safety and Construction

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

March , 2016

Renlin Xia, Administrator
Access Health Care Center, Ltd.
110 S. River Road, Suite 7
Des Plaines, IL 60016-

Re: Access Health Care Center, Ltd.
Des Plaines
Life Safety Code Licensure survey

Dear Renlin Xia:

On February 9, 2016, a life safety code licensure survey was conducted at the above Pregnancy Termination Center for the purpose of determining compliance with the Ambulatory Surgical Treatment Center Licensing Requirements and the 2000 Edition of the Life Safety.

Based on the Facility's Plan of Correction (PoC) dated 2/23/16, we have no further comments. The facility will receive an unannounced Life Safety Code Monitoring Survey in order to confirm that previously cited deficiencies have been corrected in accordance with your PoC.

Please also note teh following: Included in your transmission was a revised Policy Manual in which "activate the fire alarm" was hand marked as step "1". Please note that activating the fire alarm system is part of Step 2, after removal of people from immediate danger. Activation of the fire alarm system is part of the same step which includes calling 911.

If you have any questions, please do not hesitate to call us at 217/785-4247. The Department's TTY # is 800/547-0466, for use by the hearing impaired.

Sincerely,

7(1)(b) [redacted]

Lynn W. Manley, Staff Architect
Design and Construction Section
Division of Life Safety and Construction

cc: Arch File

LM Replace City.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7002850	A. BUILDING: 01 - MAIN BUILDING B. WING _____	02/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH CARE CENTER LTD	110 SOUTH RIVER ROAD SUITE 7 DES PLAINES, IL 60016

(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
L 000	Initial Comments Surveyor: 07113 The Illinois Department of Public Health (IDPH) conducted an onsite Life Safety Code Licensure Periodic inspection on February 9, 2016. Access Health Cre Center, Ltd.is a Pregnancy Termination Center (PTC) located at 110 S. River Road, Suite 7, Des Plaines, IL. The surveyor met with and toured the facility with two office managers of the facility . The cneter is locate in teh southwest corner of a one story, non-sprinklered building which is Type II (000) construction. The PTC is a tenant occupant with other busness tenant space ans vacant tenat spaces. It has a smoke barrier and za one hour tenant separation wall. It has an fire alarm system which is independent of other tenant spaces. There is no emergency generator and no piped in medical gasses. The center was apparently relocate to this location in 2004. The facility was surveyed as an existing ambulatory health care occupancy under the 2000 Edition of the NFPA 101 Life Safety Code, including Chapter 21, and Chapter 39, as an existing Ambulatory Surgical Treatment Center under 77 Illinois Administrative Code 205, as amended by Section 205.710. Unless otherwise noted, those code sections listed herein that do not include a reference to a specific NFPA code and year of issue (such as NFPA 70 1999) are taken from the 2000 Edition of the NFPA 101 Life Safety Code. The requirements of 77 Illinois Administrative Code 205 are NOT MET as evidenced by the deficiencies cited under the following L-Tags.	L 000		

RECEIVED IDPH
FEB 26 2016
LIFE SAFETY & CONSTRUCTION

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L 046	20.2.9.1/21.2.9.1 Emergency Illumination Emergency lighting shall be provided in accordance with 7.9 and 21.2.9.2. This Regulation is not met as evidenced by: Surveyor: 07113 The surveyor finds that monthly and annual testing of emergency lighting with battery back up is preformed; however the documentation is incomplete Findings include: 1) On February 8, 2016, at 11:30AM, with both office managers present, the surveyor reviewed the documentation of testing for the previous 12 months. The surveyor finds the the documentation of testing does comply with 9.7.3 of NFPA 101. a) The documentation for monthly testing does not identify testing of devices location by location and/or does not include the total number of device vs the number of devices tested. b) The documentation for annual testing lists every device tested along with a "pass" notification. The documentation fails to indicate that the devices were tested for 90 minutes and fails to identify what the pass/fail criteria is .	L 046	L046 1(a) We will comply and will correct this deficiency and forward the full Report with the proper documentation. Shown all the emergency light devises with there location. The work will be done by our electrical/Fire protection consultant "Direct Fire Company" 1(b) We will test all the emergency light devises for the 90 minute test then recharge them check and report if they are fully charged. Those that fail will be identified and be replaced.	03-03-16 03-03-16
L 050	21.7.1.2 FIRE DRILLS Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift, using the fire alarm system, except at night. The staff is familiar with procedures and is aware that drills are part of	L 050		

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L 050	Continued From page 2 established routine. 21.7.1.2 This Regulation is not met as evidenced by: Surveyor: 07113 Based on a document review of fire drill testing, the surveyor finds that fire drills are not conducted and documented in properly On February 8, 2016, at 11:00AM, with both office managers present, the surveyor reviewed fire alarm documents for the previous twelve months. The surveyor determined that fire drills are not conducted in accordance with 21.7.1.2 of NFPA 101. Findings include: 1) Although the provider indicates that the activated the fire alarm for all fire drills, the documentation does not support this. The fire drill documentation does not clearly indicate that the fire alarm was activated and/or that staff heard the flier alarm system. 2) The education fails to document confirmation that the fire alarm monitoring company received that alarm signal created from each fire drill.	L 050	L050 1) We will comply and will revise Our Fire Plan in our Policy Manual Our Fire Drill Report will be Revised showing activation and Indicating that staff heard the fire Alarm. 2) We will comply and retain Conformation from The Fire Alarm Co. "Tyco" They will document the fire alarm signal has been received by the fire alarm Co.	03-03-16 03-03-16
L 051	20.3.4/21.3.2 FIRE ALARM SYSTEM A manual fire alarm system, not a pre-signal type, is provided to automatically warn the building occupants. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4 and 21.3.4 This Regulation is not met as evidenced by:	L 051		

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L 051	Continued From page 3 Surveyor: 07113 The surveyor finds that documentation of testing of the fire alarm system is incomplete Findings include: 1) On February 8, 2016, at 11:30AM, with both office managers present, the surveyor reviewed the documentation of testing of the fire alarm system for the previous 12 months. The surveyor finds the testing does comply with NFPA 72 - 1999. The surveyor finds that documentation of testing of the fire alarm batteries is incomplete and does not include discharge testing.	L 051	L051 1. Tyco Fire Alarm Co. is scheduled to perform an annual fire alarm Test and will be provide us with documentation that is required along with documentation regarding the Fire alarm battery and will include discharge testing.	03-03-16
L 077	21.3.2.2 MEDICAL GASSES By reference: Locations for the supply and storage of medical gases are installed and protected in accordance with NFPA 99-2002. This Regulation is not met as evidenced by: Surveyor: 07113 Based on direct observation, the surveyor finds that oxygen tanks are not store properly. The surveyor notes that this is a repeat deficiency which did not occur in the same room as previously cited. On February 8, 2016, at 2:00PM,with both office managers present the surveyor observed 8 oxygen E tanks store in a room full of cardboard boxes (supplies?) and cardboard waste. The oxygen tanks were not stored at least 20' from all combustibles (in an unsprinklered room) in	L 077	L 077 We will comply. We are making sure this room will be dedicated to oxygen tank storage only. We will educate the staff and will do visual inspections of the room frequently. Also will be placing an eight by eleven inch signs " The Room is for Oxygen Tank Storage Only"	02-26-16

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L 077	Continued From page 4 accordance with NFPA 19-1999	L 077		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE SURVEY COMPLETED
	7003184	30195 & 19843	7/26/16

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
Access Health Care Center	110 S. River Rd., Suite 7, Des Plaines, IL 60016

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T000	A licensure survey was conducted on 7/26/16. The Facility was not in compliance with Rules and Regulations for Pregnancy Termination Centers for this survey as evidenced by:			

AGENCY MANAGER/REPRESEN 7(1)(b) TITLE ADMINISTRATOR DATE 8/22/2016

Illinois Department of Public Health

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T016	Policies and Procedures Manual 205.240 b) b) The procedures shall provide for the acceptance, care, treatment, anesthesia services, discharge, referral, and follow-up of all patients and all incidental operations of the facility. This Regulation is not met as evidence by: A. Based on document review, observation, and interview, it was determined, for 4 of 4 boxes of clinical records, the Facility failed to ensure clinical records were maintained in a secure location. This could potentially violate the privacy of the health information for approximately 140 patients undergoing procedures in the Facility each month. Findings include: 1. On 7/26/16 at 2:00 PM, Facility policy titled, "Protection of the Medical Record", effective 11/20/08, was reviewed. The policy required, "2. All patient records will be secured. a. Files will be locked at night... If the room is left unattended, the door will be locked" 2. On 7/26/16 at 9:00 AM, a tour was conducted of the Facility. The conference / break room was observed with the door wide open. The room contained a refrigerator, microwave, and coffee maker. The Office Manager (E #3) stated the room was used as a break room for staff. There were 4 large cardboard, file boxes observed under the table which contained patients' clinical records. 3. On 7/26/16 at approximately approximately 8:45 AM, an interview was conducted with the E #3. E #3 stated the boxes were going to be sent to storage. E #3 stated the room was not kept locked during the day, and a contracted janitorial service cleaned the room after office hours.		1) Policy and procedures were reviewed with the staff on Management of Information-HIPPA and Protection of Medical records. See attached Policy: HIPPA (T106A); Protection of Medical Records (T106B). 2) In-service/training were conducted with the staff on Protection of Medical Records. See attached In-service record and sign-in sheet (T106C). 3) All records were relocated in a secured room and access was reserved to Managers or er designee. 4) Activities will be monitored daily under the Performance Improvement Activities for the next 3 months, reported to the Manager monthly. PI activities will be evaluated for improvements and changes made if needed. See attached Performance Improvement Activities plan and form (T106D).	8/18/2016 8/18/2016 08/17/2016 8/18/2016

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE 7(1)(b) TITLE DATE 8/22/2016

Illinois Department of Public Health

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T025	Equipment 205.410 a) Equipment shall be in good working order and shall be available in numbers sufficient to provide quality patient care based on the types of procedures to be performed in the facility. a) Monitoring equipment, suction apparatus, oxygen and related items shall be available within the surgical and postoperative recovery areas. Cardiac and pulmonary resuscitation equipment shall be available in all facilities. This Regulation is not met as evidence by: Based on document review, observation, and interview, it was determined, for 1 of 2 procedure tables, the Facility failed to ensure procedure tables were not taped or contained tape residue, potentially affecting the safety of approximately 140 patients undergoing procedures in the Facility each month. Findings include: 1. On 7/26/16 at 1:35 PM, Facility policy titled, "Equipment Management Plan", effective 11/20/08, was reviewed. The policy required, "... Monitor, and investigate, equipment management problems, failures, and user errors that have or may have an adverse effect on patient safety and/or quality or care." 2. On 7/26/16 at 9:35 AM, an observational tour was conducted of the procedure area. The procedure table in procedure room #2 included 3 areas of ripped cushion covering which was held together by pieces of thick tape. Tape residue was also present on the table, making appropriate disinfection of the table impossible. 3. On 7/26/16 at 1:40 PM, an interview was conducted with the Office Manager (E #3). E #3 stated the table in procedure room 2 was in need of repair and should not be in use.		1) A review of Policy & Procedure on Environment of Care - Titled: Equipment Management Plan and Infection Control-Infection Control Plan has been conducted (T025A; T025B). 2) New table was purchased (T025C). 3) Staff in-service/training has been conducted on Equipment Management Plan and Infection Control Plan (T025D). 4) Memo was written and posted for the staff on the importance of adhering to infection Control practices and emphasis on prohibition of the use of tapes on medical equipments (T025E). 5) Activities for monitoring adherence to Infection Contorl Policies was added in the Performance Improvement Activities, monitored daily for 3 consecutive months, evaluated monthly and will revise as needed (T025F).	8/15/2016 8/30/2016 8/18/2016 8/18/2016 8/18/2016

AGENCY MANAGER/RE 7(1)(b) TITLE DATE 8/22/2016

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T026	205.410 b) 1-3 b) The facility shall have written policies and procedures and shall maintain documentation governing the care, use, decontamination, sterilization, storage and disposal of all materials to ensure that an adequate supply of sterile equipment, instruments and supplies is available for each procedure. Written policies and procedures shall include documentation that the facility has considered, selected and implemented nationally recognized guidelines, including the Centers for Disease Control and Prevention publication, "Guidelines for Disinfection and Sterilization in Healthcare Facilities" or "Guide to Infection Prevention in Outpatient Settings"; or the Association of perlOperative Registered Nurses (AORN) publication "Perioperative Standards and Recommended Practices for Inpatient and Ambulatory Centers". The policies, procedures and documentation shall include and address: 1) Staff orientation and in-service training to understand and implement facility policies and procedures for infection control, and to adhere to manufacturer's instructions for receiving, decontaminating, cleaning, preparing, sterilizing and high-level disinfection, handling, storage and quality control of equipment, supplies and instruments; 2) Preventive maintenance of all central supply service equipment pursuant to manufacturer's instructions or infection control guidelines; and 3) The Infection Control Program (Section 205.550), which shall be under the direction of a designated qualified health care professional with training in infection control. This Regulation is not met as evidence by: A. Based on document review and interview, it was determined, for the biological log book from 1/2/10 through 7/19/16, the Facility failed to ensure biological indicator test results were accurately documented in the biological log book, potentially affecting approximately 140 patients having procedures each month. Findings include:			

AGENCY MANAGER/REP 7(1)(b) TITLE DATE

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T026	205.410 b) 1-3 b) The Facility shall have written policies and procedures and shall maintain documentation governing the care, use, decontamination, sterilization, storage and disposal of all materials to ensure that an adequate supply of sterile equipment, instruments and supplies is available for each procedure. Written policies and procedures shall include documentation that the facility has considered, selected and implemented nationally recognized guidelines, including the Centers for Disease Control and Prevention publication, "Guidelines for Disinfection and Sterilization in Healthcare Facilities" or "Guide to Infection Prevention in Outpatient Settings"; or the Association of periOperative Registered Nurses (AORN) publication "Perioperative Standards and Recommended Practices for Inpatient and Ambulatory Centers". The policies, procedures and documentation shall include and address: 1) Staff orientation and in-service training to understand and implement facility policies and procedures for infection control, and to adhere to manufacturer's instructions for receiving, decontaminating, cleaning, preparing, sterilizing and high-level disinfection, handling, storage and quality control of equipment, supplies and instruments; 2) Preventive maintenance of all central supply service equipment pursuant to manufacturer's instructions or infection control guidelines; and 3) The Infection Control Program (Section 205.550), which shall be under the direction of a designated qualified health care professional with training in infection control. This Regulation is not met as evidence by: A. Based on document review and interview, it was determined, for the autoclave/ sterilizer, the Facility failed to ensure the sterilizer was cleaned weekly, as recommended by the Manufacturer, potentially affecting approximately 140 patients having procedures each month. Findings include:			

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE 7(1)(b) TITLE DATE

Illinois Department of Public Health

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T026	205.410 b) 1-3 1. On 7/26/16 at 2:40 PM, Facility policy titled, "Sterilizer Monitoring", effective 11/20/08, was reviewed. The policy required, "A Spore testing will be conducted... 3... The control test should be positive. 4. Record the results of the test on the spore [biological indicator] testing log..." 2. On 7/26/16 at 10:50 AM, the "3M Attest 1262/1262P Biological Indicator" Manufacturer's instructions were reviewed. The instructions included, "The 3M Attest 1262 Biological Indicator... is designed for monitoring [the] steam sterilization process... 10. Incubate at least one unprocessed Attest biological indicator (positive control) each day when a processed indicator is incubated... 12. Incubate processed and control biological indicators for 48 hours... 14. Record the sterilized and biological indicator results..." 3. On 7/26/16 at 10:15 AM, the Biological Indicator Log was reviewed from1/2/10 through 7/19/16. All weekly biological indicator tests were recorded as negative. However, the weekly biological indicator control test results (positive/negative) had not been documented on the log for over 5 years. 4. On 7/26/16 at approximately 10:45 AM, during a tour of the sterile processing room, there were 2 biological indicators (1 control and 1 load indicator) observed in the incubator. The biological control indicator result was positive, and the biological indicator result was negative for this load. 5. On 7/26/16 at 11:00 AM, an interview was conducted with the Reprocessing Technician (E #1). E #1 stated the control biological indicator results have always been positive. E #1 stated the form used in the biological indicator log changed		1) A review of Policy on Infection Control titled: Sterilizer Monitoring; Documentation of Spore testing was done (T026A). 2) Policy review was done in Infection Control titled: Sterile Processing (T026B). 3) Policy revision/addendum was done on Sterile Processing (based on Manufacturer's Cleaning Recommendation of Magna Clave), presented to and approved by the Consulting Committee (T026C; T026D). 4) Staff in-service/Training was conducted and Spore testing form was revised (T026E). 5) Staff in-service/Training was conducted on the Policy Changes on Cleaning of AutoClave (T026F). 6) Monitoring will be added to the Performance Improvement Activities and will be monitored daily for the next 3 months, reported monthly and will be revised as needed (T026G).	8/18/2016 8/18/2016 8/22/2016 8/22/2016 8/22/2016 8/22/2016

AGENCY MANAGER/REPR 7(1)(b) TITLE DATE

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T026	several years ago, and no longer included the column to record the control result. Therefore, E #1 did not document the result of the control test on this log. E #1 stated the former biological indicator log included a column to record both the control and sterilized test results,and the Facility would return to using that form and documenting both the control and test results. 205.410 b) 1-3 1. On 7/26/16 at 11:30 AM, the "Magna-Clave" autoclave/ sterilizer Manufacturer's Guidelines were reviewed. The Guidelines recommended, "4. Care and Maintenance: 4.01 It is highly recommended that the autoclave be cleaned a minimum of once a week..." 2. On 7/26/16 at 11:00 AM, the autoclave cleaning log for 2016 was reviewed. The log documented monthly cleaning, not weekly. 3. On 7/26/16 at 11:00 AM, an interview was conducted with the Reprocessing Technician (E #1). E #1 stated that the autoclave was cleaned monthly, and was not aware weekly cleaning was required.		205.410b) 1-3 1. Staff In-service/training was conducted and Policy and Procedures were reviewed and revised. 2. In-service training was conducted with the staff 3. In-service training was conducted with the staff	8/16/16 8/16/16 8/16/16

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE 7(1)(b) TITLE DATE

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Access Health Care Center	110 S. River Rd., Suite 7, Des Plaines, IL 60016

(X4) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
T028	205.410 d) d) The facility shall have written procedures to assure the safety in storage and use of all narcotics and medications in accordance with State and federal law. This Regulation is not met as evidence by: A. Based on document review, observation, and interview, it was determined, for 2 of 2 anesthesia carts, the Facility failed to ensure anesthesia carts were locked when not in use, potentially affecting the safety of approximately 140 patients undergoing procedures in the Facility each month. Findings include: 1. On 7/26/16 at 10:00 PM, Facility policy titled, "Medication Policy", effective 11/20/08, was reviewed. The policy required, "H. Security: 1. Medications... should be kept locked or in areas where only appropriate staff members have access." 2. On 7/26/16 at 9:35 AM, an observational tour was conducted in the procedure area. Unlocked anesthesia carts were in both procedure rooms. Both carts contained several medications including Atropine Sulfate, 10% Calcium Chloride, Epinephrine, Labetalol, Toradol, and Diphenhydramine. 3. On 7/26/16 at 9:40 AM, an interview was conducted with a Registered Nurse (E#2). E #2 stated that she was checking the anesthesia cart in procedure room 2 for out dated medications and had not locked the cart. 4. On 7/26/16 at 9:40 AM, an interview was conducted with the Office Manager (E #3), who was present during the observational tour. E #3 stated that the carts should be kept locked.		1) A review of the Medication Management Policy: Medication Policy has been done (T025A). 2) Staff in-service was conducted and memo was passed regarding the Medication Policy (T028B). 3) Medication Policy Monitoring was added to the Performance Improvement Activities that will be conducted daily and reported monthly (T028C).	8/18/2016 8/18/2016 8/18/2016

AGENCY MANAGER CORRECTIVE PLAN SIGNATURE 7(1)(b) TITLE DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE SURVEY COMPLETED
	7003184	30195 & 19843	7/26/16

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
Access Health Care Center	110 S. River Rd., Suite 7, Des Plaines, IL 60016

(X4) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
T028	205.410 d) d) The facility shall have written procedures to assure the safety in storage and use of all narcotics and medications in accordance with State and federal law. This Regulation is not met as evidence by: B. Based on document review, observation, and interview, it was determined, for 1 of 1 multi-dose medication vial, the Facility failed ensure a vial of multi-dose medication was not available for used after being opened more than 28 days, potentially affecting the safety of approximately 140 patients undergoing procedures in the Facility each month. Findings include: 1. On 7/26/16 at 12:35 PM, Facility policy titled, "Expiration Dates", revised 3/12/13, was reviewed. The policy required, "C. Multi-dose vials, once opened, are good for 28 days." 2. On 7/26/16 at 9:35 AM, an observational tour was conducted in the procedure area. An open vial of Flumazenil, 10 ml (a benzodiazepine receptor antagonist - reverses sedation) was found in procedure room 2, in the anesthesia cart. The label included "12-1 - 12-28", perhaps indicating an open date of 12/01/(year unknown). 3. On 7/6/16 at 9:40 AM, an Interview was conducted with a Registered Nurse (E#2). E #2 stated she did not know what the Anesthesiologist meant when writing "12-1 - 12-28", but the open vial should have been disposed of.			

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE 7(1)(b) [redacted] TITLE DATE

American Women's Medical Center - Des Plaines
STAFF TRAINING

Date: 8/18/16 Presented by: Perla Aniciete RN.

Purpose of Training: ☐ Orientation ☐ Annual Review ☐ QA Follow-up

Topics covered: Medical Records

1. Proper handling of Medical records updated
2. Hippa compliance
3. Proper Storage of Medical Records

Attended By

Name	Title
Marie Frukacz	office Manager
Mariela Escompita	Atoclave Tech
Alejandra Perez	Medical asst
Betty Dela Peña	Receptionist
PERLA ANICIETE RN	RN
7(1)(b)	office supervisor
Monique Carpenter	MA
Magaly Napoles	Lab Tech

American Women's Medical Center - Des Plaines
Policy Manual

Section: Management of Information

Subject: HIPPA Notice of Patient Privacy Page 1 of 2

Approved By: 7(1)(b) Effective Date: 11-20-08 Revised:

I. PURPOSE

To comply with federal and state privacy laws.

II. POLICY

It is the policy of American Women's Medical Center - Des Plaines to inform patients of our management process to protect their Protected Health Information (PHI)

III. PROCEDURES

A. The Notice of Privacy Practices (NPP) is fundamental privacy document. The requirements for its preparation and use are detailed in the Privacy Rule, Section 164.520.

B. A proper NPP will inform the patient of all the basic uses the practice will make of a patient's Protected Health Information (PHI) in the ordinary course of providing treatment, seeking payment for care to the patient, and managing the practice's health care operations. The NPP also will apprise the patient of other circumstances in which their PHI may be released, such as to comply with court orders, subpoenas and government investigations.

C. The NPP advises patients of certain special rights they have:
1. To revoke any authorization or consent they may have given to the practice to authorize disclosures of their phi (usually for non-TPO purposes);
2. To request special limits or conditions on the use of their phi;
3. To receive communications from the practice by more confidential means or at alternate locations;
4. To inspect and copy their phi; and
5. To amend their phi.

D. This NPP should be acknowledged by all patients receiving service after the compliance date for the Privacy Rule, April 14, 2003.
1. The practice must make a good faith effort to obtain the patient's acknowledgment of receipt of the NPP from the patient and/or his/her legal representative/caregiver.
2. If the patient is unable or unwilling to acknowledge receipt of the NPP, a staff person will document that he/she attempted to obtain this acknowledgment, but the patient would not or could not acknowledge its receipt.

Individual Rights
You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

American Women's Medical Center - Des Plaines Duties
We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices
As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information
As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to gain access to your records by contacting our receptionist or privacy officer.

Complaints
If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filling a complaint.

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns.

Contact Person
The name and address of the person you can contact for further information concerning our privacy practices is:

Office Manager
American Women's Medical Center - Des Plaines
110 S. River Rd., Suite 7.
Des Plaines , Illinois 60616
Phone: (847) 294-9614

This Notice is effective on or after April 14, 2003

American Women's Medical Center - Des Plaines
Policy Manual

Section: Management of Information

Subject: Protection of the Medical Records Page 1 of 2

Approved By: 7(1)(b) Effective Date: 11-20-08 Revised: _____

I. POLICY

It is the policy of American Women's Medical Center - Des Plaines to restrict access to medical records to authorized personnel only.

II. PROCEDURE

A. The medical record is the property of American Women's Medical Center - Des Plaines and is maintained for the benefit of the patient, the medical staff and other health care workers.
   1. All required records, either as originals or accurate reproductions of the contents of such originals, shall be maintained in such form as to be legible and readily available upon request of the physician, or any other person authorized to make such a request.
   2. All patient records will be secured.
      a. Files will be locked at night.
      b. The medical record room will be locked at night.
      c. The medical record room will not be left unattended during working hours.
      d. If the room is left unattended, the door will be locked.
   3. American Women's Medical Center - Des Plaines shall safeguard all information in the medical record against loss, defacement, tampering, or use by unauthorized persons.
      a. Adequate measures will be taken to physically safeguard the medical record from loss by fire, water and foreseeable sources of potential damage.
      b. Records will be removed from the facility only by court order, subpoena or statute.
      c. Written consent of the patient or legally qualified representative is required for release of information from the medical record.
      d. Records shall be signed out when removed from the facility.
      e. Access to computerized patient information is controlled through the use of access codes.

B. The Office Manager is responsible for supervising and maintaining the medical records system.
   1. This includes, but is not limited to the following activities:
      a. Supervising staff in the collection, processing, maintenance, storage, timely retrieval, and distribution of medical records;
      b. Retention of active medical records;
      c. Retirement of inactive medical records;
      d. Timely entry of data into the medical records;

American Women's Medical Center - Des Plaines
Policy Manual

Section: Management of Information

Subject: Protection of the Medical Records Page 2 of 2

Approved By: 7(1)(b) Effective Date: 11-26-08 Revised: _____

e. Maintaining the confidentiality, security, and physical safety of the medical records;
f. Maintaining the unique identification of each patient's medical record;
g. Maintaining a log of records leaving the facility;
h. Obtaining the patient's, or the patient's legally authorized representative, authorization prior to the release of patient records.

2. Orienting and training staff regarding the medical records system.
   a. Patients will not be discussed by clinical or non-clinical personnel outside of the organization;
   b. Comments and conversations relating to patients made by physicians, nurses or other personnel will be made in confidential settings.
   c. The patient's medical record will not to be released to other individual(s) without a written release of information signed by the patient and/or his/her representative.

American Women's Medical Center - Des Plaines
STAFF TRAINING

Date: 8/18/16 Presented by: Paula Anicete RN

Purpose of Training: ☐ Orientation ☐ Annual Review ☐ QA Follow-up

Topics covered: Equipment MAN agement

1. functionality of equipment before each procedure day.
2. maintenance
3. Reporting to MAN Agement of failure or error of equipment

Attended By

Name	Title
Mariela Escarpita	Autoclave. Tech
Betty Dely Peng	Receptionist
Mare Frulacz	office manager
PAPLA ANICETE	RN
Magaly Napoles	Lab Tech
Monique Carpenter	MA
7(1)(b)	office Supervisor
Alejandra Perez	Medical Asst

American Women's Medical Center – Des Plaines
Policy Manual

Section: Environment of Care

Subject: Equipment Management Plan Page: 1 of 4

Approved by: 7(1)(b) Effective Date: 11-20-08 Revision Date: 08-29-11

I. PURPOSE

The purpose of the Equipment Management Plan is to implement and maintain an Equipment Management Plan that controls and reduces the risk of medical equipment for the diagnosis and treatment of patient care.

II. POLICY

It is the policy of American Women's Medical Center - Desplaines to promote the safe and effective use of medical equipment.

III. SCOPE

The Equipment Management Plan applies to all fixed and portable medical equipment used within the facility.

IV. OBJECTIVES

- Establish written criteria for identifying, evaluating, and taking inventory of medical equipment to be included in the management plan before the equipment is used.
- Assess and minimize clinical and physical risks of equipment use through inspection, testing, and maintenance.
- Monitor and act on equipment hazard notice recalls.
- Report incidents in which a medical device is connected with the death, serious injury or serious illness or any individual as required by the Safe Medical Device Act of 1999.
- Monitor, and investigate, equipment management problems, failures, and user errors that have or may have an adverse effect on patient safety and/or the quality of care.

V. RESPONSIBILITIES

A. The President or his/her designee is responsible for selecting and acquiring all medical equipment and ensuring the proper functioning and maintenance of all equipment that has to do with the safety of staff and patients.

B. The Office Manager is responsible for the implementation of the Equipment Management Plan.

American Women's Medical Center – Des Plaines
Policy Manual

Section: Environment of Care

Subject: Equipment Management Plan Page: 2 of 4

Approved by: 7(1)(b) Effective Date: 11-20-08 Revision Date: 08-29-11

VI. PROCESSES OF THE EQUIPMENT MANAGEMENT PLAN

A. Medical equipment is inventoried by the Office Manager to assess:
   1. Equipment function,
   2. Physical risks associated with use,
   3. Maintenance requirements, and
   4. Equipment incident history.

B. Incident Reporting and Investigation
   1. Any equipment management problems, failure or user error should be reported to the Office Manager.
   2. All hazard notices and equipment recalls are to be sent to the Office Manager.
   3. Equipment malfunctions will be tracked by the Office Manager and reported to the Performance Improvement Committee quarterly.
   4. The Office Manager will report to the manufacturer, and/or the FDA any equipment that is connected to the serious injury, illness, or death of any individual. (Required by the Safe Medical Devices Act of 1990)
   5. The equipment will be tagged as "out of order, do not use".

C. Inspect, Test and Maintain Equipment
   1. All electrical equipment in patient care areas must be inspected by a Bio- Medical engineer annually and prior to initial use.
   2. Maintenance records should be kept on medical equipment to provide contact information on the manufacturer, service representative, date of service and description of service.
   3. Critical equipment such as a defibrillator, cardiac monitors and anesthesia machines will be checked prior to the first procedure of the day.
      a. Logs will be kept that reflect this check, and the individual doing the testing will initial upon completion.
      b. In the event that a piece of critical equipment (i.e. defibrillator) malfunctions, surgery will be canceled until fixed and inspected by a bio-medical engineer, or a loaner obtained.
      c. Alarms on medical equipment will be tested monthly.
   4. Sterilizers will be monitored based on manufacturer's instructions.
      a. Each pack/tray is monitored to ensure the proper temperature was reached and a log kept that reflects the date, and initials of the individual performing this task.
      b. Spore testing is performed based on volume; but at least monthly.

American Women's Medical Center – Des Plaines
Policy Manual

Section: Environment of Care

Subject: Equipment Management Plan

Approved by: [redacted] Effective Date: 11-20-08 Revision Date: 08-29-11

D. Orientation and Training

1. The Office Manager is responsible for training all employees who will be using medical equipment during orientation or prior to use on the following:
   a. Capabilities, limitations, and special applications of the equipment.
   b. Basic operating and safety procedures.
      i. Manufacturer's directions are to be followed at all times,
      ii. All manuals for equipment will be kept in the area of use.
   c. Emergency procedures in the event of equipment failure.
      i. Specific procedures in the event of equipment failure;
      ii. When and how to perform emergency clinical interventions when medical equipment fails;
      iii. Availability of backup equipment; and
      vi. How to obtain repair services.
   d. Information and skills necessary to perform the necessary maintenance; and
   e. How to fill out an incident report on equipment failure, malfunction, or user error.
2. Training can be met by classroom activities, one-on-one discussions or through the completion of a self-study packet.
3. All training is documented in the employee's personnel file.

E. Performance Monitoring

1. The Office Manager is responsible for coordinating the performance monitoring process for the Equipment Management program.
2. Performance standards to be monitored is the responsibility of the Office Manager in collaboration with the Performance Improvement Committee.
3. Performance Standards relate to one or more of the following:
   a. Staff knowledge and skills;
   b. Level of staff participation;
   c. Monitoring and inspection activities;
   d. Emergency and incident reporting, or
   e. Inspection, preventive maintenance and testing of equipment.

American Women's Medical Center – Des Plaines
Policy Manual

Section: Environment of Care

Subject: Equipment Management Plan Page: 4 of 4

Approved by: 7(1)(b) Effective Date: 11-20-08 Revision Date: 08-29-11

4. Summaries of findings and recommendations, based on trends, performance measures, and performance improvement activities will be documented quarterly by the Performance Improvement Committee.
5. Specific information will be communicated to staff when issues or opportunities to reduce the risk of equipment hazards exist.

F. Annual Review

1. The Office Manager in collaboration with the Performance Improvement Committee is responsible for the annual review of the Equipment Management Plans' objectives, scope, performance, and effectiveness.
2. The annual review will be compiled at the end of the year based on information from a variety of sources including, but not limited to: incident reports of equipment failure and user errors; product safety recall notices; staff orientation and training; Performance Improvement Committee minutes; performance monitoring activities; and other summaries of activities, including the findings of regulatory agencies.
3. The annual review will be presented to the Board of Directors during the first quarter of the following year in a narrative report that covers the Equipment Management Plans' objectives, scope, performance and effectiveness.

American Women's Medical Center - Des Plaines
Policy Manual

Section: Infection Control

Subject: Infection Control Plan

Approved By 7(1)(b) Effective Date: 11/20/08 Effective Date: 11-10-2011 7-31-2014 7-30-2016

IV. STRATEGIES TO MINIMIZE, REDUCE OR ELIMINATE PRIORITIZED RISKS

A. General Precautions
1. Hand washing—Hand washing will be performed to prevent cross-contamination between patients and personnel.
   a. Alcohol-based hand cleaner available in each room.
   b. Monitor staff for handwashing.
2. Needles, Syringes and Sharps—After use, needles and other sharps will be placed directly into a puncture-proof container.
   a. Needles should not be re-capped, bent, broken or clipped; however,.needles may be re-capped (e.g., after pre-filling syringes) using the one-handed method or a safety device.
3. Laboratory specimens will be transported in a zip-lock bag or other leak-proof container. The leak-proof container will be transported to the lab site in a puncture resistant container that is properly labeled.
4. Eating, drinking, smoking, applying makeup or lip-balm or handling contact lenses will be avoided in work areas where there is a reasonable chance of exposure.
5. Sterile technique will be employed for sterile dressing changes, IV insertion, and whenever appropriate to prevent infection.
6. Multi-use vials will be swabbed with alcohol after use and kept until expiration date, so long as solution is not cloudy.
7. Sterile supplies are kept separate from non-sterile supplies.
8. Patient care items are not placed under sinks. (Only cleaning supplies).
9. Staff are to report any potential risk of safety/infection control to the Surgical Coordinator.

B. Personal Protective Equipment
1. Gloves are to be changed between patient contacts.
2. Sterile gloves are to be worn for sterile procedures.
3. Utility Gloves—rubber household gloves, for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and reused, but will be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.
4. Gowns—The use of gowns is required when splashes to the skin and/or clothing is likely. The gowns will be made of or lined with fluid-proof or

American Women's Medical Center - Des Plaines
Policy Manual

Section: Infection Control

Subject: Infection Control Plan Page 3 of 5

Approved By:_____ Effective Date:_____ Effective Date:_____

fluid-resistant material and will protect all areas of exposed skin. The type and characteristics will depend on the task and degree of exposure anticipated.

5. Mask/Protective Eye Wear—Masks, protective eye wear, or face shields are required when contamination of mucosal membranes, eyes, mouth or nose is possible, such as splashes or aerosolization of material. They are not required for routine care.

C. Labels

1. Biohazard labels will be used to prevent accidental injury or illness to personnel exposed to hazardous or potentially hazardous conditions.
2. Labels will state BIOHAZARD or display the hazard symbol.
3. Labels will be affixed as close as possible to respective hazards.
4. Labels will be used to identify equipment and containers containing hazardous agents.
5. If labels are not used, other effective means will be used, such as RED bagging.

D. Housekeeping and Hygiene

The following guidelines will be implemented and taught to staff:

1. All equipment, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infections materials.
2. Blood/body fluid spills can be mopped or wiped up with hot soapy water and then disinfected with bleach or hospital disinfectant spray. Disposable gloves must be worn.
3. An appropriate disinfectant will be used to clean floors, toilet bowl, sink, counter tops and soiled furniture, when appropriate.
4. Rooms will be kept well aired to decrease the risk of colds, flu and other airborne communicable disease.
5. Humidifiers and air conditioners can harbor infectious organisms, and will be cleaned and serviced regularly.
6. All bins, pails, cans (e.g., wastebaskets) intended for reuse, which have a reasonable likelihood for becoming contaminated with blood and other potentially infectious materials, will be inspected and decontaminated immediately, or as soon as feasible upon visible contamination.
7. Linen, clothing, or other materials that are visibly contaminated with blood, body fluids or other infectious materials must be placed in bags or

containers that are impervious to moisture, before transport for cleaning. Gloves must be worn while bagging these materials.

8. Single-use disposable medical devices will not be reused, except for those not requiring maintenance of sterility.

E. Contagious diseases in local demographic population

1. Stay informed on infections occurring locally through local newspapers, radio, television and alerts from local hospitals.
2. Assist in providing care to patients as directed by local, regional, or state authorities.
3. Send patients with contagious diseases to Emergency Room or Emergency Care/Urgent Care Centers.
4. Close office if large influx of infectious patients (i.e. bird flu).
5. Reopen when third party responders (city, state, or department of public health) state it is appropriate to resume service.

V. EDUCATION OF PERSONNEL

A. American Women's Medical Center - Des Plaines will educate all personnel on infection control policies and procedures and their responsibilities for implementation as contained throughout this section.

B. Personnel will be provided training on the basics of transmission of pathogens to patients and staff, bloodborne diseases, the use of Universal Precautions. handwashing, infectious waste management and other infection control procedures when their work activities, as indicated below, may result in an exposure to blood, other potentially infectious materials, or under circumstances in which differentiation between body fluid types is difficult or impossible.

C. Staff and Licensed Independent Contractors will receive Influenza Vaccine training annually, on on the control and prevention measures; and the diagnosis, transmission, and impact of influenza.

1. Influenza Vaccine will be offerred annually by the organization. If, not purchased and provided in-house, reimbursement for the vaccine will be given to staff and LIP's who elect to have it.
2. Infection control training will be scheduled annually.
3. A goal or 40% has been set for having staff vaccinated against the flu.

D. Attendance will be mandatory and will be documented.

E. Records of in-training attendance will be maintained.

VI. MONITORING AND EVALUATION OF INFECTION CONTROL

A. The infection control plan will be monitored and evaluated by the Performance Committee.
   1. Infection control data will be collected, analyzed and trended. Information obtained will be given to the Surgical Coordinator or designee, and used to improve patient care, as well as improve practice's performance in the implementation of its infection/exposure control plan.
   2. The Surgical Coordinator will be responsible for reviewing and reporting the infection control plan to the Board of Directors and other appropriate authorities.
   3. Any health care associated infection that results in death or a major loss of function will be managed as a sentinel event.
      a. A root cause analysis and action plan will be developed.
      b. JCAHO will be notified.

B. Resources available on the internet:
Association for Professionals Infection Control & Epidemiology: www.apic.org
Centers for Disease Control: www.cdc.gov
Occupational Safety Health Administration: www.osha.gov

KINGS
HEALTHCARE FINANCE

Sales Invoice

Two Conway Park
150 North Field Drive - Suite 193
Lake Forest, IL 60045
847.264.5560

Invoice Number:	KBH02049
Date:	08/03/2016
Authorized by:	JTL
Ship via:	Ground
Ship to attn:	Arnold
Ship by date:	TBD

Issued To:
Access Health Care Center
110 S. River Rd.
Suite 7
Des Plaines, IL 60016
ATTN: SOPHIA DEMAS

Qty	Description	
1	AMSCO 2080L Refurbished Surgical Table	$ 5,950.00
1	Discount	$ (400.00)
1	Old Table Trade-Credit	$ (200.00)
1	Moving Credit	$ (100.00)

***** Payment Must Be Made In Full to Initiate Shipment *****

***** One Year Parts Warranty *****

	Subtotal	$ 5,250.00
	Tax rate	10.25%
	Sales tax	$ 538.13
"White Glove" delivery of Refurbished table and removal of current table.	Shipping	$ 675.00
	Total	$ 6,463.13

Acceptance Signature **Date** **PO #**

Purchase order number must appear on all invoices and correspondence.
Please Return Via email (jlueken@kingsbridgeholdings.com) or Fax 847.574.8025

CUSTOM UPHOLSTERY BY JOE,INC.

2452 E.OAKTON ST.
ARLINGTON HEIGHTS, IL 60005
TEL(847) 956-6803
FAX(847) 956-6807

Invoice

DATE	INVOICE #
8/22/2016	15316

BILL TO
ACCESS HEALTH CENTER 110 S. RIVER RD DES PLAINES IL 60016 847-294-9614

P.O. NO.	TERMS	DUE DATE	SHIP DATE
MARIE	C.O.D	8/22/2016	8/23/2016

QTY	DESCRIPTION	RATE	AMOUNT
1	EXAMINING TABLE (FABRIC DUBOIS CHAMEA CY 34 SPICE)	450.00	450.00
	PICK UP & DELIVERY	0.00	0.00

Thank you for your business.

Total $450.00

MIDMARK
(800) 643 6276
(937) 526-5562
Midmark Sales Corporation
Versailles Ohio 45380
Email: awmcmf@sbcglobal.net

CUSTOMER ACKNOWLEDGEMENT

BILL TO:
Access Healthcare Center
110 S River Rd Ste 7
DES PLAINES, IL, 60016,
United States

SHIP TO:
Access Healthcare Center
110 S River Rd Ste 7
DES PLAINES, IL, 60016,
United States

MARK FOR:

SO NUMBER	PO NUMBER
189680	MARIE
AGREEMENT	**SALESPERSON**
	NSC-Domestic Medical
ORDER DATE	**PAYMENT TERMS**
08/11/2016	Credit Card
METHOD OF SHIPMENT	**DROP SHIP PO**
UPS-Parcel-Ground	
TERMS OF SALE	**FREIGHT TERMS**
FOB Factory	Prepaid FA

Line	Ordered Item	Item Description	Sched Ship Date	Qty	Unit Price (USD)	Extended Price (USD)
1	053-0387-00	PIVOT BOSS	08/12/2016	3	1.70	5.10
2	016-0400-00	SPRING - STIRRUP INDEX	08/12/2016	4	0.50	2.00
3	050-5027-00	STIRRUP BRACKET	08/12/2016	3	6.00	18.00
				Subtotal:		**25.10**
				Additional Charges:		**9.99**
				Tax Total:		**1.58**
				Total (USD):		**36.67**

Order Notes:
CONTACTS FOR ORDER: Ext: 128320 Lynn U
Department: Medical CX
Ordered By: MARIE FRUKACZ 847-294-9614

Your order is shipping from the following: Versailles, OH Warehouse.

Freight Service(s) Required:
Shipping and Handling

RETURNED GOODS: All returned items must be accompanied by a returned goods authorization (RMA) number. Merchandise can be returned only with our permission, subject to a restocking and handling charge. You can obtain this number from our sales/service department by calling 1-800-MIDMARK.

Acceptance of this order is expressly conditioned on the applicability of Midmark Sales Corporation's Terms and Conditions of Sale, which are incorporated herein by reference. The Terms and Conditions of Sale are available at www.Midmark.com or a copy will be provided upon request. This is to certify that the merchandise listed on this order has been produced in compliance with the Fair Labor Acts of 1938 as amended.

American Women's Medical Center - Des Plaines
Policy Manual

Section: Infection Control

Subject: Sterilizer Monitoring Page 1 of 1

Approved By: 7(1)(b) Effective Date: 11-20-08 Revised: _____

I POLICY

It is the policy of American Women's Medical Center - Des Plaines to monitor the efficacy of the sterilizing process to insure the sterility of instruments, and to maintain a documented monitoring control system to meet national guidelines.

II. PROCEDURES

A. Spore testing will be conducted for routine loads, and on every load for implantables.
   1. Biological indicators are placed in a test pack representative of the load.
   2. When removed the vial (results test) is place in a biological spore testing machine with a biological indicator vial (control test) that has not been placed in the sterilizer.
   3. After the appropriate time has elapsed (24 to 48 hours), read the results. The indicator in the results test should be negative (–); the control test should be positive (+).
   4. Record the results of the test on the spore test log, and initial as confirmation of physical parameters being attained.

B. If the results of the spore tests from the vial placed in with the instruments is positive, the sterilizer is not used, and the tests are reported to the Clinical Coordinator.
   1. The Clinical Coordinator will perform a second test. If the second test is positive the sterilizer is repaired, and not used until all tests are negative.
   2. All instruments and packages processed with a positive test result are pulled from the shelves and re-sterilized.
   3. The spore test log with a positive test will be compared to the surgical log. Patients identified will be called and asked to come into the office to check for infection

American Women's Medical Center - Des Plaines
Policy Manual

Section: Infection Control

Subject: Sterile Processing

Approved By: 7(1)(b) Effective Date: 11-20-08 Revised: _____

I. POLICY

It is the policy of American Women's Medical Center - Des Plaines to provide guidelines in sterile processing.

II. PROCEDURES

A. There must be proper ventilation, adequate lighting for task illumination, and order and neatness in work areas.

B. All equipment used in sterile processing must be checked for electrical and mechanical safety, prior to use.
   1. Any defective equipment must be removed from service, repaired and rechecked.
   2. Safety regulations concerning the operation of all equipment must be strictly adhered to.
   3. Preventive maintenance on sterile processing equipment is performed on a periodic basis, but no less than annually.
   4. Documentation of inspection and preventive maintenance must contain date of inspection and service, type of service performed and signature. These reports must be on file.

C. All personnel using sterile processing equipment must be well trained in the handling, care and use of equipment and supplies.

D. Manufacturers' safety instructions must be on the equipment in view of the operator, and equipment manuals must be on file and accessible to all operators of the equipment.

E. Personnel operating sterile processing equipment must be:
   1. Warned of all dangers and possible consequences,
   2. Instructed in how to prevent and avoid accidents; and
   3. Informed of proper emergency measures to take, should an accident occur.

F. In case of accident, it must be reported on an Incident Report.

American Women's Medical Center

Memo

To: AWMC Staff & Anesthesiologist

From: Sophia

CC: Dr. Xia

Date: August 18, 2016

Re: Medication

Please be advised that all medication stored in carts should be locked at the end of the day.

It is the responsibility of the Nurse and Anesthesiologist to make sure all **medication is properly locked**.

American Women's Medical Center - Des Plaines
STAFF TRAINING

Date: 8/18/16 Presented by: Perla Anicieta RN

Purpose of Training: ☐ Orientation ☐ Annual Review ☐ QA Follow-up

Topics covered: Medication

Medication

1. Refresher course of importance of Medication carts locked
2. checking of expiration dates on Medication

Attended By

Name	Title
Betty Deis RN	Receptionist
7(1)(b)	office Supervison
Marie Frukacz	office manager
Mariela Escapita.	Autoclave Tech
~~PERLA ANICIETA~~	RN
Monique Carpenter	MA
Magaly Napoles	Lab Tech
Alejandra Perez	Medical Assist

American Women's Medical Center - Des Plaines
Policy Manual

Section: Medications Management

Subject: Medications Policy

Reviewed and Approved By: 7(1)(b) [redacted]

Effective Date 11.20.08

I. POLICY

It is the policy of American Women's Medical Center - Des Plaines to ensure the safety of patients through the proper ordering, storage, preparation, reconciliation, administering , prescribing, security and monitoring of medications(s).

II. PROCEDURES

A. Medications
1. All medications administered to patients will be those approved by the Food and Drug Administration.
2. Medications used for anesthesia will be determined for use by the Anesthetist.
3. If medications are not available within the facility, they will be obtained from a local pharmacy.
4. Medications to be administered within this facility may not be brought into the facility by a physician or patient.

B. Ordering
1. Only physicians may order medications to be used at American Women's Medical Center - Des Plaines.
2. A list of all medications kept in the facility will be maintained.
   a. This list will include the medication name, strength, dosage and form.
   b. The list will identify high-risk, and look-alike, sound-alike medications, and these medications will be reviewed annually.
3. All orders for treatment, including medications, will be in writing. A verbal order will be considered to be in writing, if dictated and signed by the physician.

C. Storage
1. All medications are to be checked in and stored appropriately by the Medical Assistant/ Nurse / Surgical Tech.
2. All medications are stored based on the manufacturer's directions.
   a. If medications are to be refrigerated, they are kept in a refrigerator that does not contain food products or specimens.
   b. The refrigerator's temperature is monitored daily and logged.
3. All medications will be inspected upon shelving and stocking for color, clarity, product integrity and expiration date.
4. Dry packaged materials should be placed on shelves above liquid medications. (If spillage occurs, there is less chance of spoilage).

5. Chemicals, reagents and medications that look alike and/or sound alike, are segregated from each other so that they may not be mistaken.
6. Concentrated electrolytes are stored separately from patient care areas so that they are not immediately available.
7. Emergency medications are consistently available, controlled and secured.
   a. Emergency medications are controlled and secure in patient care areas, and in the operating/procedure room area(s).
   b. Emergency medications are sealed or stored in containers that are clearly labeled so that staff can determine that the contents are complete and medications have not expired.
8. The Clinical Coordinator is responsible for ensuring that expiration dates of all medications are checked monthly.
   a. Medications that are expired, contaminated or damaged are removed from stock and segregated from other medications until removed from the facility.
   b. The Clinical Coordinator will dispose of all expired medication.

D. Preparation
1. Staff should use techniques to assure accuracy in medication preparation.
   a. Use of clean, sterile techniques.
   b. Maintain clean, uncluttered separate areas for preparation.
   c. Visually inspect integrity of all medications.
2. Syringes and needles are sterile, single patient-use items.
   a. Disposable plastic syringes should not be refilled after the original contents have been injected.
   b. Medications from a single syringe must not be administered to multiple patients, even if the needle on the syringe is changed.
   c. After entry into or connection with a patient's intravenous infusion, the syringe and needle are contaminated and used only for that patient.
   d. Contaminated syringes and equipment should be kept separate from clean, unused syringes.
   e. After use, used syringes and needles should be discarded immediately in an appropriate, puncture-resistant container.
   f. Unused syringes, needles, and related items should be stored in a clean area away from patients to avoid contamination.
3. Medications drawn up must be administered immediately, or labeled.
4. Expiration time for a drug drawn into a syringe.
   a. Medications should be drawn up into a sterile syringe as close as possible to the time of administration.
   b. All drugs drawn into a syringe should be discarded within 24 hours or when completely used, whichever comes first.

(1) An assembled, non-contaminated, prefilled syringe, containing medication not formulated in a lipid emulsion, can be kept for later use.
(2) Medication formulated as a lipid emulsion must be discarded within 6 hours after the ampule, vial or prefilled syringe is opened.
(3) A syringe containing a lipid emulsion (propofol) must be labeled with the date and time opened so that disposal after 6 hours is ensured.

4. Multidose Vials
   a. If aseptic technique is consistently used, an uncontaminated multidose vial may be used until the manufacturer's expiration date.
   b. If contamination has occurred, or if sterility is questionable, the vial should be discarded.
   c. Each time a multidose vial is entered, aseptic technique should be used, including cleansing the rubber stopper with alcohol and using a sterile needle and syringe.

E. Reconciliation Process
1. A list of current medications will be developed by asking all new patient's for a list of their current prescriptions, over-the-counter drugs, vitamins and/or minerals.
2. This list will be reviewed with the patient prior to administering and/or prescribing any medication.
3. This list will be placed in a consistent, highly visible location within the patient chart.
4. Medications to be administered or prescribed will be reviewed against this list for potential adverse interactions.
5. The list is updated with medications administered that may have an effect on the patient after he/she leaves the office.
6. The list should be updated with any sample medication or prescription given to the patient.
7. The list should be reviewed with the patient prior to discharge so that he/she understands how to take the medication(s), and how long to continue taking any newly prescribed medication.
8. A copy of the list should be given to the patient and communicated to the next provider of care when the patient is referred or transferred to another provider or level of care.

American Women's Medical Center - Des Plaines
Policy Manual

Section: Medications Management

Subject: Medications Policy

Reviewed and Approved By: 7(1)(b)

Effective Date 11-20-08

F. Administration
1. Prior to the administration of any medication, a reconciliation process will occur to ensure the patient is receiving all medications necessary, and to eliminate any medications that are no longer needed and/or do not react with what the patient is currently taking (prescriptions, over-the-counter drugs, vitamins and/or minerals).
2. A physician must give the medication order, which should include the patient name, drug name in full, time or schedule, and route of administration.
   a. Written orders must be legible and entered on the patient chart.
   b. Only the physician or a registered nurse may administer any medication.
3. Medications are administered only afer the following:
   a. Medication selected is the correct one based on the medication order and product label.
   b. Medication is visually inspected for particulates or discoloration and expiration date.
   c. There is no contraindication for administrating the medication.
4. All medications administered to a patient must be documented in full: patient name, date, time, drug name, dose, route and response.

G. Prescribing
1. Complete medication orders contain the name of the drug, strength, dosage form, route of administration, and dosage regime.
2. "Blanket orders," "continue previous meds," "resume preoperative meds" and "discharge on current meds" is not acceptable as they are not clear or complete.

H. Security
1. Medications, prescription pads, needles and syringes should be kept locked or in areas where only the appropriate staff members have access.
2. If medications are kept in an area that is unlocked, the area must be visible by staff.

American Women's Medical Center - Des Plaines
Policy Manual

Section: Medications Management

Subject: Medications Policy Page 5 of 5

Reviewed and Approved By: 7(1)(b) Effective Date 11-20-08

I. Monitoring of Medications
   1. Medications will be monitored for risk points, and areas for improvement will be identified.
      a. Medications will be monitored monthly for outdates.
      b. Refrigerated medications will be monitored for temperature, and that no food is not placed in the medication refrigerator.
      c. Integrity locks on Crash Carts and Emergency Kit Medications will be monitored weekly.
   2. Any "significant"medication error or adverse drug reaction will be considered an adverse outcome and a root cause analysis will be preformed with appropriate, interdisciplinary staff.

American Women's Medical Center - Des Plaines
STAFF TRAINING

Date: 8/18/16 Presented by: M. FRUTACZ

Purpose of Training: ☒ Orientation ☐ Annual Review ☐ QA Follow-up

Topics covered: Spore Testing.

Attended By:

Name	Title
Mariela Escarpita.	
7(1)(b)	~~Office Manager~~ Office Manager
	Receptionist
	RN
Monique Carpenteos	Autoclave Tech
Alex Perez	MA

American Women's Medical Center - Des Plaines
STAFF TRAINING

Date: 8/18/16 Presented by: M. FRUKACZ

Purpose of Training: ☒ Orientation ☐ Annual Review ☐ QA Follow-up

Topics covered: Cleaning of Autoclave

Attended By:

Name	Title
Berta De La Pena	receptionist.
7(1)(b)	office Manager
	office MANAGER.
	RN

Access Health care
Center, Ltd
110 S. River Road #7
Des Plaines, Illinois
[redacted]
847 294-9614
Fax 847 294-9644

facsimile transmittal

To: Karen Senger, R.N. Fax: 217-782-0382

From: SOPHIA DENAS Date: 8/22/2016 8/23/16

Re: POC Pages: 30 8

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To: Karen Senger, R.N. Fax: 217-782-0382

From: SOPHIA DENAS Date: 8/22/2016

Re: POC Pages: 30

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE SURVEY COMPLETED
7003184	15168/37971	04/19/2018

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
Access Health Care Center, Ltd	110 S. River Road Suite7, Des Plaines, Illinois 60016

(X4) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
000	A licensure complaint investigation was conducted for complaint #182310 on 4/19/18 at Access HealthCare in Des Plaines. The Facility was in compliance with Title 77: Public Health Subchapter b: Hospital and Ambulatory Care Facilities Part 205 Ambulatory Surgical Treatment Center licensing requirements Section 205.710 Pregnancy Termination Specialty Centers, for this survey.			

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE | TITLE | DATE