

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**ASTC**     **HHA**     **HMO**     **HOSPICE**     **HOSPITAL**

**NAME AND ADDRESS OF FACILITY** *Planned Parenthood of East Central Ill. 308 E. Sloughen, Champaign, Ill. 61820*

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
305.250 a)	<p><i>Repeat Deficiency</i></p> <p><i>A qualified Consulting Committee shall be appointed in writing by the management and/or owner of the ASTC and shall establish and enforce standards for professional work in the facility and standards of competency for physicians</i></p> <p><i>The consulting committee shall meet not less than quarterly and shall document all meetings with written minutes.</i></p> <p align="right"><i>Continued p.2.</i></p>	<p><i>a.) The CEO and Medical Director have reviewed the list of names of former members, a list of new members and contacted those about serving on the Committee. A list is attached.</i></p> <p><i>Membership has been established and the Committee met via teleconferencing on August 3, 1999. The meeting, as well as future quarterly meetings shall establish and enforce standards of professional work at PPECT and standards of competency for physicians. A copy of the agenda and minutes are attached.</i></p>	

**DATE OF SURVEY:** *July 29 1999* by *Rose Neumann HFSN*  
Surveyor

**IF PLV, INDICATE DATE OF PRIOR SURVEY:** *March 12, 1999*  
IDPH FILE COPY

**DATE**

astcdef:hc:form:rec  
5/16/96

*DOC accepted 8/10/99* *Blans*

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205.250 A P.2	<p>These requirements are not met as evidenced. Although it is noted that some action has been taken to establish a committee, (the committee members have been named, a list of members is available for review) however no meetings of this committee have taken place to date. And - No establishment or enforcement of standards for professional work or physician competency has occurred. No minutes of any meeting are available and, on this day of review no meeting of the consulting committee is</p> <p align="right">c16 p 3</p>		

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<p>205 250 A P3</p> <p>1)</p> <p>2)</p>	<p><i>documented as having been held.</i></p> <p><i>The members of the consulting Committee shall reflect the type of procedures the facility performs.</i></p> <p><i>A list of ASTC Consulting Committee (named) but not having met - does include a physician whose specialty includes Obstetrics and Gynecology. However this committee has not met. And, no meeting date is established.</i></p> <p><i>The Consulting Committee shall review development and content of the written policies and procedures</i> <i>ctd p.4</i></p>	<p><i>1.) The membership of the Consulting Committee shall reflect the type of procedure performed which is 1st trimester abortions. PPECT shall insure that an OB/Gyn physician is a member of the Consulting Committee. A membership list is attached.</i></p> <p><i>2.) The Consulting Committee shall review the content of the written procedures for abortion services at PPECT the procedures for granting privileges and the</i></p>	

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5)	<p><i>of the center, the procedures for granting privileges and the quality of the procedure performed. Evidence of such review shall be reflected in the minutes.</i></p> <p><i>This requirement is not met refer to 205.230 a)</i></p> <p><i>The consulting committee shall act as a tissue committee and review at least quarterly, pathological reports from procedures performed by each physician on the staff.</i></p> <p align="right"><i>Cl. p. 5</i></p>	<p><i>quality of the abortion procedures performed. Evidence of such review shall be recorded in the minutes. A copy of the minutes from 8-3-99 is attached along with the current physician's license, C.V., Medi-List Recertification Report, Contract, and Medical Committee meeting minutes from 4-11-95 to show hiring process of current physician and protocol review prior to starting abortion services.</i></p> <p><i>5.) PPECT's medical director shall secure compliance with the policies and procedures pertaining to abortion procedures, approved by the Consulting Committee. This is part of PPECT's quality management program.</i></p>	

**DATE OF SURVEY:** *July 29 1999* by *Rae Newman HFSU*  
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<p>b) 1)</p>	<p><i>Evidence of such review shall be recorded in the minutes. The requirement is not met. There are no minutes of any meeting available for review.</i></p> <p><u>Repeat deficiency</u></p> <p><i>The medical director shall secure compliance with the policies and procedures pertaining to medical and surgical procedures approved by the consulting committee.</i></p>	<p><i>A copy of the minutes from 8-3-99 is attached, along with a copy of the Abortion Manual review and Abortion Chart audit from 6-14-99.</i></p>	

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<i>b) 1)</i>	<p><i>Evidence of such review shall be recorded in the minutes.</i></p> <p><i>This requirement is not met as since no meetings have been held, no minutes are available.</i></p>		
<i>b) 1)</i>	<p><i>Repeat deficiency</i></p> <p><i>The medical director shall secure compliance with the policies and procedures pertaining to medical and surgical procedures approved by the consulting committee.</i></p> <p><i>This requirement is not met as there is no documentation available to evidence to verify the medical director's assuring compliance with the approved policies</i></p>		

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