

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

AM  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 141051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/95
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NAME OF PROVIDER OR SUPPLIER DIXENTIONS MEDICAL CENTER LTD.	STREET ADDRESS, CITY, STATE, ZIP CODE 1455 GOLF RD. SUITE 108 DESPLAINES, IL 60016
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(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) COMPLETION DATE
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Q 011	<p>416.44 STANDARD: PHYSICAL ENVIRONMENT</p> <p>42 CFR 416.44 Physical environment</p> <p>The ambulatory surgical center must provide a functional and sanitary environment for the provision of surgical services.</p> <p>This STANDARD is not met as evidenced by:</p> <p>----- SURVEYOR: 07101 -----</p> <p>Based on observations made in the operating room suites and recovery room area, the facility fails to ensure that a functional and sanitary environment is maintained.</p> <p>Findings include:</p> <p>1. On the day of survey the floors in the OR suite and recovery area are heavily streaked and stained with black streaks, smudges and spot that resemble scuff marks from shoes and equipment. It appears that the floor finish is uneven and dull in some spots. Some of the streaks were removed with a light wipe. Staff reported that the floors are washed and sanitized daily and that the black marks were the result of the wax used</p>	Q 011		
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		Q 011	<p>1. The Center is aware of the poor quality wax used by the contracted housekeeping company. As the surveyor was told, the Center is in the process of changing housekeeping companies, having already received various bids. Liz Kiszynski and Anita Kroeger, RN, will make the final decision as to which company to contract with and will ascertain that the contracted company's quality of service is of high grade.</p>	5/19/95
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Pet. M. Clarke</i>	TITLE <i>Associate Executive Director</i>	(X6) DATE <i>5-18-95</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. The findings above are discloseable 90 days following the date of survey whether or not a plan of correction is provided. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Q 011 { Continued From Page 1 }  
on the floor once per month.

2. OR #2 had fresh red fluid on the floor at the foot of the OR table. A large stain of brown was also present on the floor at the foot of the table. The table was covered with clean sheets and ready for use. Staff reported that the room was used today. The floors are to be washed after each case and before a new case is set up according to policy.

3. The walls in the surgical suite and areas were scuffed with evidence of chipped paint and unpainted plaster patches. Two doors evidenced large areas of black scuffs and marks at the bottom 1-2 feet.

Q 021 416.45(b) STANDARD: REAPPRAISALS

42 CFR 416.45(b) Reappraisals

Medical staff privileges must be periodically reappraised by the ambulatory surgical center. The scope of procedures performed in the center must be periodically reviewed and amended as appropriate.

This STANDARD is not met as evidenced by:

----- SURVEYOR: 07101 -----

A. Based on a review of medical staff files the facility fails to provide documentation that medical staff privileges are reviewed with reappointment.

Q 011 2. The O.R. floors are washed after each case, prior to setting up for the next case. Anita Kroeger, RN, will have a nursing staff meeting stressing the importance of inspecting the floor after washing in the event an area was missed! Judy Braun, RN, O.R. Supervisor, will be instructed to develop a Q.A. data collection screen for O.R. cleaning between cases. This will be monitored for a period of 15 working days, with results submitted to the QA committee. The "large brown stain" is actually numerous small (quarter size) yellow Betadine stains. In the event of a Betadine spill, the nursing staff cleans the area with Fade-A-Dyne, which removes the brown color, but leaves a yellow stain. Stripping the wax removes the remaining yellow stain.

Q 021

Q 011 3. The "scuff" marks on the doors will be washed and cleaned immediately. The chipped paint and the plaster and all scuff marks will be cleaned/waxed and or painted within 30 days or sooner, depending on contract.

5/12/95

Start 5/19/95

30 days

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Q 021 (Continued From Page 2)  
Findings include:  
  
The medical staff files of 2 of 7 physicians who were reappointed to the medical staff in April of 1995, did not contain a list of surgical privileges that were granted by the facility.  
  
N.B.  
L.J.

Q 021 A meeting of the Consulting/Credentials Committee has been called to discuss the files of [redacted] and [redacted]. Completion of the files will occur at this time. 5/16/95

Q 022 416.45(c) STANDARD:  
OTHER PRACTITIONERS  
  
42 CFR 416.45(c) Other practitioners  
----- If the ambulatory surgical center assigns patient care responsibilities to practitioners other than physicians, it must have established policies and procedures, approved by the governing body, for overseeing and evaluating their clinical activities.  
  
This STANDARD is not met as evidenced by:  
  
----- SUPERVISOR: 07101 -----  
Based on a review of the credential file of "N.G." a Certified Registered Nurse Anesthetist (CRNA) who provides anesthesia for patients in the facility one day per week, the facility fails to ensure that the practitioners are reappointed according to the facility policy.  
  
Findings include:  
  
The facility policy provides that the practitioners are reappointed each

Q 022 Since there was no documentation in N.G.'S file indicating his reappointment for 1993 and 1994, the Consulting/Credentials Committee meeting was called. [redacted] reappointment was approved and appropriate documentation was placed in [redacted] file by Anita Kroeger, RN. 5/12/95

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Q 022 ( Continued From Page 3 )  
year. Documentation in "Y.G."s file indicates that the last date of reappointment was April of 1992.

Q 027 416.47(b) STANDARD:  
FORM AND CONTENT OF RECORD  
  
42 CFR 416.47(b) Form and content of record

The ambulatory surgical center must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following: (A) Patient identification. (B) Significant medical history and results of physical examination. (C) Pre-operative diagnostic studies (entered before surgery), if performed. (D) Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body. (E) Any allergies and abnormal drug reactions. (F) Entries related to anesthesia administration. (G) Documentation of properly executed informed patient consent. (H) Discharge diagnosis.

This STANDARD is not met as evidenced by:

----- SURVEYOR: 07101 -----  
Based on events that occurred during clinical record review, the facility was unable to present 1 of the 10 clinical records that were requested as the survey sample. The facility reported that the surgeon had the

Q 027 The record of [redacted] was retrieved and is available in the facility. The surgeon was notified by Anita Kroeger, RN, that all patient records must remain accessible to all staff members. 5/12/95

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Q 027	( Continued From Page 4 ) patient's medical record and was not available in the facility. The facility's surgical log includes documentation that on 3-14-95 [redacted] had [redacted] performed by Dr. G. who is on the facility's medical staff. On 5-11-95 the facility was unable to present any portion of this clinical record.			
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