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**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 OF FACILITY Forest View Medical Center 2750 S. River Road Des Plaines Illinois 60018

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.240	<p>Policies and Procedures Manual            The ...ambulatory surgical treatment center shall formulate a written policies and procedures manual. This manual shall be followed by (staff) at all times in the performance of their duties.</p> <p>This requirement is not met as evidenced by</p> <p>Based on policy review, clinical record review, Rhogam Administration Record review and staff interview, it was determined, for 1 of 2 patients (Pt. #3) who were RH negative, staff failed to maintain a log for administration of Rhogam (sensitization prophylaxis) in accordance with policy.</p> <p>Findings include:</p>	See Next Page	

b/s 6/2/11

DATE OF SURVEY 6/1/11

BY 07105

*Nancy Nelson / JB*

**RECEIVED**

BY \_\_\_\_\_

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205.240 Cont.	<p>Policies and Procedures Manual</p> <p>1. On 6/1/11 at approximately 10:00AM, Facility policy titled, "Rhogam Administration" was reviewed. The policy included, "...a daily log of patients receiving treatment of a sensitization prophylaxis will be maintained ...on the Rhogam Administration Record."</p> <p>2. On 5/31/11 at approximately 11:00AM, the clinical record for Pt. #3 was reviewed. Pt. #3, a 39 year old female, had a surgical procedure performed on 6/3/10. The clinical record "flow sheet" contained documentation that Pt. #3 was RH negative and received Rhogam as ordered. However, the medication was not documented in the Rhogam administration Record in accordance with policy.</p> <p>3. The above finding was confirmed by the Administrator during an interview on 5/31/11</p>	<p>Pt. 3 did not have a surgical procedure but rather a medical AB. Nevertheless, the Rhogam injection should have been documented on the "Rhogam Administration Record".</p> <p>As a reminder to the staff, Administration sent out a memo regarding this matter (See Enclosure). The Nursing Supervisor also had an inservice with the staff. To further investigate compliance, the Administrator performed an audit of all Rh Neg patients for this year (6 months). This study verified that documentation was performed (See Enclosure). The Administrator will continue to monitor compliance quarterly.</p>	6/30/2011

DATE OF SURVEY 6/1/11

BY 07105

*11/1/11*

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NAME AND ADDRESS OF FACILITY Forest View Medical Center 2750 S. River Road Des Plaines Illinois 60018

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.310 (b)	<p>Personnel Policies</p> <p>The ambulatory surgical treatment center shall check the status of all applicants with the Health Care Worker Registry prior to hiring.</p> <p>This requirement is not met as evidenced by</p> <p>Based on personnel file review and staff interview, it was determined that for 5 of 5 employee files reviewed (E#1-5), the Facility failed to ensure background checks with the Health Care Registry prior to hiring.</p> <p>Findings include:</p>	See Next Page	

DATE OF SURVEY 6/1/11

BY 07105

*MM/2B*

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NAME AND ADDRESS OF FACILITY	Fair View Medical Center 2750 S. River Road Des Plaines Illinois 60018		COMPLETION DATE
LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	
205.310 (b) Cont.  <i>Weygla</i>	<p><b>Personnel Policies</b></p> <p>1. On 6/1/11 at approximately 11:00AM, 5 personnel files (E#1-5) were reviewed. The files for employee #s 1- 5 failed to contain Health Care Worker Registry background checks:</p> <p>E#1 Medical Assistant,/Ultra Sound Tech date of hire 10/31/08.                      E#2 Ultra Sound Tech date of hire 1/17/11.                      E#3 Medical Assistant date of hire 10/11/11.                      E#4 Medical Assistant date of hire 9/7/11.                      E#5 Medical Assistant date of hire 1/17/11.</p> <p>2. The above findings were confirmed by the Administrator during an interview on 6/1/11 at approximately 1:00PM.</p>	<p>Since we do not hire Nurse Aides and do not fit the definition of a "long-term care facility" (See Enclosures) we did feel that we were not required to check the status of our staff with the Nurse Aide Registry.</p> <p>We have contacted Jonna Veach, Division Chief of the Nurse Aide Registry IDPH and she also verified that we are not required to participate in the Registry (See Enclosure).</p>	6/30/2011

DATE OF SURVEY 6/1/11 BY 07105  
(Surveyor)

111/AB  
(Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY \_\_\_\_\_

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NAME AND ADDRESS OF FACILITY Forest View Medical Center 2750 S. River Road Des Plaines Illinois 60018

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205.310	<p>Personnel Policies</p> <p>Each ambulatory surgical treatment center shall have ...job descriptions for each staff position...there shall be a documented procedure for orientation of new employees...</p> <p>This requirement is not met as evidenced by:</p> <p>Based on personnel file review for 2 of 2 Ultra Sound Technicians (E#1 and #2) , job description review, performance review and staff interview, it was determined that the Facility failed to ensure E#1 and #2 had training by completing 50 pelvic ultra sounds in accordance with their job description requirements.</p>	See Next Page	

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205.310 Cont.	Personnel Policies  Findings include:  1. The personnel files for Ultra Sound Technicians E#1 and 2 were reviewed on 6/1/11 at approximately 1:00PM. The files contained job descriptions that read, "Verification of In-House training consisting of demonstrating fifty pelvic ultra sounds" The file also contained undated performance reviews indicating that each technician performed over 30 ultra sounds. The required 50 ultra sounds performed was not documented.  2. The above findings were confirmed by the Administrator during an interview on 6/1/11 at approximately 1:30PM.	Our certification document for Ultrasound Technicians has always stated "30 ultrasounds". Recently, in the process of updating our job description, somehow "50 ultrasounds" was inadvertently entered into the document.  The Consulting Committee has approved the correction of the Ultrasound Technician Job Description to "30 ultrasounds". All Ultrasound Technicians have signed the revised job description and the new document has been added to the Policy & Procedure Manual.	6/30/2011

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NAME AND ADDRESS OF FACILITY      Forest View Medical Center, Ltd. 2750 S. River Road, Des Plaines, Illinois 60018-4103

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 (0)	<p>Clinical Records</p> <p>Accurate and complete records shall be maintained...the record shall include...post counseling notes.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on clinical record review and staff interview, it was determined that in 2 of 11 records reviewed (Pt. #s1-2), the Facility failed to ensure patients received post operative counseling.</p> <p>Findings include:</p>	See Next Page	

DATE OF SURVEY 6/1/11

BY 07105  
(Surveyor)

11-11/03  
(Provider's Representative)

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NAME AND ADDRESS OF FACILITY Forest View Medical Center, Ltd 2750 S. River Road Des Plaines, Illinois 60018-4103

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 (0) Cont.	<p><b>Clinical Records</b></p> <p>1. On 5/31/11, clinical records for Pt. # 1-11 were reviewed between 10:00AM and 12:30PM. The clinical records for Pt #s 1 and 2 lacked post operative counseling notes.</p> <p>2. Pt. #1, a 23 year old female, had a surgical procedure performed on 2/3/11. The clinical record lacked a post operative counseling note.</p> <p>3. Pt.#2, a 39 year old female, had a surgical procedure performed on 2/17/11. The record lacked a post operative counseling note.</p> <p>4. The above findings were confirmed by the Administrator during an interview on 5/31/11 at approximately 12:30PM.</p>	<p>Due to the nature of the procedures, many of our patients explicitly express that they do not want to be contacted post procedure for confidentiality reasons. Also, many of our patients return to their own physicians for post-op care and/or counseling and some patients are simply non-compliant and do not respond to any type of follow up.</p> <p>Therefore, with this in mind we have created a "Post Counseling Progress Notes" Form (see enclosure). This Form will be used to document the post counseling status of each patient:</p> <ol style="list-style-type: none"> <li>1. Whether or not the patient can be contacted</li> <li>2. Where the patient will be going for follow up:                         <ol style="list-style-type: none"> <li>a. Own Physician, who?</li> <li>b. Our Facility, when?</li> <li>c. No Follow Up/Non-Compliance/Wrong Contact, etc.</li> </ol> </li> </ol> <p>Assigned staff will make an attempt to contact the patient regarding post counseling. Notes will be added to the patient's chart. The administrator will monitor compliance.</p>	06/30/2011

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MM/03  
(Provider's Representative)

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