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

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

NAME AND ADDRESS OF FACILITY Michigan Avenue Center for Health, Ltd. 2415 S. Michigan Avenue Chicago Illinois 60616

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.420 (a)	**Sanitary Facility** The ambulatory surgical treatment center shall insure maintenance of a sanitary facility… This requirement was not met as evidenced by: Based on an observational tour of 2 of 2 operating rooms (#1 and #2) and one recovery room, it was determined that the Facility failed to ensure equipment was maintained in a sanitary manner. Findings include: On 6/22/11 at approximately 11:35AM Operating rooms #1 and #2 and the recovery room was inspected with the following observations: 1. Three (3) of 4 metal carts in OR #1 contained rust like stains, residue and dust. The Anesthesia Machine in OR#1 was dusty. Suction tubing in OR #1, identified by staff as clean, was suspended over a biohazard container. The lid of the container when opened touched the clean tubing.	A meeting was held with the center managers, nurse supervisors , staff RNs and medical assistants to discuss the following plan of action: 1. The "brown substance" is betadine which can be very difficult to remove from certain surfaces. A new betadine stain remover will be evaluated by the center. 2. The nurse supervisor has discussed our cleaning protocol with the terminal cleaning staff. (See In Service Training Record) 3. Medical assistants will be responsible for dusting/cleaning of medical equipment, carts, etc. as well as "spot cleaning" between cases. (See O.R. Checklist) 4. The biohazard container has been moved to another location. Staff have been instructed to keep this area clear. (See O.R. Checklist) The Nurse Supervisor will be responsible for monitoring compliance of the cleaning protocols.	7/30/2011 ~~6/30~~/2011

DATE OF SURVEY 6/23/11 BY 07105 (Surveyor)

Aimee Dillard/RB (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

Aimee Dillard/RB 7/15/11

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 Michigan Avenue Center for Health, Ltd. 2415 S. Michigan Avenue Chicago Illinois 60616

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.420 (a) Cont.	**Sanitary Facility** 2. Two of 5 metal carts in OR #2 contained rust like stains and dust. Or #2 contained an ambu bag with a brown substance. rust like stains and dust. 3. Two of 2 metal carts in the Recovery room contained rust like stains and dust. 4. The above findings were confirmed by the Office Manager and Consultant during an interview on 6/22/11 at approximately 11:45AM	See Previous Page	

DATE OF SURVEY 6/23/11 BY 07105 (Surveyor) AD/AB AD/AB (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

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

NAME AND ADDRESS OF FACILITY Michigan Avenue Center for Health, Ltd.
2415 S. Michigan Avenue, Chicago, IL 60616

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.510 (b)	**Emergency Care** Each facility shall be prepared to manage those emergencies which may be associated with procedures performed there. This requirement is not met as evidenced by: Based on observation, review of the Crash Cart Checklist, Facility policy, and staff interview, it was determined that for one of one crash cart observed, the Facility failed to ensure emergency supplies were not outdated and failed to maintain a complete supply list on the checklist. Findings include: 1. During an observational tour of the Facility's procedure rooms and recovery room on 6/22/11 between 11:15 AM and 12:15 PM, a crash cart was observed in the recovery room. The crash cart was opened by staff. Three (3) of 3 bags of intravenous fluids contained in the cart were outdated with expiration dates ranging from 9/2010 to 5/2011.	See next page	

DATE OF SURVEY _6/23/11_____ BY_15168/15166_____ (Surveyor)

(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

XASTC ☐ HHA ☐ HMO ☐ HOSPICE ☐ HOSPITAL

NAME AND ADDRESS OF FACILITY Michigan Avenue Center for Health, Ltd.
2415 S. Michigan Avenue, Chicago, IL 60616

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.510 (b) Cont'd.	**Emergency Care** 2. The "Crash Cart Checklist" was reviewed on 6/23/11 at approximately 12:10pm. The checklist included a list of medications that were in the crash cart and the expiration date for each medication. The checklist lacked documentation of 3 bags of intravenous fluids that were found in the crash cart, including 2 bags of Normal Saline (NS) 250 ml and one bag of Lactated Ringers (LR) 1L, and therefore also lacked documentation of expiration dates for these outdated supplies. 3. The Facility policy entitled, "Check of Emergency Equipment," was reviewed on 6/22/11 at approximately 1:00 PM. The policy required "....1. The stat kit (or cart) contents and list shall be examined for completeness and readiness for every surgery day...2. A log shall be maintained on the cart to include the following: a. Date and time all items were checked..." 4. The above findings were verified with Facility's Office Manager on 6/22/11 at approximately 3:00 PM.	A meeting was held with the nurse supervisor and RNs. A memo has also been released to address Crash Cart Issues. (See enclosure) Our current "crash cart checklist" is a 2 page document. Page 1 list medications, Page 2 lists other supplies. The expired I.V. solutions that have been missed were listed on Page 2. The checklist has been reviewed and modified. I.V. solutions have now been moved to Page 1 with other medications. Items that never expire will be moved to the bottom of Page 2 and will be pre-printed as "NA" in the expiration column. We expect that this new checklist will be more user-friendly for the RNs. (See enclosure) The nurse supervisor will be responsible to check the daily checklist monthly for compliance.	7/30 ~~6/30~~/2011

DATE OF SURVEY 06/23/11 BY 15168/15166 (Surveyor)

(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

XASTC HHA ☐ HMO HOSPICE ☐ HOSPITAL

NAME AND ADDRESS: Michigan Avenue Center for Health, Ltd.
OF FACILITY: 2415 South Michigan Avenue, Chicago, Illinois 60616

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 (c)	**Postoperative Care:** Patients in whom a complication is known or suspected to have occurred during or after the performance of a surgical procedure, shall be informed of such condition and arrangements made for treatment of the complication. In the event of admission to an inpatient facility a summary of care given in the ambulatory surgical treatment center concerning the suspected complication shall accompany the patient. This requirement was not met as evidenced by: Based on review of Facility policy, clinical records, and staff interview, it was determined that, in 2 of 7 (Pt #3 and #4) clinical records reviewed of patients transferred to an inpatient facility, the Facility failed to ensure required documentation accompanied the patient. Findings include:	See Next Page	

DATE OF SURVEY 6/23/11 BY 15168 (Surveyor) (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

X ASTC HHA ☐ HMO HOSPICE ☐ HOSPITAL

NAME AND ADDRESS: Michigan Avenue Center for Health, Ltd.
OF FACILITY: 2415 South Michigan Avenue, Chicago, Illinois 60616

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 (c) Continued	**Postoperative Care** 1. Facility policy entitled, "Transfer of Patient Chart Information," reviewed on 6/22/11 at approximately 2:00 PM, required, "...The surgeon and/or anesthesiologist should communicate with the hospital receiving physician the reason for transfer." 2. The clinical record of Pt #3 was reviewed on 6/22/11 at approximately 2:15 PM. Pt #3 was a 30 year old female who presented on 3/23/10 for a D and C (Dilatation and Curettage) procedure. The clinical record included that on 3/23/10, Pt #3 was transferred to an inpatient facility with a diagnosis of Abnormal Heart Rhythm. The clinical record lacked the surgeon's and/or anesthesiologist's documentation regarding the complication(s) leading to the need for transfer.	A memo has been released to all the physicians reminding them of our transfer documentation protocol. (See enclosure) The nurse supervisor will be responsible to ensure complete and proper documentation on the day of the transfer. The Consulting Committee will review all transfers quarterly for completeness.	7/30 ~~6/30~~/2011

DATE OF SURVEY 6/23/11 BY 15168 (Surveyor) AD/AB AD/AB (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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X ASTC HHA ☐ HMO HOSPICE ☐ HOSPITAL

NAME AND ADDRESS: Michigan Avenue Center for Health, Ltd.
OF FACILITY: 2415 South Michigan Avenue, Chicago, Illinois 60616

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 (c) Continued	**Postoperative Care :** 3. The clinical record of Pt #4 was reviewed on 6/22/11 at approximately 2:30 PM. Pt #4 was a 40 year old female who presented on 12/22/09 for a D and C procedure. Clinical documentation dated 12/22/09 included that on 12/22/09 Pt #4 was transferred to an inpatient facility with a diagnosis of High Blood Pressure. The clinical record lacked the surgeon's and/or anesthesiologist's documentation regarding the event(s) leading to the need for Pt #4's transfer. 4. The findings were verified by the Facility's Office Manager during an interview on 6/22/11 at approximately 3:00 PM.	See previous page	

DATE OF SURVEY 6/23/11 BY 15168 (Surveyor) (Provider's Representative) 7/1/08 7/1/08

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

XASTC ☐ HHA ☐ HMO ☐ HOSPICE ☐ HOSPITAL

NAME AND ADDRESS OF FACILITY MICHIGAN AVENUE CENTER FOR HEALTH, LTD 2415 SOUTH MICHIGAN CHICAGO, IL 60616-2034

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 (o)	**Clinical Records** Accurate and complete clinical records shall be maintained for each patient… The record shall include the following… post counseling notes. Based on clinical record review and staff interview, the Facility failed to ensure for 2 of 17 clinical records reviewed (Pt. #1 and #2) the records contained a post counseling note. This requirement is not met as evidenced by: Findings include: 1. On survey date 6/22/2011 at 9:00 AM, the clinical record of Pt. #1 was reviewed. Pt. #1, a 22yr. old, had a surgical procedure on 10/15/2010. The clinical record lacked a post counseling note.	→ See enclosure for new form As of June 1, 2011, we have started using a new form for Post-Counseling Notes documentation. The 2 non-compliant patient records were from before the new documentation was implemented. An audit has been performed on all surgical charts since 6/1/2011 and found them to be compliant with Post-Counseling Notes. The Center's manager will be responsible to ensure compliance by the staff making the Post-Op calls. Also, the Post-Counseling Notes will be added to the quarterly Medical Record Review form to be reviewed by the Consulting Committee.	7/30 ~~6/30~~/2011

DATE OF SURVEY 6/23/2011 BY 07105 (Surveyor)

(Provider's Representative) 7/8

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

XASTC ☐HHA ☐ HMO ☐ HOSPICE ☐ HOSPITAL

NAME AND ADDRESS OF FACILITY

MICHIGAN AVENUE CENTER FOR HEALTH, LTD 2415 SOUTH MICHIGAN CHICAGO, IL 60616-2034

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG		COMPLETION DATE
205.610(o) Cont'd.	**Clinical Records** 2. On survey date 6/22/2011 at 9:30AM, the clinical record of Pt. #2 was reviewed. Pt. #2, a 22yr. old had a surgical procedure on 3/26/2011. The clinical record lacked a post counseling note. 3. On survey date 6/22/2011 at approximately 3:00 PM, in an interview with the Assistant Clinical Manager, these findings were confirmed.	See Previous Page	

DATE OF SURVEY 6/23/2011 BY 07105 (Surveyor) (Provider's Representative) QD/DB

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

IN-SERVICE TRAINING RECORD

DATE: 7.15.11 TIME: 1254

PRESENTOR: Laura

TOPIC: End Of Day O.R. Checklist

OUTLINE:
Responsibilities:

1. Medical Assistants will spot clean between cases and clean the O.R. at the end of the day following the new checklist.
2. Housekeeping crew will perform terminal cleaning per protocol at the end of the day (Mopping, Walls, Vents, Dusting, etc.)
3. It is the responsibility of the O.R. Staff to clean the medical equipment. Housekeeping Staff have been instructed not to touch critical medical equipment (Monitors, Ambu-bag, etc)
4. O.R.s to be checked by staff in the morning prior to surgery for cleanliness.
5. Damp dusting to be performed if needed.
6. Nurse Supervisor will monitor Medical Assistant daily cleaning and housekeeping terminal cleaning.
7. Nurse Supervisor will act on any non-compliant issue and report such problems to the Consulting Committee to be advised in the next Infection Control Meeting. Urgent matters will be addressed immediately with the Medical Director & Administration.
8. Staff has been advised that Administration has purchased the "Glogerm" (UV simulated germ system) and will be using this to monitor compliance

ATTENDEES:

Alexandra Rodriguez
Annette Coronado
Lizetth Garcia
Karen Arriaga
Lizabeth Salgado
Denise Garcia
Beatriz Ramos
J. Mullins
M. Palmer
J Adame
Liliana Ortiz
Yaydin Andrade
Jessica Hernandez
Laura
Nyla Pan Metu

VERIFIED BY:

Retain in Center 2 years, then Shred

MEMORANDUM

To: Managers, Nurse Supervisor, RN's

From: Administration

205.510

Date: 7/6/2011

Re: Crash Cart Checklist

Please be advised that page 2 of the Crash Cart Checklist has been modified. All items that have expiration dates have been moved up the list. Items that never have an expiration date already have "N/A" pre-printed in the EXP. DATE column.

Also, the IV bags and lactated ringers have been moved from page 2 to the bottom of page 1. Therefore all medications are now on page 1 and supplies are on page 2.

The Crash Cart Checklist needs to be checked at least monthly or when new supplies come in. Please take note that many "non-medication" supplies/instruments, on page 2, may also have expiration dates.

CRASH CART CHECKLIST - MEDS

All crash cart equipment is non-latex

205.510

Center: _____ Starting Date : _____ Checked by: _____ RN Starting Lock #(s): _____

MEDICATION	AMOUNT NEEDED	AMOUNT ON HAND	EXP. DATE	LOT#	DATE REC'D	EXP. DATE	LOT #	LOCK # (S)
Adenosine (Adenocard) 3mg/ml, 2 ml vial	3 amps							
Albuterol Inhaler 17 gm	1							
Ammonia Inhalant 0.3 ml ampule	5							
Aspirin, chewable tablets 81mg	1 bottle							
Atropine Sulfate 10ml (0.1mg/cc)	3 PF Syr.							
Calcium Chloride 10%, 10ml	2							
Dexamethasone 4mg/ml, 1 ml vial *or* Dexamethasone 4mg/ml, 5 ml vial	5 1							
Dextrose 50% 25gm/50ml	1 PF Syr.							
Diphenhydramine (Benadryl) H1 50mg vial	1 PF Syr.							
Dopamine 400mg/250ml IV Premix	1							
Ephedrine 50mg/ml, 1 ml amp	2							
Epinephrine 1:1000 (Adrenalin) Amp (1mg/ml)	4							
Epinephrine 1:10,000 1mg/10ml	4 PF Syr.							
Esmolol (Brevibloc) 10mg/ml, 10 ml vial	2							
Furosemide (Lasix) 10mg/ml, 2ml vial	1							
Insulin - Humulin R (RR Refrigerator)	1							
Lidocaine 2% 20mg/ml, 5ml	2 PF Syr.							
Lidocaine 2% 1gm/250ml, IV premix	1							
Magnesium Sulfate 5g/10ml	1 PF Syr.							
Narcan 0.4mg/ml, 1 ml amp	2							
Nitrostat (Nitroglycerin) tab	1 bottle							
Sodium Bicarbonate 8.4% 50ml vial	1 PF Syr.							
Sodium Chloride 0.9% 50 ml vial	1							
Vasopressin 20units/ml vial	2							
0.9% Sodium Chloride (NSS) 250 ml	2							
Lactated Ringers 1000 ml	1							

L139 – July 2011

CRASH CART CHECKLIST - SUPPLIES

205.510

All crash cart equipment is non-latex

Center: _____

Starting Date : _____

DESCRIPTION	AMOUNT NEEDED	AMOUNT ON HAND	EXP. DATE	LOT# (or Make & Model #)	DATE REC'D	EXP. DATE	LOT #	LOCK # (S)
Laryngoscope (Battery Check)	1 large							
	1 medium							
Endotracheal tubes	2 – size 6							
	2 – size 7							
IV Catheter (Angiocath)	G-18 (4)							
	G-20 (4)							
	G-22 (4)							
Foley Size 16F	1							
IV set	3							
Sterile Gloves	Size 6 – 1							
	Size 6 ½ - 1							
	Size 7 – 1							
	Size 8 – 1							
Trachstoma Device	1							
Yankauer Suction Tips	2							
Needles	G-18 (10)							
	G-20(10)							
	G-25 (10)							
O_2 Cannula	1							
Sutures	4.0 prolyne (3)							
	2.0 vicryl							
Adhesive Tape	1 roll		N/A					
Alcohol Wipes	1 box		N/A					
Ambu Bag	1		N/A					
Bandage Scissors	1		N/A					
Disposable Scalpel	Size 10		N/A					
Face masks	1		N/A					
Instrument Set	1		N/A					
Oral airways	2 medium		N/A					
	2 large		N/A					
Stethoscope	1		N/A					
Stylet	1		N/A					
Surgical Connecting Tube	1		N/A					
Syringes	1cc (4)		N/A					
	3cc (4)		N/A					
	5cc (4)		N/A					
	10cc (4)		N/A					
	60cc (1)		N/A					
Tourniquets	2		N/A					

IN-SERVICE TRAINING RECORD

205.610

DATE: 5-28-11

TIME: 2pm

PRESENTOR: Laura K, Center Manager

TOPIC: Post-op Progress notes

OUTLINE:

- New Forms Post-op Progress notes
- One For each patient's Chart
- Document on Each Form If pt wants to be contacted or Not. If pt wants to be contacted provide contact #.
- Document follow-up phone call on day after Procedure (Sat pt's will be called Monday)
- Remind pt of follow-up exam (Date & Time)
- Document all attempts of Contact with Patient (2 calls made date & Time).
- Document any other Calls / contact from patient
- Report any problems / issues to Nurse Supervisor immediatly

ATTENDEES:

Jessica A.
Lizabeth S.
Lizeth Garcia.
Jessica H.
Alexandra R.
Luisa Santiago
Beatriz Romero
Manay Palmera
[illegible]
Jamel Mullins
[illegible]

VERIFIED BY: [illegible]

MEMORANDUM

To: All Surgeons, Anesthesia Providers, RN's

From: Administration

205.540

Date: 7/5/2011

Re: Patient Transfer Documentation

Please be advised that in the event a patient is transferred, all documentation in the medical record must be complete. The reason for the transfer, as well as any and all events leading to the need of a patient transfer must be documented.

Also, all communication with the hospital staff should be documented.

POST COUNSELING PROGRESS NOTE

205.610(c)

Last Name	First Name	PT.#

- ☐ Patient does not want to be contacted for follow-up.
- ☐ Patient is going to her own physician.
- ☐ Patient will be following up at our center.
- ☐ Patient can be called at the following: _____

Date	

Month/Year_____

End of Day O.R. Checklist

205.42 C (a)

Staff Initial Box when completed, RN verify all work.

Daily Duties	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Check Floor for Debris															
Carts & Tables Cleaned with disinfectant															
Medical Equipment cleaned with disinfectant															
Spot Clean Walls, Floors for visible stains															
Lock Carts & Cabinets															
Check O_2 Tanks (off & secured)															
Stock Room O. R.															
Empty Wastebaskets															
Remove Biohazardous Waste															
Check Hoses (area clear)															
Check Suction Filter (Replace if necessary)															
Equipment Turned OFF															
Lights OFF															
Manager Initials															

Illinois Department of Public Health
Division of Health Care Facilities and Programs
Pregnancy Termination Centers
Survey Report

Nursing Survey: Type ☐ Initial ☒ Resurvey ☐ Complaint

Name of Facility: Michigan Avenue Center for Health **Date of Survey:** 6/22/11 6/23/11

Address: 2415 S. Michigan Ave **Name of Surveyor(s)** Pamela Marks, Terry Jones

City: Chicago, IL **Zip:** 60616

Name of Administrator: Amy Dullard Assist Admin **Telephone number:** 312-328-1200 FAX 312-328-1240

Comments: DR Fecmina Ventura - Medical Director

3/2011

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
SUBPART B: OWNERSHIP AND MANAGEMENT				
Section 205.220 Organizational Plan				
An organizational plan shall be known to the staff and available for public information in the facility. The document shall clearly set forth the organization, duties, responsibility, accountability and relationships of professional staff and other personnel. All owners, administrators, professional staff and ancillary personnel shall act in accordance with this document. This document shall be submitted to the Department with the initial application and thereafter will be reviewed at regular inspections by the Department.	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.230 Standards of Professional Work				
Management and/or the owner of the ambulatory surgical treatment center shall maintain proper standards of professional work in the licensed facility.	✓			
(a) A qualified consulting committee shall be appointed in writing by the management and/or owner of the ambulatory surgical treatment center and shall establish and enforce standards for professional work in the facility and standards of competency for physicians. The consulting committee shall meet not less than quarterly and shall document all meetings with written minutes. These written minutes shall be maintained ~~a~~ in the facility and shall be available for inspection by the Department.	✓			
(1) The membership of the consulting committee shall reflect the types of procedures performed. If the facility performs more than 50 procedures per month or more than 10% of the total procedures performed are in a specific specialty area then there shall be a consulting physician of that specialty on the consulting committee.	✓			
(2) The consulting committee shall review development and content of the written policies and procedures of the center, the procedures for granting privileges, and the quality of the surgical procedures performed. Evidence of such review shall be recorded in the minutes.	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.230 Standards of Professional Work (Continued)				
(3) Credentials shall be provided by those physicians seeking practice privileges. These credentials shall be reviewed by the credentials committee and specific practice privileges identified and recorded. Record of such accepted practice privileges shall be available for facility staff use and public information within the facility.	✓			
(4) Each member of the medical staff granted specific surgical practice privileges shall provide a notarized statement or documentation indicating the name of the Illinois' licensed hospital(s) where they have skilled-equivalent practice privileges. Such statements or documentation shall be available for inspection by the Department. A list of privileges granted each medical staff member of the ambulatory surgical treatment center shall be available at all times for use by the staff of the center and for inspection by Department staff. As used in this subsection, "skilled-equivalent" means the ability to perform similar procedures requiring the same level of training and expertise.	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.230 Standards of Professional Work (Continued)				
(5) The consulting committee shall act as a tissue committee and shall review at least quarterly pathological reports from procedures performed by each physician on the staff. Evidence of such review shall be recorded in the minutes.	✓			
(b) A qualified physician shall be designated "Medical Director."				
(1) The Medical Director shall secure compliance with the policies and procedures pertaining to medical and surgical procedures, approved by the consulting committee.	✓			
(2) The Medical Director shall be responsible for the implementation of medical policies and procedures contained in the facility's policies and procedures manual (Section 205.240) governing the professional personnel involved directly in the care of patients undergoing surgical procedures, including their preoperative and postoperative care and follow-up.	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.230 Standards of Professional Work (Continued)				
(3) The Medical Director shall establish and secure compliance of standards for the observation of patients by nursing personnel during the postoperative period.	✓			
Section 205.240 Policies and Procedures Manual				
The management/owner of the ambulatory surgical treatment center shall formulate a written policies and procedures manual. This shall be done in cooperation with the medical and professional staff and shall be approved by the consulting committee. These 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 manual shall be available to all staff in the center and shall be followed by them at all times in the performance of their duties.	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.310 Personnel Policies				
Each ambulatory surgical treatment center shall have written personnel policies including job descriptions for each staff position, which shall include minimum qualifications required for the position. There shall be a documented procedure for orientation of new employees to the facility's policies and procedures as well as the personnel policies including a copy of the appropriate job description.	✓			
(a) Prior to employing any individual in a position that requires a State license, the ambulatory surgical treatment center shall contact the Illinois Department of Financial and Professional Regulation to verify the individual's license is active. A copy of the license shall be placed in the individual's personnel file.	✓			
(b) The ambulatory surgical treatment center shall check the status of all applicants with the Health Care Worker Registry prior to hiring.	✓			
Section 205.320 Presence of Qualified Physician				
A qualified physician shall be present at the facility until all patients are medically discharged. The discharge criteria shall be defined by the qualified consulting committee.	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.330 Nursing Personnel				
(a) At least one registered professional nurse with postgraduate education or experience in surgical nursing shall direct and supervise the nursing personnel and the nursing care of patients and shall be on duty at all time, on the premises, when patients are present.	✓			
(b) Nursing care may be provided by student nurses and licensed practical nurses who have been trained in observation and emergency techniques for preoperative and postoperative care of surgical patients and who are under the direct personal supervision of a registered nurse at all times.	✓			
Section 205.340 Basic Life Support				
At least one person who is certified in "Basic Life Support" by the American Heart Association shall be on the premises while patients are present.	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.350 Laboratory Services				
Each ambulatory surgical treatment center shall meet each of the following requirements:	✓			
(a) Possess a valid Clinical laboratory Improvement Amendments (CLIA) certificate for those tests performed by the facility (57 Fed. Reg. 40, pp 7135-7139, February 28, 1992-Medicare, Medicaid and CLIA Programs; Regulations Implementing the Clinical Laboratory Improvement Amendments of 1988 (CLIA), No further editions or amendments included).				
(b) Have a written agreement with a laboratory which possesses a valid CLIA certificate to perform any required laboratory procedures which are not performed in the center.	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.410 Equipment				
Equipment shall be in good working order and shall be available in numbers sufficient to provide good patient care based on the procedures to be performed in the facility.	✓			
(a) Monitoring equipment, suction apparatus, oxygen and related items available within the surgical and postoperative recovery area. Cardiac pulmonary resuscitation equipment shall be available in all facilities.	✓			
(b) The facility shall have written procedures governing the care, use, sterilization, storage and disposal of all materials to insure that an adequate supply of sterile equipment is available for each procedure.	✓			
(c) The facility shall have written procedures to assure safety in storage and use of inhalation anesthetics and medical gases in accordance with NFPA Standard No. 99.	✓			
(d) The facility shall be written procedures to assure the safety in storage and use of all narcotics and medications in accordance with state and federal law.	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.410 Equipment (Continued)				
(e) Facilities using laser equipment shall maintain documentation that the equipment is registered with the Illinois Emergency Management Agency as is required by the Laser System Act of 1997 [420 ILCS56]. The facility shall also have a written safety and maintenance program related to the use of the laser equipment.			✓	
Section 205.420 Sanitary Facility				
(a) The ambulatory surgical treatment center shall insure maintenance of a sanitary facility with all equipment in good working order. Written procedures shall include provision for garbage and refuse removal, insect and rodent control, maintenance of water, heat, ventilation and air conditioning, and electrical service.		X		See licensure deficiency
(b) Any blood, blood components, organs, semen, or other human tissue showing exposure to Human Immunodeficiency Virus (HIV) as evidenced by two of three reactive ELISA test results (according to the package insert – product circular), or exposure to any other identified causative agent of Acquired Immunodeficiency Syndrome (AIDS), and any blood, blood components, organs, semen, or other human tissue originating from a patient diagnosed with AIDS or ARC as defined in 77 Ill. Adm. Code 693.20, shall be disposed of by the center in accordance with subsection (c) of this Section, or delivered in accordance with subsection (d) of this Section, to a research facility to use such blood, blood components, organs, semen, or other human tissue for AIDS research.	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.420 Sanitary Facility (Continued)				
(c) Any such blood, blood components, organs, semen, or other human tissue, and any other materials or paraphernalia exposed to, or contaminated by, such blood, blood components, organs, semen, or other human tissue shall be completely incinerated, sterilized, or sealed in order to render the materials innocuous before disposal or removal from the premises.	✓			
(1) The incineration of materials shall be done in accordance with the requirements of the Pollution Control Board concerning the operation of an incinerator (35 Ill. Adm. Code 724).	✓			
(2) The sterilization of materials shall be done by autoclaving the materials in accordance with the recommendations of the manufacturer of the autoclave. The effectiveness of the autoclave shall be verified and documented at least weekly with a biological spore assay containing B. stearothermophilus.	✓			
(3) Incinerated or sterilized materials shall be disposed of through routine waste disposal methods.	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.420 (c)(4) Sanitary Facility (Continued)				
(4) Materials which have not been incinerated or sterilized shall be disposed of by a waste hauler with a proper permit from the Illinois Environmental Protection Agency under rules of the Pollution Control Board (35 Ill. Adm. Code 809). These materials must be sealed, transported, and stored in biohazard containers. These containers shall be marked "Biohazard," bear the universal biohazard symbol, and be orange, orange and black, or red. The containers shall be rigid and puncture-resistant such as a secondary metal or plastic can with a lid that can be opened by a step-on pedal. These containers shall be lined with one or two high density polyethylene or polypropylene plastic bags with a total thickness of at least 2.5 mil. or equivalent material. The containers shall be sealed before being removed from the facility.	✓			
(d) When a center delivers such blood, blood components, organs, semen, or other human tissue to a research facility, the center shall file a report with the Department (Division of Laboratories) which shall include at least the following information:			✓	
(1) A copy of the request from the research facility for the blood, blood components, organs, semen, or other human tissue;			✓	

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.420 (d)(2) Continued				
(2) The quantity of blood, blood components, organs, semen, or other human tissue delivered;			✓	
(3) The name and location of the research facility to which the blood or other human tissue was delivered; and			✓	
(4) The date and time of delivery.			✓	
(e) A research facility, for the purposes of this Section, shall mean any clinical laboratory licensed under the Clinical Laboratory Act (Ill. Rev. Stat. 1987, ch. 111 ½ , par. 621 et. seq.), any blood bank licensed under the Illinois Blood Bank Act (Ill. Rev. Stat. 1987. ch 111 ½ , par. 601-101 et seq.) or any hospital licensed under the Hospital Licensing Act (Ill. Rev. Stat. 1987, ch. 111 ½, par. 142 et seq.)			✓	
Section 205.510 Emergency Care				
(a) Each facility shall have a written plan of procedure to be followed in case of fire, explosion, or non-patient medical emergency. This plan shall specify persons to be notified and actions to be taken and shall be known by all staff of the facility.	✓			
(b) Each facility shall be prepared to manage those emergencies which may be associated with procedures performed there.		X		See licensure deficiency

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.520 Preoperative Care				
(b) A complete medical history shall be obtained and the physical examination shall be complete. A pre-anesthetic evaluation shall be completed specifically identifying any patient sensitivity or contraindications to anesthesia.	✓			
(c) The laboratory examinations required on all admissions shall be determined by the Consulting Committee and shall be consistent with the scope and nature of the ambulatory surgical treatment center. The required list or lists of test shall be in written form and shall be available to all members of the Medical staff.	✓			
(d) Prior to procedures performed to terminate pregnancy, the physician shall establish the diagnosis of pregnancy by appropriate clinical evaluation and testing. In addition, the patient's blood Rh factor shall be determined.	✓			
(e) A written statement indicating informed consent and a signed authorization by the patient for the performance of the specific surgical procedure shall be procured and made part of the patient's clinical record.	✓			
(f) Surgical procedures shall not be performed on patient's having medical, surgical, or psychiatric conditions or complications as specified by the consulting committee in the facility's written policies.	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
g) Prior to admission to the facility for a surgical procedure, the patient shall be informed of the following:				
1) Patients who receive intranvenous sedation, or any other specific anesthesia technique designated by the Consulting Committee must not attempt to drive a motor vehicle immediately upon discharge from the facility.	✓			
2) Patients must make arrangements prior to admission for safe transportation from the facility upon discharge to return to home or to similar environment.	✓			
Section 205.530 Operative Care				
a) Surgical procedures shall be performed only by a qualified physician within the limits of the defined specific practice privileges that have been granted to that individual by the consulting or a committee designated by the consulting committee.	✓			
b) Administration of Anesthesia	✓			
1) For the purposes of this Section, anesthesia shall include intravenous sedation.	✓			
2) Anesthesia may be administered only by the following persons, each having been granted specific anesthesia privileges by the consulting committee or a committee designated by the consulting committee.	✓			
A) A qualified anesthesiologist (as defined in 205.110)	✓			
B) A physician licensed to practice medicine in all of its branches.	✓			
C) A certified registered nurse anesthetist (as defined in Section 205.110) who is implementing the orders				

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.530 continued of a qualified anesthesiologist, or the physician, who is performing the procedure. The qualified anesthesiologist or physician who has ordered the anesthesia must be on the premises of the facility during the administration of the anesthesia.	✓			
E) A registered nurse. If the ASTC policy allows the registered nurse to deliver moderate sedation ordered by a physician licensed to practice medicine in all its branches the following are required:	✓			
i) *The registered nurse must be under the supervision of a physician licensed to practice medicine in all its branches, podiatrist, or dentist during the delivery or monitoring of moderate sedation and have no other responsibilities during the procedure.*	✓			
ii) *The registered nurse must maintain current Advanced Cardiac Life Support certification or Pediatric Advanced Life Support certification as appropriate to the age of the patient.*	✓			
iii) *The supervising physician licensed to practice medicine in all its branches, podiatrist, or dentist must have training and experience in delivering and monitoring moderate sedation and possess clinical privileges at the ASTC to administer moderate sedation or analgesia.*	✓			
iv) *The supervising physician licensed to practice medicine in all its branches, podiatrist, or dentist must remain physically present and available on the premises during the delivery of moderate sedation for diagnosis, consultation, and treatment of emergency medical conditions.*	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.530 continued v) *The supervising physician licensed to practice medicine in all its branches, podiatrist, or dentist must maintain current Advanced Cardiac Life Support certification or Pediatric Advanced Life Support certification as appropriate to the age of the patient.*	✓			
vi) *Local, minimal, and moderate sedation shall be defined by the Division of Professional Regulation of the Department of Financial and Professional Regulation. Registered nurses shall be limited to administering medications for moderate sedation at doses rapidly reversible pharmacologically as determined by rule by the Division of Professional Regulation of the Department of Financial and Professional Regulation.* (Section 6.7(b) of the Act)	✓			
vii) *Nothing in* the Act or this Section *precludes a registered nurse from administering medication for the delivery of local or minimal sedation ordered by a physician licensed to practice medicine in all its branches, podiatrist, or dentist.* (Section 6.7(a) of the Act)			✓	
3) An anesthesia assistant who is licensed as a physician's assistant pursuant to the Physician Assistant Practice Act of 1987 [225 ILCS 95] may assist in the administration of anesthesia only under the direct supervision of a qualified anesthesiologist (as defined in Section 205.110 of this Part).	✓			
4) The person administering anesthesia, or a person who has equivalent practice privileges, shall be present in the facility during the recovery of the patient to whom anesthesia was administered.				

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.530 continued				
d) All x-rays, except those exempted by the consulting committee and as specified in the facility's policies and procedures manual, shall be read by a physician, podiatric physician, or dentist, each of whom shall have practice privileges at the facility, or by a consulting radiologist approved by the consulting committee. A copy of the x-ray report shall be filed in the patient's clinical record within seven days.			✓	
e) *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. As used in this subsection, *"circulating nurse" means a registered nurse who is responsible for coordinating all nursing care, patient safety needs, and the needs of the surgical team in the operating room during an invasive or operative procedure* requiring aseptic technique. (Section 6.5(2.5) of the Act)	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.540 Postoperative Care				
(a) Patients shall be observed in the facility for a period of time sufficient to ensure that the patient is awake, physiologically stable, manifests no immediate postoperative complications, and is ready to return to home or to a similar environment. No patient shall be required to leave the center in less than one (1) hour following the procedures.	✓			
(b) Rh factor sensitization prophylaxis shall be provided to all Rh negative patients following procedures performed to terminate pregnancy, in accordance with standard medical procedures.	✓			
(c) Patients in whom a complication is known or suspected to have occurred during or after the performance of a surgical procedure, shall be informed of such condition and arrangements made for treatment of the complication. In the event of admission to an inpatient facility a summary of care given in the ambulatory surgical treatment center concerning the suspected complication shall accompany the patient.		X		See licensure deficiency
See section 205.710 b) 2 for compliance with 205.740 d) or follow 205.540 d) 1-3				

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.710 b) 2) 2) Compliance with Section 205.540(d) is not required, if the medical director or a physician practicing at the facility has a professional working relationship or agreement, maintained in writing at the facility and verifiable by the Department, with a physician who does have admitting or practice privileges at a licensed hospital within 15 minutes from the facility and who will assume responsibility for all facility patients requiring such follow-up care.	✓			
OR				
205.540 d) d) To ensure availability of follow-up care at a licensed hospital, the ambulatory surgical treatment center shall provide written documentation of one of the following:				
1) A transfer agreement with a licensed hospital within approximately 15 minutes travel time of the facility.			✓	
2) A statement that the medical director of the facility has full admitting privileges at a licensed hospital within approximately 15 minutes travel time and that he/she will assume responsibility for all facility patients requiring such follow-up care.	✓			
3) A statement that each staff physician, dentist, or podiatrist has admitting privileges in a licensed hospital within 15 minutes travel time of the facility.			✓	

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.540 Postoperative Care (Continued)				
(e) Written instructions shall be issued to all patients in accordance with the standards approved by the consulting committee of the ambulatory surgical treatment center and shall include the following:	✓			
(1) Symptoms of complications associated with procedures performed.	✓			
(2) Limitations and/or restrictions of activities of the patient.	✓			
(3) Specific telephone number to be used by the patient, at anytime, should any complication or question arise.	✓			
(4) A date for follow-up or return visit after the performance of the surgical procedure which shall be scheduled within six weeks.	✓			
(f) Patients shall be discharged only on the written signed order of a physician. 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.	✓			
(g) Information on availability of family planning services shall be provided, when desired by the patient, to all patients undergoing a pregnancy termination procedure. When, in the physician's opinion, it is in the best interest of the patient and with the patient's consent, family planning services may be initiated prior to the discharge of the patient.	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
Section 205.610 Clinical Records				
Accurate and complete clinical records shall be maintained for each patient and all entries in the clinical record shall be made at the time the surgical procedure is performed and when care, treatment, medications, or other medical services are given. The record shall include, but not be limited to, the following:	✓			
(a) patient identification	✓			
(b) admitting information including patient history, physical examination findings, diagnosis or need for medical services	✓			
(c) pre-counseling notes	✓			
(d) signed informed consent	✓			
(e) confirmation of pregnancy (when abortion is performed)	✓			
(f) signed physician orders	✓			
(g) laboratory test reports, pathologist's report of tissue, and radiologist's report of x-rays	✓			
(h) anesthesia record	✓			
(i) operative record	✓			
(j) medication and medical treatments	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
(k) recovery room progress notes	✓			
(l) physician and nurses' progress notes	✓			
(m) condition at time of discharge	✓			
(n) patient instructions	✓			
(o) post counseling notes		X		See licensure deficiency
Section 205.620 Statistical Data				
(a) Each ambulatory surgical treatment center shall collect, compile and maintain the following clinical statistical data at the facility to be made available to the Department during a survey or inspection, or upon the Department's request:	✓			
(1) the total number of surgical cases treated by the center;	✓			
(2) the number of each specific surgical procedure performed;	✓			
(3) the number and type of complications reported, including the specific procedure associated with each complication;	✓			
(4) the number of patients requiring transfer to a licensed hospital for treatment of complications. List the procedure performed and the complication that prompted each transfer; and	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
(5) the number of deaths, including the specific procedure that was preformed.	✓			
(b) This clinical statistical data shall be collected, compiled and maintained quarterly, with reports completed no later than January 31, April 30, July 31 and October 31 for the preceding quarter.	✓			
SUBPART G: LIMITED PROCEDURE SPECIALTY CENTERS				
Section 205.710 Pregnancy Termination Specialty Centers				
a) A facility will be considered a pregnancy termination specialty center if it meets each of the following conditions:	✓			
1) Procedures performed at the facility are limited to procedures to terminate pregnancy performed within 18 weeks assessed gestational age (beginning on the first day of the last menstrual period), and other gynecologic procedures related to the termination of pregnancy. Assessed gestational age may be determined by patient history or by clinical assessment.	✓			
2) The center does not use general, epidural, or spinal anesthesia for any of the procedures performed. If intravenous sedation is used, mechanical ventilation devices and intubation equipment shall be available on site.	✓			

RULES AND REGULATIONS	IN COMPLIANCE YES	NO	N/A	COMMENTS
3) The program narrative and policies of the facility are limited to the performance of procedures to terminate pregnancy and other procedures related to the termination of pregnancy.	✓			
(b) The following exceptions and modifications of the requirements of the Part apply to pregnancy termination specialty centers. Pregnancy termination specialty centers shall comply with each of the requirements of this Part, unless specifically excepted or modified by the provisions of this subsection.	✓			
1) The initial and renewal application need only include the name, address, and telephone number of all owners, administrators, and medical directors of the center (in lieu of compliance with Section 205.120(b)(5) through (7) and Section 205.125(b)(5) through (7)). However, the other information required in these provisions shall be maintained at the center and be available for inspection by the Department. The information shall include the original or notarized copies of credentials of all licensed or certified personnel.	✓			
2) Compliance with Section 205.540(d) is not required, if the medical director or a physician practicing at the facility has a professional working relationship or agreement, maintained in writing at the facility and verifiable by the Department, with a physician who does have admitting or practice privileges at a licensed hospital within 15 minutes from the facility and who will assume responsibility for all facility patients requiring such follow-up care.	✓			
Section 250.710 b) 3) – 22) is in the various LSC sections it relates to				