DIVISION OF HEALTH FACTLITIES

DIVISION OF HEALTH FACILITIES GTANDARDS STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION								
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	SPECIFICALLY WHAT IS WRONG Clerical Records	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE					
do5.610	accurate and complete	strictly a port of discharge						
ル)	Clinical records Shall be maintained	Many de Contantonnogo	17					
	for each palat. The record	It should be noted on all ale	01.00.00A 75					
	Shall include the following:	@ Proper completion nex boom	(()) interpositamento;					
	Patient instructions	6. This and other election;						
	A) Based on a review of 10	Hous will be employed our						
변 경 12. 14.	to document descharge times for all	Dies those monoradam has						
	solutionent deschorge time for all	Service 15 (4), 11 (6) = 10 (6), 12 (7) 14 (1)						
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		the check list. It has here about						
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LLLINGIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS AMBULATORY SURGICAL TREATMENT CENTER

NURSING SURVEY

SURVEY REPORT CENTER NURSING SURVEY

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NAME OF FACILITY Monthern S	Menois Women's	Certin Ltd. 8/2
1400 Burnelin		_
		Panel Maly HFST
CITY Kockford Is	61104 ZIP	
DR R. Bagstale NAME OF ADMINISTRATOR	211	NAME OF SURVEYOR
NAME OF ADMINISTRATOR		TELEPHONE TO THE
PURPOSE OF SURVEY: /_/ INITIAL	/ RESURVEY	
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ASTC RULES AND REGULATIONS

IN COMPLIANCE

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1	YES	NO	N/A	 	
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. (Source: Amended at 3 111. Reg. 30, p. 371, effective July 23, 1979)	X			:	
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ASTC RULES AND RECULATIONS

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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 at the facility and shall be available for inspection by the Department.
 - 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 speciality 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.
 - 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.
 - 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.
 - 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.

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	IN COMPLIANCE	COMMENTS	
ASTC RULES AND REGULATIONS Section 205.230 (continued) 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. 3) The Medical Director shall establish and secure compliance of standards for the observation of patients by nursing personnel during the postoperative period.	1 N	COMMENTS	
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ASTC RULES AND REGULATIONS

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26671011	Policies and Procedures Manual	
The management/own	er of the ambulatory surgical treatmen	t center si s shall be

The management/owner of the ambulatory surgical treatment center and formulate a written policies and procedures manual. This shall be done in formulate a written policies and professional staff and shall be approved by cooperation with the medical and professional staff and shall be approved by the consulting committee. These procedures shall provide for the acceptance, the consulting committee. These procedures shall provide for the acceptance, teatment, anesthesia services, discharge, referral, and follow up of care, treatment, 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.

YES	NO	N/A	
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ASTC RULES AND REGULATIONS

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YES NO N/A Section 205.310 Personnel Policies Each ambulatory corgical 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. Section 205,320 Presence of Qualified Physician A qualified physician shall be present at the facility at all times during the operative and postoperative period for all patients. 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 times 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 certifled in "Basic Life Support" by the American Heart Association shall be on the premises while patients are present. milan

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ASTC RULES AND RECHLATIONS

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			YES	NO	и/л	
ection	205.350 Laboratory Services		,			
sch am equire	bulatory surgical treatment center shall meet each of the following ments:		X			
a)	Comply with the requirements of the Department's rules Illinois Clinical Laboratories Code (77 Ill. Adm. Code 450).					
b)	Have a written agreement with a laboratory, licensed under the Department's rules Illinois Clinical Laboratories Code (77 Ill. Adm. Code 450), to perform any required laboratory procedures which are not performed in the center.					Cler 14 DC430101 :
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ASTC RULES AND RECULATIONS	COMPLIANCE	Charain	·
	YES NO N/A		·
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) There shall be 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) There shall be 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. The section on "Sterilization and Disinfection" from "Infection Control in the Hospital," most recent edition, American Hospital Association, shall be used as the guideline.			
 c) There shall be written procedures to assure safety in storage and to of inhalation anesthetics and medical gases. The current edition of the National Fire Protection Association Code (Standard No. 56a) shall be used as the standard. d) There shall be written procedures to assure the safety in storage of the standard. 			
d) There shall be written procedures to assure the lattery and use of all narcotics and medications in accordance with state and federal law.			
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ASTC RULES AND REGULATIONS

IN COMPLIANCE

YES NO N/A

COMMENTS

Section 205.420 Sanitary Facility

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- 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.
- b) Any blood, blood components, organs, semen, or other human tissue showing exposure to human immundeficiency virus (H[V]) 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.
- c) Any such blood, blood components, organs, semen, or other human tissue, and any other materials or paraphenalia 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.
 - The incineration of materials shall be done in accordance with the requirements of the Pollution Control Board concerning the operation of an incinerator (35 III. 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.
 - Incinerated or sterilized materials shall be disposed of through routine waste disposal methods.
 - 4) Materials which have not been incinerated or sterilized shall be disposed of by a waste hauler with a proper permit from the fillinois Environmental Protection Agency under rules of the Pollution Control Board (35 III. 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

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ASTG RULES AND REGULATIONS

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 tickness 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 delivered; 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. c) A research facility, for the purposes of this Section, shall mean any clinical laboratory licensed under the Clinical Laboratory Act (11. Rev. Stat. 1987, ch. 111 1/2, par. 621 et seq.), any blood bank licensed under the Illinois Blood Bank Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 601-101 et seq.) or any hospital licensed under the Hospital Licensing Act (111. Rev. Stat. 1987, ch. 111 1/2, par. 142 et seq.)				YES	NO	и/л
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 tickness 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 delivered; 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 ([1], Rev. Stat. 1987, ch. 111 1/2, par. 621 et seq.), any blood bank licensed under the Illinois Blood Bank Act ([1], Rev. Stat. 1987, ch. 111 1/2, par. 601-101 et seq.) or any hospital licensed under the Hospital Licensing Act ([1], Rev. Stat. 1987, ch. 111 1/2, par. 1/2]	ictlon	205.	420(c)(4) (continued)			
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; 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 ([!]. Rev. Stat. 1987, ch. 111 1/2, par. 621 et seq.), any blood bank licensed under the Illinois Blood Bank Act (III. Rev. Stat. 1987, ch. 111 1/2, par. 601-101 et seq.) or any hospital licensed under the Hospital Licensing Act (III. Rev. Stat. 1987, ch. 111 1/2, par. 142			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 tickness of at least 2.5 mil. or equivalent material. The containers shall be scaled before being removed			
blood components, organs, semen, or other human tissue; 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 ([!]. Rev. Stat. 1987, ch. 111 1/2, par. 621 et seq.), any blood bank licensed under the Illinois Blood Bank Act ([I]. Rev. Stat. 1987, ch. 111 1/2, par. 601-101 et seq.) or any hospital licensed under the Hospital Licensing Act ([I]. Rev. Stat. 1987, ch. 111 1/2, par. 142	d)	repo	other human tissue to a research facility, the center shall file a port with the Department (Division of Laboratories) which shall			X
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 (!!!. Rev. Stat. 1987, ch. lll 1/2, par. 621 et seq.), any blood bank licensed under the Illinois Blood Bank Act (Ill. Rev. Stat. 1987, ch. lll 1/2, par. 601-101 et seq.) or any hospital licensed under the Hospital Licensing Act (Ill. Rev. Stat. 1987, ch. lll 1/2, par. 142		1)	A copy of the request from the research facility for the blood, blood components, organs, semen, or other human tissue;			
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 ([!]. Rev. Stat. 1987, ch. [!] 1/2, par. 621 et seq.), any blood bank licensed under the Illinois Blood Bank Act ([!]. Rev. Stat. 1987, ch. [!] 1/2, par. 601-101 et seq.) or any hospital licensed under the Bospital Licensing Act ([!]. Rev. Stat. 1987, ch. 1!] 1/2, par. 142		2)	The quantity of blood, blood components, organs, semen, or other human tissue delivered;			
e) A research facility, for the purposes of this Section, shall mean any clinical laboratory licensed under the Clinical Laboratory Act (!!!. Rev. Stat. 1987, ch. 111 1/2, par. 621 et seq.), any blood bank licensed under the Illinois Blood Bank Act (I!!. Rev. Stat. 1987, ch. 111 1/2, par. 601-101 et seq.) or any hospital licensed under the Hospital Licensing Act (I!!. Rev. Stat. 1987, ch. 111 1/2, par. 142		3)	The name and location of the research facility to which the blood or other human tissue was delivered; and			
clinical laboratory licensed under the Clinical Laboratory Act ([1]. Rev. Stat. 1987, ch. lli 1/2, par. 621 et seq.), any blood bank licensed under the Illinois Blood Bank Act ([1]. Rev. Stat. 1987, ch. lli 1/2, par. 601-101 et seq.) or any hospital licensed under the Hospital Licensing Act ([1]. Rev. Stat. 1987, ch. ll] 1/2, par. 142		4)	The date and time of delivery.			
	e}	Rev. lice lli Hosp	ical laboratory licensed under the Clinical Laboratory Act ([1]. Stat. 1987, ch. 111 1/2, par. 621 et seq.), any blood bank nsed under the Illinois Blood Bank Act (III. Rev. Stat. 1987, ch. 1/2, par. 601-101 et seq.) or any hospital licensed under the ital Licensing Act (III. Rev. Stat. 1987, ch. 111 1/2, par. 142			X
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ASTC RULES AND RECULATIONS

COMPLIANCE

YES NO N/A

COMMENTS

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.

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ASTC RULES AND RECULATIONS

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		YES NO N/A
Section	205.520 Preoperative Care	j
2)	Where medical evaluation, examination, and referral are made from a private physician's office, hospital, or clinic, partinent records thereof shall be available and made part of the patient's clinical record at the time the patient is registered and admitted to the ambulatory surgical treatment center.	
b)	A complete medical history shall be obtained and the physical examination shall be complete. A preamesthetic evaluation shall completed specifically identifying any patient sensitivity or contraindications to anesthesia.	
c)	A hemoglobin or hematocrit and examination of the urine for sugar, protein, and acetone shall be performed prior to the following procedures:	*
	 those performed with general anesthesia. 	
	those performed with intravenous sedation,	
	 those performed with spinal or epidural anesthesia. 	
	4) those performed with any other specific anesthesia technique designated by the consulting committee, and	4
	5) those performed to terminate pregnancy.	. K.
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.	
ė)	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.	7
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.	<u> </u>
g)	Prior to admission to the facility for a surgical procedure, the patient shall be informed of the following:	
	 Patients who receive general anesthesia, intravenous sedation, spinal or epidural anesthesia, or any other specific anesthesia technique designated by the consulting committee, must not 	
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COMMENTS

ASTC RULES AND REGULATIONS	IN COMPLIANCE	COMMENTS	- -
Section 205.520(g)(1) (continued) 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 a similar environment.	YES NO N/A		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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ASTC RULES AND RECULATIONS

				ÎYE	NO.	N/A			
Section		100	Operative Care	X					:
	surg	ist or	procedures shall be performed only by a qualified physician, or podiatrist within the limits of the defined specific repodiatrist within the limits of the defined specific practice privileges which have been granted to that practice privileges which have been granted to that by the consulting committee or a committee designated by liting committee.					•	
b)	Admi	nistr	ation of Anesthesia		1				
	13	gene	the purposes of this Section, anesthesia small include eral anesthesia. Intravenous sedation, spinal or epidural sthesia, and any other specific anesthesia technique ignated by the consulting committee.	X				÷	
	2)	each cons	sthesia may be administered only by the following persons on the heaving been granted specific anesthesia privileges by the heaving been granted specific anesthesia privileges by the consisting suiting committee or a committee designated by the consisting mittee:						
		A)	A qualified anesthesiologist (as defined in Section 205 100 of this Part). A physician licensed to practice medicine in all its	*					
		8)	hranches.						
		c)	A dentist who has been approved by the Department of Registration and Education to administer anesthesia for dental surgery only pursuant to Section 8.1 of the Illinon Dental Practice Act (Ill. Rev. Stat. 1986 Supp., ch. 111, par. 2308.1).	5		7			
		0)	Section 205.110 of this resthesiologist, or the physician orders of a qualified anesthesiologist, or the procedure dentist, or podiatrist who is performing the procedure the qualified anesthesiologist, physician, centist, or the qualified anesthesiologist, physician, centist, or the qualified anesthesia must be on the podiatrist who has ordered the anesthesia must be on the premises of the facility during the administration of the anesthesia.			1			
	_	8 5 () tt S (n anesthesia assistant who is licensed as a physician's ssistant pursuant to the Physician's Assistants Practice Act ssistant pursuant to the Physician's Assistants Practice Act III. Rev. Stat. 1985, ch. III. par. 4751 et seq.) may assist the administration of anesthesia only under the direct upervision of a qualified anesthesiologist (as defined in upervision of a qualified anesthesiologist (as defined in ection 205.110 of this Part).			X			
		1) T!	the person administering anesthesia, or a person who has equivalent practice privileges, shall be present in the facili	ty "" "		X			₹ 1 2
	10	/00		. 5 12 1	ŧ	i	1		

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ASTC RULES AND RECULATIONS

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				YES	NO	Н	/^			
Section	205.5	30(6)(4) (continued)							
		durin	g the recovery of the patient to whom anesthesia was distered.							
c)	Exam	Inatio	on of Removed Tissues	ļ	Ì		l			
	1)	consu	tissues removed during surgery shall be examined by a ulting pathologist, who shall provide a written report of examination to the attending physician.						<i>;</i>	
	21	clin'	py of the pathology report shall be filed in the patient i ical record within seven days.	4					•	
	3)	reau	following tissues and materials are exempt from this irement and do not need to be examined by a pathologist	17						
			Foreskin, fingernails, toenails, and teeth, which are removed during surgery.							
			Bone, cartilage, normal skin, and scar tissue, which are coincidentally removed during the course of cosmetic or corrective surgery.							
		C)	Cataract lenses which are removed during the course of eye surgery.							
		נס	Foreign substances (e.g., wood, glass, pieces of metal including previously inserted surgical hardware) which are removed during surgery.							
d)	spi re sh ra	ad by	ys, except those exempted by the consulting committee and as in the facility's policies and procedures manual, shall be in the facility's policies and procedures manual, shall be a physician, podiatric physician, or dentist, each of whom a physician, podiatric physician, or dentist, each of whom a procedure privileges at the facility, or by a consulting we practice privileges at the facility, or by a consulting we practice privileges at the facility, or by a consulting we practice privileges at the facility, or by a consulting we practice privileges at the facility, or by a consulting we practice privileges at the facility, or by a consulting we practice privileges at the facility, or by a consulting we practice privileges at the facility, or by a consulting we practice privileges at the facility, or by a consulting we practice privileges at the facility, or by a consulting we practice privileges at the facility, or by a consulting we practice privileges at the facility, or by a consulting we practice privileges at the facility, or by a consulting we practice privileges at the facility, or by a consulting we practice privileges at the facility, or by a consulting we practice privileges at the facility, or by a consulting we practice privileges at the facility or by a consulting we practice privileges at the facility or by a consulting we practice privileges at the facility or by a consulting we practice privileges at the facility or by a consulting we practice privileges at the facility or by a consulting we practice privileges at the facility or by a consulting we practice privileges at the facility or by a consulting we practice privileges at the facility or by a consulting we practice privileges at the facility or by a consulting we practice privileges at the facility or by a consulting we practice privileges at the facility or by a consulting we practice privileges at the facility or by a consulting we practice privileges at the facility or by a consulting we practice privileges at the facility or by a cons				*			
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ASTC RULES AND RECULATIONS

IN COMPLIANCE

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	ty in		YES	NO	N/A	ı
Section 205.540 Postoperative Care						
1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	suff stab réad shal	ents shall be observed in the facility for a period of time icient to ensure that the patient is awake, physiologically ie, manifests no immediate postoperative complications, and is y to return to home or to a similar environment. No patient I be required to leave the center in less than one (I) hour owing the procedures.				
b)	0.003	actor sensitization prophylaxis shall be provided to all Rh tive patients following procedures performed to terminate nancy, in accordance with standard medical procedures.	X			
c)	occu shal trea inpa trea	ents in whom a complication is known or suspected to have reed during or after the performance of a surgical procedure, I be informed of such condition and arrangements made for the total the complication. In the event of admission to an tient facility a summary of care given in the ambulatory surgical then center concerning the suspected complication shall mpany the patient.				
ď)	ambu	nsure availability of follow-up care at a licensed hospital, the latory surgical treatment center shall provide written mentation of one of the following:			¥	
	1)	A transfer agreement with a licensed hospital within approximately fifteen (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 fifteen (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 fifteen (15) minutes travel time of the facility.	X			
e)	-1+6	ten instructions shall be issued to all patients in accordance the standards approved by the consulting committee of the latory surgical treatment center and shall include the following:	X			
	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.	K			
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COMMENTS

	ASTC RULES AND REGULATIONS	COMPLIANCE	
		YES NO N/A	
Section	205.540(e) (continued)		
	4) A date for foliow-up or return visit after the performance of the surgical procedure which shall be scheduled within six weeks.		
f)	physician. The name, or relationship of the facility shall be accompanying the patient upon discharge from the facility shall be accompanying 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 interests of the patient and with the patient's it is in the best interests of the patient and rith the patient consent, family planning services may be initiated prior to the discharge of the patient.		
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IN COMMENTS
COMPLIANCE

ASTC RULES AND REGULATIONS

		YES	NO	N/A		
Section 2	05.610 Clinical Records					
Accurate	and complete clinical records shall be maintained for each patient entries in the clinical record shall be made at the time the surgical is performed and when care, treatment, medications, or other medical are given. The record shall include, but not be limited to, the				See refuerra	
a)	patient identification.					
b)	admitting information including patient history, physical examination findings, diagnosis or need for medical services.				•	
c)	pre-counseling notes.					4.
d)	signed informed consent.	1	1	İ		
e)	confirmation of pregnancy (when abortion is pecformed).		1	1		MAT.
E)	signed physician orders.	1	1	1		
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.	١.				
k)	recovery room progress notes.	L		1		
1)	physician and nurses' progress notes.	- 1		1		
m)	condition at time of discharge.	W.				
	patient instructions.		10	׼٤	ura P	is view (artis)
n)	post counseling notes.					
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Section 205.620 Statistical Data		1 1				
a) Each ambulatory surgical treatment center shall submit to the Department clinical statistical data including the following:	1					
 the number and type of procedures performed. 	~					
2) the number and type of complications reported.			1		;	
 the number of patients requiring transfer to a licensed hospital for treatment of complications. 			,		÷	1,7 97 71
4) the number of patients returning for follow-up contact.	1					
5) the number of deaths.		1	1 1			
b) This clinical statistical data shall be submitted to the Department no later than April 1 of each year for the preceeding calendar year.						1
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		SUBPART G: LIMITED PROCEDURE SPECIALTY CENTERS			
Section	205.71	O Pregnancy Termination Specialty Centers		1	1
a)	A fac	ility will be considered a pregnancy termination specialty r if it meets each of the following conditions:			
		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 must be available on site.	\		
•.	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)	this Preg	following exceptions and modifications of the requirements of Part apply to pregnancy termination specialty centers. namely termination specialty centers shall comply with each of the irements of this Part, unless specifically excepted or modified he 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.	V		
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Section 205.70(b) (continued) 3) The administrative and public areas of the facility are not required to coopy with Section 205.1350. 4) A separate scalination noom is not required; however, adequate space shall be provided to accommodate any equipment encessary to continue the productive of the provided to accommodate any equipment encessary to continue the examination area [in lite of compilance with Section 205.1350(a)(1)]. 5) Each roun in which procedures to terminate pregnancy are performed shall be at least 120 square feet in size with a member of all least 10 feet. Exceptions will be made when the center demonstrates that the room size is acquare to accommodate the equipment required for a rocedures; to facilitate the performance of the procedures; to facilitate the performance of the procedures of fire or other protect the patient system between the control station and each procedure room. Some station and each procedure room. Some station and each growing reaches the control station and each growing reaches and the procedure room. Moreover, if the facility perhaps the procedure room of the procedure room only but required for each procedure room. Moreover, if the facility perhaps the provided particle program provides that no more than the required for each procedure room. An allowed for each procedure room, some required for each procedure room. An allowed for each provided particle program provides that no more than the room of the procedure room of the recovery beautiful to literate of the provided particle program provides that no more than the provided particle program provides that no more than the provided particle program provides that no more than the provided particle program provides that no more than the provided particle program provides that no more than the provided particle program provides to the provided particle program provides to the provided particle program provides to the provided particle provided particle provided provided particle provided provided particle provided provid			COM	1 1.11	RICL
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for examination, to perform axaminations safely, and to allow unobstructed lingress and egress to and from the examination area [In lieu of compiliance with Section 205,1360(a)(1)]. 5) Each room in which procedures to terminate pregnancy are performed shall be at least 100 source feet in size with a minimum dimension of at least 100 source feet in size with a minimum dimension of at least 10 feet. Exceptions will be made when the dimension of at least 10 feet. Exceptions will be made when the dimension of at least 10 feet. Exceptions will be made when the dimension of at least 10 feet. Exceptions will be made when the dimension of at least 10 feet. Exceptions will be made when the dimension of a feet of the procedures, to a facilitate the performance of the procedures, to a facilitate the patients and staff in the event of fire or other emergency (in lieu of compilance with Section 205, 1360(b) (2)). 6) A communication system between the control station and each procedure room. It is section 205, 1360(b) (2)). 7) Not less than three recovery beds or lounge chairs shall be required for each procedure room. Mosever, if the facility's naturally program provides that no more than two procedures per house of the procedure room, then only two recovery beds or lounge chairs will be required for each procedure room. A minimum of there feet shall be provided between each recovery bed or lounge chair and an unobstructed pastageway of a minimum of four feet shall be provided at one end of each bed or chair (in lieu of compiliance with Section 205, 1360(c)(2) and (c)(7)). 8) The recovery area is not required to include a drug distribution station, charting facilities, nurses station, or storage space for supplies and the desired of the recovery area, or in a location which does not require patient to enter public areas or other patient care areas in order to gallacte for public use. A gray diverter valve of full waste disposal is provided at another location which does not require and the totlet in the recovery area. I	**	The administrative and public areas of the facility are not			
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Section	205.71	Q(b) (continued)				
	101	A control station for the operating suite is not required [in lieu of compliance with Section 205.1370(a)].	,			
	11)	A scrub station is not required outside the procedure room, if the procedure room contains a sink with handwashing capabilities [in lieu of compliance with Section 205.1370(d)].				
	12)	A separate soiled workroom is not required; however, facilities shall be provided for closed clean storage which prevents contamination by soiled materials, and for storage and handling of soiled linens and other soiled materials. These procedures shall be described in the center's narrative program [in lieu of compliance with Section 205.1370(e) and (g)].	v			
	13)	Anesthesia and medical gas storage facilities are not required [in lieu of compliance with Section 205.1370(h) and (1)].	v			
	14)	A one-way traffic pattern through staff change areas is not required, but space shall be provided for any changing or gowning which is required by the specific procedures which are being performed in accordance with the center's narrative program [in lieu of compliance with Section 205.1370(x)].	U.			
	15)	A change area for patients is not required [in lieu of compliance with Section 205.1370(1)].	~			
	16)	A separate janitor's closet for the surgical suite is not required, if the janitor's closet for the center is centrally located and contains space for the storage of supplies needed for cleaning both the surgical and non-surgical areas of the center [in lieu of compilance with Section 205.1370(n)].	<i>\</i>			
	17)	of three feet shall be provided for all corridors and to all doors which are accessible to the public or through which patients may need to be transported in an emergency [in lieu of compliance with Section 205.1400(a)(1), (b)(2), and (b)(3)].	ن			
	18)	The requirements of Section 205.1400(d) for flush thresholds and expansion joint covers do not apply.				
	19)	Ceilings in procedure and recovery rooms must be cleanable, but are not required to be washable [in lieu of compliance with Section 205.1400(n)(I)].	v.			
	20)	The requirements for elevators in Section 205.1410(d)(1) do not apply.	u'			
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Section 205.	710(b) (continued)	-	ł			
21)	Ventilation, air change, and air filter requirements do not apply; however, temperature shall be maintained in the facility between 68 and 80 degrees Fahrenheit [in lieu of compliance with Section 205.1540 and Table A].	<u></u>				
22)	The requirement for one duples receptable for each wall does not apply [in lieu of compliance with Section 205.1750(b)].		4			
	Section repealed, new Section adopted at 14 III. Reg. 13802. effective August 15, 1990)	١.	,		ļ	; ;
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