

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

XASTC                      SUB ACUTE    ☐ HHA                      ☐ HMO                      ☐ HOSPICE                      ☐ HOSPITAL

NAME AND ADDRESS Northern Illinois Women's Center, 1400 Broadway, Ste 201, Rockford, IL 61104  
OF FACILITY

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
	Complaint survey #112242 was conducted on 6/8/11. See deficiency cited at 205.330(a) during the licensure survey.		

DATE OF SURVEY 6/8/11

BY 19843 (15166)  
(Surveyor)

\_\_\_\_\_  
(Provider's Representative)

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

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

☐ ASTC

☒ HHA

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NAME AND ADDRESS OF FACILITY Illinois Women's Center, 1400 Broadway, Ste 201, Rockford, IL 61104

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	Complaint survey 11-2177 was conducted on 6/8/11. No deficiencies were cited.		

DATE OF SURVEY 6/8/11 BY 19843 \_\_\_\_\_  
(Surveyor) (Provider's Representative)

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NAME AND ADDRESS of Facility Northern Illinois Women's Center 1400 Broadway Rockford, Illinois 61104

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LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.230 (2)	<p><b>Standards of Professional Work</b></p> <p>The consulting committee shall review development and content of written policies and procedures of the center...Evidence of such review shall be in the minutes.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on review of Facility consulting committee (CC) minutes for 4 of 4 years (2008, 2009, 2010 and 2011) and staff interview, it was determined that the Facility failed to ensure development and review of policies and procedures.</p>	<p>205.230 (2) Committee Meetings will go over each new or changed policy quarterly/as needed and document in meeting notes. (Exhibit A.) (3 pgs)</p> <p>Committee Members responsible for setting up/reviewing Policy &amp; Procedures. Medical and Clinical Director's responsible for monitoring. P&amp;P Signature Sheet in front of P&amp;P manual defines: date, p&amp;p new/changed and Medical Director's signature. (Exhibit B)</p>	6.17.11

DATE OF SURVEY 6/8/11

BY 07105  
(Surveyor)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

*M. Parkin* 6.28.  
 (Provider's Representative)  
*Clinic Administrator*

11.5.11  
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NAME AND ADDRESS  
OF FACILITY      Northern Illinois Women's Center 1400 Broadway Rockford, Illinois 61104

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205.230 (2) Cont.	<p>Standards of Professional Work</p> <p>Findings include:</p> <p>1. On 6/7/11 at approximately 12:00PM, the CC minutes for 2008, 2009, 2010 and 2011, were reviewed. The CC minutes lacked documentation that the Facility's policy/procedure manual was reviewed.</p> <p>2. The above findings were confirmed by the Clinic Director during an interview on 6/7/11 at approximately 2:00PM.</p>	<p>205.230 (2) Semi-Annual review of p&amp;p is done by Medical Director and Clinic director, (see Exhibit A, pg 2) and documented on Exhibit B. Medical and Clinic Director's are responsible for implementing this correction. Clinic Director is responsible for monitoring this correction.</p>	6.17.11

DATE OF SURVEY      6/8/11

BY      07105  
(Surveyor)

*M. Carter*      6.28.11  
(Provider's Representative)

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205.230 (5)	<p><b>Standards of professional Work</b></p> <p>The consulting committee shall act as a tissue committee and shall review at least quarterly pathological reports...evidence of such review shall be recorded in the minutes.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on review of Facility Consulting Committee (CC) minutes for 4 of 4 years (2008, 2009, 2010 and 2011) and staff interview, it was determined the Facility failed to ensure the minutes included review of surgical pathology reports.</p> <p>1. On 6/7/11 at approximately 11:30AM, "Consulting Committee Minutes" for 2008, 2009, 2010 and 2011 were reviewed. The minutes lacked documentation that the CC reviewed pathology reports.</p> <p>2. The above findings were confirmed with the Clinic Director during an interview on 6/7/11 at approximately 11:50AM.</p>	<p>205.230 (5) (See Exhibit A, pg 1). Quarterly CC meetings also serve as Tissue Committee meeting. Each CC meeting pulls 15 to 20 charts from that quarter and all members present review the tissue reports. The doctor's signature at the end of CC meeting is evidence that the tissue reports were reviewed by all during the meeting. Weekly: Medical director reviews all pathology reports when received. His initial on the pathology report indicates the tissue report from each patient was reviewed. Admin Assistant is responsible for giving all tissue reports to medical director. Clinic director monitors this is done by checking each tissue report for MD signature.</p>	6.17.11

DATE OF SURVEY 6/8/11

BY 07105  
(Surveyor)

*M. Sparker* 6.28  
(Provider's Representative)

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205.420 (a)	<p><b>Sanitary Facility</b> The ambulatory surgical treatment center shall insure maintenance of a sanitary facility...</p> <p>This requirement was not met as evidenced by:</p> <p>Based on an observational tour and staff interview, it was determined that for 3 of 3 operating rooms inspected (OR #s 1, 2 and 3), the Facility failed to ensure a sanitary environment to prevent potential contamination of clean equipment.</p> <p>Findings include:</p> <p>On 6/7/11 at approximately 12:15PM, OR#s 1, 2 and 3 were inspected. The rooms were last used on 6/1/11.</p> <p>1. OR#2 and #3 contained shoes stored with an open box of surgical gloves. Four (4) of 16 "gynecological cannulas" in OR 2 were stained with a brown substance.</p> <p>2. OR #1 contained a box of opened surgical gloves; the gloves were stained with a dried brown substance.</p> <p>3. Thirty nine (39) "Medical Rings" (birth control) were stored in the recovery room nourishment refrigerator.</p> <p>4. The above finding were confirmed with the Clinic Director during an interview on 6/7/11 t approximately 1:00PM.</p>	<p>205.420 (a) OR rooms, cabinets and tables will be kept clean and organized at all times. Surgical supplies will be kept separate from office supplies by storing each in different drawer or cabinet. 1. Shoes worn for clinic will be cleaned and kept in the back closet by counseling rooms. 2. Surgical areas are checked for cleanliness. Anything stained, spotted with dirt, etc., will be appropriately cleaned or discarded immediately. Clinic director initiated Weekly OR/Exam Room Cleaning Log. <u>Exhibit C</u>. Each nurse will examine her room weekly, sign <u>Ex C</u>. Clinic director will ck &amp; sign <u>Ex C</u> after staff &amp; is responsible to maintain plan of correction.</p> <p>3 Nuva Rings are now kept with other refrigerated meds in the lab by the O R's. The fridge in the recovery room is used only for nourishment, food perishables. Clinic director is responsible for implementing this correction. Admin Assist is responsible for monitoring this correction by checking both fridges' at close of clinic. <u>Exhibit D</u>.</p>	6/17/11

DATE OF SURVEY 6/8/11

BY 07105  
(Surveyor)

M. R. R. R. 6.28  
(Provider's Representative)

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205.420 (C) (2)	<p><b>Sanitary Facility</b></p> <p>The Sterilization of materials shall be done by autoclaving the material in accordance with the recommendation 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 <i>B. stearothermophilus</i>.</p> <p>This requirement was not met as evidence by:</p> <p>Based on review of the Autoclave Log, staff interview it was determined that the Facility failed to ensure weekly biological spore testing for 2 of 2 autoclave machines.</p>	<p>205.420 (C) (2) (See Exhibit A pg 2) Weekly spore tests are done on both autoclaves. Autoclave tech documents test done in the daily autoclave log. The tests are monitored by MaxiTest Biological Monitoring System. Results are monitored by medical director, clinic director &amp; autoclave technician &amp; kept in autoclave log. (Exhibit E, 2 pgs) Clinic director will access spore reports by internet as soon as available. In the event of a failed test, maintenance will be done and documented on maintenance log, (Exhibit F) a new spore test will be done on next clinic day. Clinic admin will sign off on cleaning and resending of spore test.</p>	6.13.11

DATE OF SURVEY 6/8/11 BY 19840 (Surveyor)

*W. Parker* 6.28.11  
(Provider's Representative)

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205.420 (C) (2) Cont.	Findings include:  1. The autoclave log for July 2010 to June 6, 2011, was reviewed on 6/7/11 between 11:30 and 12:30 PM. The log contained documentation of biological testing of the 2 autoclave machines for the following dates: 7/7/10 (passed), 11/3/10 (failed), 11/17/11 (negative), 3/16/11 (failed); and 4/6/11 (passed).  2. An interview with the Administrator on 6/6/11 at approximately 2:00 PM.. The Administrator stated that biological testing is performed <u>quarterly</u> .	A daily autoclave log is kept for each autoclave and is stored in the autoclave book for inspection. (Exhibit E pg 1) Clinic administrator created a Maintenance Log for Autoclave to ensure passing spore tests on both autoclaves. Clinic director will monitor proper maint/cleaning done according to autoclave manual. In the event that a Service Call is required for maintenance, a copy of the service done and signature of serviceperson will be attached to maintenance log. Clinic Administrator will sign off on all cleaning/service done. (Exhibit F) CC committee initiated these policies and Clinic director will monitor them weekly to ensure poc remains in effect.	205.420 (C) (2) cont  6.13.11

DATE OF SURVEY 6/8/11 BY 19840 (Surveyor)

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*M. J. [Signature]* 6.28.11  
(Provider's Representative)



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Section 205.530 (e)	<p><b>Operative Care</b></p> <p>A registered nurse, qualified by training and experience in operating room nursing, shall be present in the operating room and function as a circulating nurse during all invasive or operative procedures..."</p> <p>This requirement was not met as evidenced by:</p> <p>Based on review of Facility staff personnel files and staff interview, it was determined that for 2 of 2 Registered Nurses (E #3 &amp; 4) previously employed by the Facility, the Facility failed to ensure a Registered Nurse, qualified by training and experience in operating room nursing, was present in the operating room and functioned as a circulating nurse during all operative procedures.</p> <p>Findings include:</p> <p>1. On 6/6/11 at 10:15 AM, the 2 of 2 terminated RN's personnel files (E #3 &amp; 4) were reviewed. <u>There was no Registered Nurse currently employed.</u></p>	<p>205.530 (e) 1. On Wednesday June 22<sup>nd</sup>, NIWC re-hired Licensed Registered Nurse (See: E #3 personnel file reviewed on 6/6/11@ 10:15 AM.) The Credentialing Committee reviewed E #3's credentials (See Exhibit A, pg 3) and found her qualified for the Director of Nursing Position.</p> <p>2. RN has Operating Room experience. (Exhibit G) She will be re-oriented by the doctor, clinic director (approx 2 to 3 wks.) Her performance will be re-evaluated by medical &amp; clinical directors in 3 mos. &amp; documented. Yearly evaluations thereafter. <u>Exhibit G</u></p>	<p>Hired 6-22-11 Orientation 6-22 to 6-15-11 3mth eval 9.31.11</p>

DATE OF SURVEY 6/8/11

BY 19843 (Surveyor)

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*M. R. Carter* 6-28-11  
(Provider's Representative)

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Section 205.530 (e) Cont.	<p>Operative Care (continued)</p> <p>2. E #3's personnel file included documentation that E #3 was hired on 1/7/11. E #3's employment application did not include documentation of Pregnancy Termination or Operating Room experience or training. E #3's file did not contain documentation of clinical orientation or was qualified by training or experience as an OR circulating nurse.</p> <p>3. The Clinical Director stated during an interview on 6/6/11 at 2:00 PM, that E #3 resigned on 4/8/11.</p> <p>4. E #4's personnel file included the start date of 3/10/06. E #4's employment application did not include documentation of Pregnancy Termination or Operating Room experience or training. E #4 file did not contain documentation of clinical orientation or was qualified by training or experience as an OR circulating nurse. E #4's file included a letter of resignation dated 10/10/07.</p> <p>5. These findings were confirmed by the Clinical Director/ Administrator during an interview on 6/6/11 at 2:15 PM.</p>	<p>205.530 (e) cont.</p> <p>3. The clinic continues to look for a second RN, classified, word of mouth, etc.; so there is no gap should current RN leave employment. RN will function as a circulating nurse during all invasive or operative procedures to comply with 205.530 (e). Clinic director is responsible to hire additional RN with proper qualifications. Medical director and Credentialing Committee responsible to determine any RN hired will fill requirements of 205.530 (e).</p>	<p>Ongoing</p>

DATE OF SURVEY 6/8/11 BY 19843  
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M. Rante 6.28.11  
(Provider's Representative)

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205.540 (f)	<p><b>Postoperative Care</b></p> <p>... 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.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on review of clinical records and staff interview, it was determined that for 5 of 5 (#1, 2, 3, 4, &amp; 5) clinical records reviewed, the Facility failed to document the person accompanying the patient from the Facility post surgical procedure.</p>	<p>205.540 (f) New form created by medical and clinic directors' and approved by CC meeting. (See Exhibit A, pg 2) At discharge the patient indicates with whom she will be leaving the clinic. This new form was put in place on 6.10.11. All old forms have been destroyed. Assist Admin will monitor these forms before every clinic day to be sure correct form is being used. (See Exhibit 1)</p>	6.17.11

DATE OF SURVEY 6/8/11

BY 19840  
(Surveyor)

*M. J. Carter* 6.21  
(Provider's Representative)

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205.540 (f) Cont.	<p>Findings include:</p> <p>1. The clinical record of Pt.s' #1-5 were reviewed on 6/6/11 between 1:00 PM and 3:00 PM. The clinical records lacked the name, or relationship of the person accompanying the Pt. discharge after surgical procedure.</p> <p>2. Pt. #1, a 23 year old female, had a surgical procedure performed on 4/13/11. The record lacked the name, or relationship of the person accompanying the Pt. upon discharge after surgical procedure.</p>		

DATE OF SURVEY 6/8/11

BY 19840  
(Surveyor)

*M. Larkin* 6.28.11  
(Provider's Representative)

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205.540 (f) Cont.	<p>3. Pt. #2, a 22 year old female, had a surgical procedure performed on 3/4/11. The record lacked the name, or relationship of the person accompanying the Pt. upon discharge after surgical procedure.</p> <p>4. Pt. #3, a 21 year old female, had a surgical procedure performed on 5/6/11. The record lacked the name, or relationship of the person accompanying the Pt. upon discharge after surgical procedure.</p> <p>5. Pt. #4, a 27 year old female, had a surgical procedure performed on 3/2/11. The record lacked the name, or relationship of the person accompanying the Pt. upon discharge after surgical procedure.</p>		

DATE OF SURVEY 6/8/11

BY 19840  
(Surveyor)

*M. Larkins* 6.28  
(Provider's Representative)

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205.540 (f) Cont.	<p align="center">237</p> <p>6. Pt. #5, a 2 year old female, had surgical procedure performed on 3/16/11. The record lacked the name, or relationship of the person accompanying the Pt. upon discharge after surgical procedure.</p> <p>7. The above findings were confirmed with Administrator during an interview on 6/7/11, at approximately 10:00 AM</p>		

DATE OF SURVEY 6/8/11

BY 19840

(Surveyor)

*M. Larkin*  
(Provider's Representative)

6.28.

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205.610 (b)	<p><b>Clinical Records</b></p> <p>Accurate and complete clinical records shall be maintained for each patient... the record shall include but not limited to the following: admitting information including...physical examination findings, diagnosis or need for medical services.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on review of clinical records and staff interview, it was determined that for 5 of 5 (#1, 2, 3, 4, &amp; 5) clinical records reviewed, the Facility failed to ensure physical exams were documented in the medical records.</p>	<p>205.610 (b) Updated "surgical form" has section for Physical Exam and documentation of exam clearly stated. Medical and clinic directors' revamped form. CC meeting approved the form. (See Exhibit A, pg 2) Signature on form of the doctor verifies physical exam findings. This form is part of patient records. Form has been in place since 6.10.11. All old versions have been destroyed. Admin Assist monitors these forms before every clinic day to be sure correct form is being used. (See Exhibit 2.)</p>	6.10.11

DATE OF SURVEY 6/8/11 BY 19840 (Surveyor)

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 6.28.11  
 (Provider's Representative)

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205.610 (b) Cont.	Findings include:  1. The clinical record of Pt.s' #1-5 were reviewed on 6/6/11 between 1:00 PM and 3:00 PM. The clinical records lacked documentation of a physical examination.  2. Pt. #1, a 23 year old female, had surgical procedure performed on 4/13/11. The clinical record lacked documentation of a physical examination.  3. Pt. #2, a 22 year old female, had surgical procedure performed on 3/4/11. The clinical record lacked documentation of a physical examination.		6.10.11

DATE OF SURVEY 6/8/11 BY 19840 (Surveyor)

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*M. Parkin* 6.28.11  
(Provider's Representative)



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205.610 (b) Cont.	<p>4. Pt. #3, a 21 year old female, had surgical procedure performed on 5/6/11. The clinical record lacked documentation of a physical examination.</p> <p>5. Pt. #4, a 27 year old female, had surgical procedure performed on 3/2/11. The clinical record lacked documentation of a physical examination.</p> <p>6. Pt. #5, a 23 year old female, had surgical procedure performed on 3/16/11. The clinical record lacked documentation of a physical examination.</p> <p>7. The above findings were confirmed with Administrator during an interview on 6/7/11, at approximately 10:00 AM.</p>		6-10-11

DATE OF SURVEY 6/8/11 BY 19840 (Surveyor)

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 6-28-11  
 (Provider's Representative)

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OF FACILITY      Northern Illinois Center 1400 Broadway Rockford, Illinois 61104

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205.610 (o)	<p>Clinical Records Accurate and complete records shall be maintained...the record shall include...post counseling notes.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on clinical record review and staff interview, it was determined that in 1 of 10 records reviewed (Pt. #6), the Facility failed to ensure a patient received post operative counseling.</p> <p>Findings include:</p> <p>1. On 5/6/11 at approximately 10:30AM, clinical records 1-10 were reviewed. The record for Pt. #6 lacked a post operative counseling note.</p> <p>Pt. #6, a 24 year old female, had a surgical procedure on 3/2/11. The clinical record lacked a post operative counseling note.</p> <p>2. The above finding was confirmed with the Clinic Director during an interview on 6/7/11 at approximately 9:30AM.</p>	<p>205.610 (o) A revised form of recovery notes was created by medical and clinical director and renamed "post counseling notes" &amp; approved in CC meeting (See Exhibit A, pg 2). This form reflects all the post counseling with patient. Once counseling is complete pt initials she has had all questions answered. (Exhibit 1) This form is now in use. All old versions have been destroyed. Admin assist is responsible for seeing that only this version of form is used. Forms will be checked before each clinic day.</p>	6.17.11

DATE OF SURVEY 6/8/11

BY 07105  
(Surveyor)

*M. Martin* 6.28  
(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**

☐ ASTC

☐ HHA

☐ HMO

☐ HOSPICE

☐ HOSPITAL

NAME AND ADDRESS OF FACILITY Northern Illinois Women's Center, 1400 Broadway, Ste 201, Rockford, IL 61104

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.330 (a)	<p><b>Nursing Personnel</b></p> <p>At least one registered professional nurse with postgraduate education or experience in surgical nursing shall direct and supervised the nursing personnel and the nursing care of patients and shall be on duty at all time, on the premises, when patients are present</p> <p>This requirement was not met as evidenced by:</p> <p>Based on review of Facility staff personnel files and staff interview, it was determined that for 2 of 2 Registered Nurses (E #3 &amp; 4) who previously worked at the Facility, the Facility failed to ensure a Registered Nurse was on staff to supervise nursing personnel and nursing care, and on the premises when patients were present.</p> <p>Findings include:</p> <p>1. On 6/6/11 at 10:15 AM, 2 of 2 RN personnel files (E #3 &amp; 4) were reviewed.</p>	<p>205.330 (a) See 205.530 (a) A Registered Nurse is hired and started orientation on Wed 6/22/11. (See response to 205.530 (e)) RN will direct and supervise all nursing personnel and the nursing care of patients. RN shall be on the premises at all times when patients are present. Medical director, clinical director, will be responsible to oversee RN's patient care and her presence when patients are in the clinic. Clinic director is responsible to see to it that an RN is always employed by the clinic. Clinic Director will continues to look for a second RN, classified, word of mouth, etc.; so there is no gap should current RN leave employment.</p>	<p>Hired 6.22.11</p> <p>Search for 2nd RN - ongoing.</p> <p><i>[Signature]</i> 6.28.11 (Provider's Representative)</p>

DATE OF SURVEY 6/8/11 BY 19843  
(Surveyor)

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

*Kathryn Traynor  
dec 12/06*

**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 Northern Illinois Women's Center, 1400 Broadway, Ste 201, Rockford, IL 61104

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Section 205.330 (a)	<p>Nursing personnel (continued)</p> <p>2. E #3's personnel file included documentation that E #3 was hired on 1/7/11. The Clinical Director stated that E #3 resigned on 4/8/11 and there was no Registered Nurse currently employed at the Facility. The Facility had no RN to supervise nursing staff and on the premises for the past 2 months.</p> <p>3. E #4's personnel file included a hire date of 3/10/06 and a resignation date of 10/10/07. <u>Therefore, the Facility had no RN to supervise patient care for over 4 years (10/07 to 1/11).</u></p> <p>4. The Clinical Director/Administrator stated on 6/6/11 at 9:15 AM, that the local Hospitals and Nursing Homes employ all the RNs in the area and the Facility has not been able to hire and keep an RN on staff. The Facility has 3 Licensed Practical Nurses (E #4 - 6) to provide</p>		

DATE OF SURVEY 6/8/11 BY 19843  
(Surveyor)

*M. Lantieri* 6.28.11  
(Provider's Representative)

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

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Section 205.330 (a)	<p>Nursing personnel (continued)</p> <p>patient care. On 6/6/11 at 2:15 PM, the Clinical Director stated that 1 of the 3 LPNs (E #4) provided staff supervision.</p> <p>5. These findings were confirmed by the Clinical Director during the interview on 6/6/11 at 2:15 PM.</p>		

DATE OF SURVEY 6/8/11

BY 19843  
(Surveyor)

M. Rankin  
(Provider's Representative)

6-28-11

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