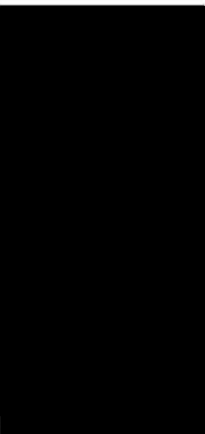


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE OF SURVEY COMPLETED	
NAME OF FACILITY Advantage Health Care, Ltd.	7002140 STREET ADDRESS, CITY, STATE, ZIP CODE 203 E. Irving Park Rd., Wood Dale, IL 60191	19843, 32820	6/19/19	
(X4) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
000	An renewal licensure survey was conducted on 6/19/19. The Facility was not in compliance with Title 77: Public Health, Chapter 1: Department of Public Health, Subchapter b: Hospital and Ambulatory Care Facility, Part 205: Ambulatory Surgical Treatment Center Licensing requirements, as evidenced by:			

RECEIVED OHCR HCF&P
2019 JUL 18 AM 10: 49



AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE

Chief of Operations
TITLE
7/17/2019
DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE OF SURVEY COMPLETED
<p>NAME OF FACILITY Advantage Health Care, Ltd.</p>	<p>7002140</p>	<p>19843, 32820</p>	<p>6/19/19</p>
<p>PREFIX TAG (X4)</p>	<p>STREET ADDRESS, CITY, STATE, ZIP CODE 203 E. Irving Park Rd., Wood Dale, IL 60191</p>	<p>PREFIX TAG 205.410 A</p>	<p>PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)</p>
<p>(X4) PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)</p>	<p>PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETION DATE</p>
<p>205.410 A)</p>	<p>Section: 205.410 a) Equipment Equipment shall be in good working order and shall be available in numbers sufficient to provide quality patient care based on the types of procedures to be performed in the facility. a) Monitoring equipment, suction apparatus, oxygen and related items shall be available within the surgical and postoperative recovery areas. Cardiac and pulmonary resuscitation equipment shall be available in all facilities. This Regulation was not met as evidenced by: Based on document review and interview, it was determined that the Facility failed to ensure that Operating Room (OR) equipment and supplies were checked and ready for surgery, prior to surgery, potentially affecting approximately 120 patients each month. Findings include: 1. On 6/18/19 at approximately 2:00 PM, the "Daily Nursing Checklist" was reviewed. Some items were included as "Pre-Surgery", including, "Checked Refrigerator Temperature and filled out log; Checked Recovery Room Set-up; Checked OR Room(s) Set-up; Checked O2 (oxygen) tanks (recovery & ORs); Checked AED (automatic external defibrillator to monitor abnormal heart rhythm) for 'OK' Electrode Expiration Date; Performed Pre-Surgery Narcotic Count with Authorized Signature; Prepared IV (intravenous) Bags & Medications for Surgery; Prepared Anesthesia ER (emergency) med kit; Prepared scripts/ meds for Patients; Verified Correct Locks are Intact on Crash Cart" The check list had not been completed today (6/18/19). 2. On 6/18/19 at 2:10 PM, an interview was conducted with a Registered Nurse (E #2). E #2 stated that she completes the crash cart check (contained in the "Daily Nursing Checklist") at the end of the day. When asked why the pre-surgery checks were not done at the beginning of the day, E #2 stated that the check list was always completed at the end of the day.</p>	<p>On 6/21/2019 an interview was conducted with RN (E#2). She clarified that she physically performs all pre-surgery checks, but does not record them until the end of the day. RN was informed that documentation must be done immediately upon performing checks. An inservice for all staff was held on 7/16/2019 on importance of completing all documentation immediately into the records when doing checks and logs. See Exhibit 1. Administrator and Nursing Supervisor will ensure checks are documented when performed at the start of each day.</p>	<p>7/16/2019</p>

[Redacted Signature]

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE


Chief of Operations
TITLE
7/17/2019
DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER 7002140	SURVEYOR ID 19843, 32820	(X3) DATE OF SURVEY COMPLETED 6/19/19
NAME OF FACILITY Advantage Health Care, Ltd.	STREET ADDRESS, CITY, STATE, ZIP CODE 203 E. Irving Park Rd., Wood Dale, IL 60191		
(X4) PREFIX TAG 205.410 d)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PREFIX TAG 205.410 d	(X5) COMPLETION DATE 7/16/2019
<p>Section: 205.410 (d) Equipment</p> <p>(d) The facility shall have written procedures to assure the safety in storage and use of all narcotics and medications in accordance with State and Federal law. This regulation was not met as evidenced by:</p> <p>Based on document review, observation, and interview, it was determined that the facility failed to ensure that medication syringes were labeled, potentially affecting the safety of approximately 15 patients receiving pregnancy termination procedures on 6/18/19.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 6/18/19, the Facility's policy titled, "Medication Control and Accountability," (not dated), was reviewed. The policy required, "C. Labeling: 1. All medications drawn into syringes must be labeled. - The policy lacked guidance as to what the label should include. On 6/18/19 at 9:10 AM, an observational tour was conducted in the Operating Room (OR). At 9:35 AM, in OR #2, there were 2 unlabeled 10 milliter syringes containing a clear fluid. The medication, date/ time of preparation, and preparg's identity was unknown. OR #2 was prepared for a pregnancy termination procedure and there was no one in the room. On 6/18/19 at 9:10 AM, an interview was conducted with the Chief Operating Officer (E. #4). E. #4 stated that the did not know what was in the syringes and medication syringes should be labeled. 		<p>PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)</p> <p>The policy regarding drawing up medicating into syringes has been revised. See Policy Exhibit IIA.</p> <p>Inservice held on 6/12/2019 with all staff regarding protocol for labeling syringes. Exhibit IIB. A memo has also been sent out. Exhibit IIC.</p> <p>The nursing supervisor will monitor the labeling of syringes on a daily basis. Any unlabeled syringes will be reported to administration.</p>	

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DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE OF SURVEY COMPLETED
NAME OF FACILITY Advantage Health Care, Ltd.	7002140 STREET ADDRESS, CITY, STATE, ZIP CODE 203 E. Irving Park Rd., Wood Dale, IL 60191	19843, 32820	6/19/19
(X4) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFINICENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)
205.504 f)	<p>Section: 205.540 f) Postoperative Care</p> <p>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. This regulation was not met as evidenced by:</p> <p>Based on document review and interview, it was determined that for 1 of 13 (Pt. #3) patient records reviewed for discharge procedures, the Facility failed to ensure that a patient was discharged to a responsible adult following a post anesthesia (state of controlled, temporary loss of sensation and awareness that is induced medically) surgical procedure.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 6/19/19, the Facility's policy titled, "Duties of the Post-Operative Nurse" (dated 3/1/18) was reviewed. The policy required, "...M. After criteria for discharge has been met... 3. Assist patient to the discharge door, assuring that the patient is discharged to a responsible adult who will be staying with the patient. Chart all of the above on the nursing note." 2. On 6/19/19 at 9:00 AM, Pt. #3's medical record was reviewed. Pt. #3 was a 31 year old female who was treated on 5/17/19 for pregnancy termination. - Pt. #3's OR/Anesthesia Record dated 5/17/19, indicated that Pt. #3 received Fentanyl (narcotic used to treat pain), Versed (sedative that causes relaxation, sleepiness and, temporary memory loss), and Propofol (anesthetic that causes relaxation and sleepiness) between 8:54 AM -- 9:10 AM on 5/17/19, for twilight (mild anesthesia)/MAC (monitored anesthesia care) sedation during the pregnancy termination. - Pt. #3's discharge note dated 5/17/19 at 10:30 AM, included, "...Home with: Taxi." 	205.504 f	<p>Per our policy, all patients are informed that they must be discharged to a responsible adult. See Policy Exhibit III.</p> <p>Patient was counselled and signed the "Against Medical Advice" form (See Form Exhibit IV); she had no other ride options. Patient #3 was originally informed of this policy when she made her appointment but her responsible adult could not return to pick her up.</p> <p>The Nursing Supervisor will monitor these types of patients and submit a report to the next Quarterly Consulting Committee for a Plan of Action.</p> <p>Inservice was held with all staff on how to better uphold current Discharge/Transport Policy. A reminder memo was also sent out. (See Exhibit V.)</p>
	<p>AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE</p>	<p>Chief of Operations</p> <p>TITLE</p>	<p>7/17/2019</p> <p>DATE</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE OF SURVEY COMPLETED
NAME OF FACILITY Advantage Health Care, Ltd.	7002140 STREET ADDRESS, CITY, STATE, ZIP CODE 203 E. Irving Park Rd., Wood Dale, IL 60191	19843, 32820	6/19/19
(X4) PREFIX TAG 205.40 f)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFINICENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION) Section: 205.540 f) Postoperative Care (Continued) - Pt. #3's discharge note lacked documentation that Pt. #3 was discharged to a responsible adult who would be staying with Pt. #3. 3. On 6/19/19 at approximately 10:55 AM, an interview with the Facility Administrator (E #5) was conducted. E #5 stated that patients are usually discharged to someone who will drive them home. E #5 stated that she does not know if the responsible party must stay with the patient.	PREFIX TAG PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE



AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE

Chief of Operations

TITLE

7/17/2019
DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER 7002140	SURVEYOR ID 19843, 32820	(X3) DATE OF SURVEY COMPLETED 6/19/19
NAME OF FACILITY Advantage Health Care, Ltd.	STREET ADDRESS, CITY, STATE, ZIP CODE 203 E. Irving Park Rd., Wood Dale, IL 60191		
(X4) PREFIX TAG 205.550 j	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PREFIX TAG 205.550 j	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)
			(X5) COMPLETION DATE
	<p>Section: 205.550 j) Infection Control j) Thorough hand hygiene shall be required after touching any contaminated or infected material. This Regulation is not met as evidence by: Based on document review, observation, and interview, it was determined that for 2 of 6 staff (E #1 & MD #2) in Operating Room (OR), the Facility failed to ensure that staff disinfected their hands after removing gloves.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 6/18/19, the Facility's policy titled, "Handwashing," (not dated), was reviewed. The policy required, "B. Hands must be washed with an approved antimicrobial soap or alcohol-based hand sanitizer... As soon as gloves... are removed." 2. On 6/18/19 at 9:10 AM, an observational tour was conducted in the OR. At 9:45 AM, in OR # 1, a Medical Assistant (E #1) wearing gloves opened a sterile pack and arranged the instruments on the sterile field. E #1 removed the gloves, did not disinfect her hands, donned new gloves, and assisted the Surgeon (MD #2) in preparing for a pregnancy termination procedure. 3. On 6/18/19 at 9:55 AM, MD #2, wearing gloves, started an IV (intravenous) line, removed the gloves, did not disinfect his hands, donned new gloves, and continued preparation for a pregnancy termination procedure. 4. On 6/19/19 at 9:55 AM, an interview was conducted with the Chief Operating Officer (E #4). E #4 stated that she just gave an in-service regarding hand disinfection after removing gloves. 	<p>An Inservice was held on 7/16/2019 to retrain staff on Hand Hygiene and to remind staff that hands need to be disinfected after removing gloves and before donning new gloves. (See Exhibit VI.)</p> <p>The Nursing Supervisor will monitor staff's Hand Hygiene and prepare a report for the next Quarter Consulting Committee.</p>	



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7/17/2019
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE OF SURVEY COMPLETED
NAME OF FACILITY Advantage Health Care, Ltd.	7002240 STREET ADDRESS, CITY, STATE, ZIP CODE 203 E. Irving Park Rd., Wood Dale, IL 60191	19843, 32820	6/19/19
(X4) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)
A076	<p>205.610 a) 2)</p> <p>a) The ASTC shall maintain accurate and complete clinical records 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:</p> <p>2) Admitting information including patient history, physical examination findings, diagnosis or need for medical services.</p> <p>This Regulation is not met as evidence by:</p> <p>Based on document review and interview, it was determined that for 1 of 13 (Pt. #3) patients reviewed for pre-admission-history assessment, the Facility failed to ensure that the patient receiving surgical services signed the registration form containing pertinent medical history.</p> <p>Findings include:</p> <p>1. On 6/19/19, Pt. #3's medical record was reviewed. Pt. #3 was a 31 year old female who was treated on 5/17/19 for pregnancy termination.</p> <p>-Pt. #3's registration form dated 5/17/19, included, Pt. #3's medical history, social history, allergies, medication and pregnancy history. There was a signature different from Pt. #3's name in the attestation box. The form lacked Pt. #3's signature.</p> <p>2. On 6/19/19 at approximately 12:32 PM, an interview with the Facility Administrator (E #5) was conducted. E #5 stated that the Facility does not have a patient with the name signed on Pt. #3's registration form. E #5 stated that it is possible that Pt. #3 used someone else's identity and accidentally signed a different name on the form. E #5 stated that the Facility does not have a policy for patient registration.</p>	A076	<p>A memo has been sent out reminding pre-op staff to verify patient's signatures with their I.D.s and other documents. See Exhibit VII.</p> <p>Any discrepancies must be brought to the attention of the Manager who will discuss with Administration.</p> <p>The Manager will review all patients charts daily and signature verification has been added to the Medical Record Review Report which will be submitted to the next Quarterly Consulting Committee Meeting.</p>

[Redacted Signature]

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE

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**ASEPTIC TECHNIQUE FOR INJECTION SAFETY
AND SINGLE / MULTI – DOSE VIALS**Exhibit II
A**POLICY:**

Reusing needles and syringes to administer medications on multiple patients is strictly prohibited. The following guidelines must be adhered to in order to reduce the risk of infection associated with the administration of medications through injection.

PROCEDURE:**Injection Safety:**

- Use a sterile, single-use, disposable needle and syringe for each injection and discard intact in an appropriate sharps container after use.
- • Label syringe with the medication name, strength, and initials (syringes must be used within one hour).
- Use single-dose medication vials, prefilled syringes, and ampules when possible. Do not administer medications from single-dose vials to multiple patients or combine leftover contents for later use.
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.
- Use aseptic technique to avoid contamination of sterile injection equipment and medications.


Single and Multi-Dose Vials:

When possible, use single-dose rather than multi-use vials. Even with bacteria-fighting preservatives, multi-dose vials are prone to contamination. If multi-dose vials must be used; adhere to these infection control guidelines:

- Draw up medications as close to administration time as possible (< 1 hour), since medications in multi-dose vials can become contaminated from non-sterile glass fragments, airborne contaminants or failure to aseptic technique.
- Do not aspirate medication from a multi-dose vial with a previously used needle if any of the contents of the vial will be administered to another patient.
- Refrigerate multi-dose vials after they are opened and when recommended by the manufacturer.
- Date multi-dose vials with an expiration date of 28 days or the manufacturer's recommendation.
- Cleanse the access diaphragm of multi-dose vials with 70 percent alcohol before inserting any device into the vial.
- Use sterile needles and avoid touching needles before penetrating the vial's access diaphragm.
- Dispose of needle, syringe and vial after use. Never leave a needle in the septum of the vial, as this may encourage reuse of the syringe.
- Discard any multi-dose vials if there is any chance that its sterility is compromised.

Memo

Exhibit II c

To: All Staff
From: Administration 
Date: 6-21-2019
RE: Labeling of syringes

Please be advised that all syringes must be labeled with Medication Name and strength initialed.

All labeled prefilled syringes must always be monitored by the physician and/or RN and never left unattended. Syringes must be used within 1 hour; any unused syringes must be disposed of.

The only time syringes do not need to be labeled is if they are drawn up for immediate use by the person administering the medication and that is the only medication that is being given at the time.

RELEASE FOR RESPONSIBILITY FOR TAXI/RIDE SHARE PICK-UP POST ANESTHESIA**POLICY:**


All patients must have a responsible adult transport them home post anesthesia. Taxi/ride shares can be used if the patient has a friend/family member accompany them. Any patient demanding to take a taxi or ride share service alone, is leaving against the advice of the physician or the Center shall sign the "Release from Responsibility for Taxi/Ride Share Pick-Up".

PROCEUDRE:

- A. Attending physician or anesthesiologist shall counsel patient on potential problems.
- B. If patient insists on having an unfamiliar third party drive, the release form shall be signed.
- C. Completed form shall be place in the patient's medical record.
- D. If patient refuses to sign:
 1. An incident report shall be completed.
 2. The unsigned "Release from Responsibility . . ." form will note: "***Patient refused to sign***", and the form will be placed in the medical record.

Memo

Exhibit V


To: All Staff
From: Administration 
Date: 7-12-2019
RE: Patient Transport Home

Please be advised that per our policy, all patients undergoing anesthesia must have a responsible adult transport them home. Taxi, ride share (Uber, Lyft) are not acceptable unless they have another responsible adult to accompany them.

When making/verifying appointments make sure that the patient understands that they must have a responsible adult transport them home and that taxi or rideshare is not an option.

Memo

Exhibit VII

To: All Staff
From: Administration 
Date: 7-15-2019
RE: Patient Signature and I.D. Verification

It is imperative that we check Patient I.D. Cards and that Patient Signatures are compared to their I.D. Cards. Any discrepancies should be brought to the Manager's attention.

If a patient goes by another name, "nickname", married name, etc., please verify what their legal name is and, if necessary, have them sign both names.

Both Front Desk Staff and Pre-operative Counseling Staff should do their verification.