Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE SURVEY COMPLETED
	7003184	30195 & 19843	7/26/16

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
Access Health Care Center	110 S. River Rd., Suite 7, Des Plaines, IL 60016

(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
T000	A licensure survey was conducted on 7/26/16. The Facility was not in compliance with Rules and Regulations for Pregnancy Termination Centers for this survey as evidenced by:			

AGENCY MANAGER/REPRESEN 7(1)(b) TITLE ADMINISTRATOR DATE 8/22/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE SURVEY COMPLETED
	7003184	30195 & 19843	7/26/16

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
Access Health Care Center	110 S. River Rd., Suite 7, Des Plaines, IL 60016

(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
T016	Policies and Procedures Manual 205.240 b) b) The 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 Regulation is not met as evidence by: A. Based on document review, observation, and interview, it was determined, for 4 of 4 boxes of clinical records, the Facility failed to ensure clinical records were maintained in a secure location. This could potentially violate the privacy of the health information for approximately 140 patients undergoing procedures in the Facility each month. Findings include: 1. On 7/26/16 at 2:00 PM, Facility policy titled, "Protection of the Medical Record", effective 11/20/08, was reviewed. The policy required, "2. All patient records will be secured. a. Files will be locked at night... If the room is left unattended, the door will be locked" 2. On 7/26/16 at 9:00 AM, a tour was conducted of the Facility. The conference / break room was observed with the door wide open. The room contained a refrigerator, microwave, and coffee maker. The Office Manager (E #3) stated the room was used as a break room for staff. There were 4 large cardboard, file boxes observed under the table which contained patients' clinical records. 3. On 7/26/16 at approximately approximately 8:45 AM, an interview was conducted with the E #3. E #3 stated the boxes were going to be sent to storage. E #3 stated the room was not kept locked during the day, and a contracted janitorial service cleaned the room after office hours.		1) Policy and procedures were reviewed with the staff on Management of Information-HIPPA and Protection of Medical records. See attached Policy: HIPPA (T106A); Protection of Medical Records (T106B). 2) In-service/training were conducted with the staff on Protection of Medical Records. See attached In-service record and sign-in sheet (T106C). 3) All records were relocated in a secured room and access was reserved to Managers or er designee. 4) Activities will be monitored daily under the Performance Improvement Activities for the next 3 months, reported to the Manager monthly. PI activities will be evaluated for improvements and changes made if needed. See attached Performance Improvement Activities plan and form (T106D).	8/18/2016 8/18/2016 08/17/2016 8/18/2016

AGENCY MANAGER/REP[illegible] 7(1)(b) [redacted] TITLE DATE 8/22/2016

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE SURVEY COMPLETED
	7003184	30195 & 19843	7/26/16

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
Access Health Care Center	110 S. River Rd., Suite 7, Des Plaines, IL 60016

(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
T025	Equipment 205.410 a) 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 is not met as evidence by: Based on document review, observation, and interview, it was determined, for 1 of 2 procedure tables, the Facility failed to ensure procedure tables were not taped or contained tape residue, potentially affecting the safety of approximately 140 patients undergoing procedures in the Facility each month. Findings include: 1. On 7/26/16 at 1:35 PM, Facility policy titled, "Equipment Management Plan", effective 11/20/08, was reviewed. The policy required, "... Monitor, and investigate, equipment management problems, failures, and user errors that have or may have an adverse effect on patient safety and/or quality or care." 2. On 7/26/16 at 9:35 AM, an observational tour was conducted of the procedure area. The procedure table in procedure room #2 included 3 areas of ripped cushion covering which was held together by pieces of thick tape. Tape residue was also present on the table, making appropriate disinfection of the table impossible. 3. On 7/26/16 at 1:40 PM, an interview was conducted with the Office Manager (E #3). E #3 stated the table in procedure room 2 was in need of repair and should not be in use.		1) A review of Policy & Procedure on Environment of Care - Titled: Equipment Management Plan and Infection Control-Infection Control Plan has been conducted (T025A; T025B). 2) New table was purchased (T025C). 3) Staff in-service/training has been conducted on Equipment Management Plan and Infection Control Plan (T025D). 4) Memo was written and posted for the staff on the importance of adhering to infection Control practices and emphasis on prohibition of the use of tapes on medical equipments (T025E). 5) Activities for monitoring adherence to Infection Contorl Policies was added in the Performance Improvement Activities, monitored daily for 3 consecutive months, evaluated monthly and will revise as needed (T025F).	8/15/2016 8/30/2016 8/18/2016 8/18/2016 8/18/2016

AGENCY MANAGER/RE 7(1)(b) TITLE DATE 8/22/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE SURVEY COMPLETED
	7003184	30195 & 19843	7/26/16

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
Access Health Care Center	110 S. River Rd., Suite 7, Des Plaines, IL 60016

(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
T026	205.410 b) 1-3 b) The facility shall have written policies and procedures and shall maintain documentation governing the care, use, decontamination, sterilization, storage and disposal of all materials to ensure that an adequate supply of sterile equipment, instruments and supplies is available for each procedure. Written policies and procedures shall include documentation that the facility has considered, selected and implemented nationally recognized guidelines, including the Centers for Disease Control and Prevention publication, "Guidelines for Disinfection and Sterilization in Healthcare Facilities" or "Guide to Infection Prevention in Outpatient Settings"; or the Association of perlOperative Registered Nurses (AORN) publication "Perioperative Standards and Recommended Practices for Inpatient and Ambulatory Centers". The policies, procedures and documentation shall include and address: 1) Staff orientation and in-service training to understand and implement facility policies and procedures for infection control, and to adhere to manufacturer's instructions for receiving, decontaminating, cleaning, preparing, sterilizing and high-level disinfection, handling, storage and quality control of equipment, supplies and instruments; 2) Preventive maintenance of all central supply service equipment pursuant to manufacturer's instructions or infection control guidelines; and 3) The Infection Control Program (Section 205.550), which shall be under the direction of a designated qualified health care professional with training in infection control. This Regulation is not met as evidence by: A. Based on document review and interview, it was determined, for the biological log book from 1/2/10 through 7/19/16, the Facility failed to ensure biological indicator test results were accurately documented in the biological log book, potentially affecting approximately 140 patients having procedures each month. Findings include:			

AGENCY MANAGER/REP 7(1)(b) [redacted] TITLE DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE SURVEY COMPLETED
	7003184	30195 & 19843	7/26/16

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
Access Health Care Center	110 S. River Rd., Suite 7, Des Plaines, IL 60016

(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
T026	205.410 b) 1-3 b) The Facility shall have written policies and procedures and shall maintain documentation governing the care, use, decontamination, sterilization, storage and disposal of all materials to ensure that an adequate supply of sterile equipment, instruments and supplies is available for each procedure. Written policies and procedures shall include documentation that the facility has considered, selected and implemented nationally recognized guidelines, including the Centers for Disease Control and Prevention publication, "Guidelines for Disinfection and Sterilization in Healthcare Facilities" or "Guide to Infection Prevention in Outpatient Settings"; or the Association of perlOperative Registered Nurses (AORN) publication "Perioperative Standards and Recommended Practices for Inpatient and Ambulatory Centers". The policies, procedures and documentation shall include and address: 1) Staff orientation and in-service training to understand and implement facility policies and procedures for infection control, and to adhere to manufacturer's instructions for receiving, decontaminating, cleaning, preparing, sterilizing and high-level disinfection, handling, storage and quality control of equipment, supplies and instruments; 2) Preventive maintenance of all central supply service equipment pursuant to manufacturer's instructions or infection control guidelines; and 3) The Infection Control Program (Section 205.550), which shall be under the direction of a designated qualified health care professional with training in infection control. This Regulation is not met as evidence by: A. Based on document review and interview, it was determined, for the autoclave/ sterilizer, the Facility failed to ensure the sterilizer was cleaned weekly, as recommended by the Manufacturer, potentially affecting approximately 140 patients having procedures each month. Findings include:			

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE 7(1)(b) TITLE DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE SURVEY COMPLETED
	7003184	30195 & 19843	7/26/16

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
Access Health Care Center	110 S. River Rd., Suite 7, Des Plaines, IL 60016

(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
T026	205.410 b) 1-3 1. On 7/26/16 at 2:40 PM, Facility policy titled, "Sterilizer Monitoring", effective 11/20/08, was reviewed. The policy required, "A Spore testing will be conducted... 3... The control test should be positive. 4. Record the results of the test on the spore [biological indicator] testing log..." 2. On 7/26/16 at 10:50 AM, the "3M Attest 1262/1262P Biological Indicator" Manufacturer's instructions were reviewed. The instructions included, "The 3M Attest 1262 Biological Indicator... is designed for monitoring [the] steam sterilization process... 10. Incubate at least one unprocessed Attest biological indicator (positive control) each day when a processed indicator is incubated... 12. Incubate processed and control biological indicators for 48 hours... 14. Record the sterilized and biological indicator results..." 3. On 7/26/16 at 10:15 AM, the Biological Indicator Log was reviewed from1/2/10 through 7/19/16. All weekly biological indicator tests were recorded as negative. However, the weekly biological indicator control test results (positive/negative) had not been documented on the log for over 5 years. 4. On 7/26/16 at approximately 10:45 AM, during a tour of the sterile processing room, there were 2 biological indicators (1 control and 1 load indicator) observed in the incubator. The biological control indicator result was positive, and the biological indicator result was negative for this load. 5. On 7/26/16 at 11:00 AM, an interview was conducted with the Reprocessing Technician (E #1). E #1 stated the control biological indicator results have always been positive. E #1 stated the form used in the biological indicator log changed		1) A review of Policy on Infection Control titled: Sterilizer Monitoring; Documentation of Spore testing was done (T026A). 2) Policy review was done in Infection Control titled: Sterile Processing (T026B). 3) Policy revision/addendum was done on Sterile Processing (based on Manufacturer's Cleaning Recommendation of Magna Clave), presented to and approved by the Consulting Committee (T026C; T026D). 4) Staff in-service/Training was conducted and Spore testing form was revised (T026E). 5) Staff in-service/Training was conducted on the Policy Changes on Cleaning of AutoClave (T026F). 6) Monitoring will be added to the Performance Improvement Activities and will be monitored daily for the next 3 months, reported monthly and will be revised as needed (T026G).	8/18/2016 8/18/2016 8/22/2016 8/22/2016 8/22/2016 8/22/2016

AGENCY MANAGER/REPR 7(1)(b) TITLE DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE SURVEY COMPLETED
	7003184	30195 & 19843	7/26/16

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
Access Health Care Center	110 S. River Rd., Suite 7, Des Plaines, IL 60016

(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
T026	several years ago, and no longer included the column to record the control result. Therefore, E #1 did not document the result of the control test on this log. E #1 stated the former biological indicator log included a column to record both the control and sterilized test results,and the Facility would return to using that form and documenting both the control and test results. 205.410 b) 1-3 1. On 7/26/16 at 11:30 AM, the "Magna-Clave" autoclave/ sterilizer Manufacturer's Guidelines were reviewed. The Guidelines recommended, "4. Care and Maintenance: 4.01 It is highly recommended that the autoclave be cleaned a minimum of once a week..." 2. On 7/26/16 at 11:00 AM, the autoclave cleaning log for 2016 was reviewed. The log documented monthly cleaning, not weekly. 3. On 7/26/16 at 11:00 AM, an interview was conducted with the Reprocessing Technician (E #1). E #1 stated that the autoclave was cleaned monthly, and was not aware weekly cleaning was required.		205.410b) 1-3 1. Staff In-service/training was conducted and Policy and Procedures were reviewed and revised. 2. In-service training was conducted with the staff 3. In-service training was conducted with the staff	8/16/16 8/16/16 8/16/16

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE 7(1)(b) TITLE DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE SURVEY COMPLETED
	7003184	30195 & 19843	7/26/16

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
Access Health Care Center	110 S. River Rd., Suite 7, Des Plaines, IL 60016

(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
T028	205.410 d) 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 is not met as evidence by: A. Based on document review, observation, and interview, it was determined, for 2 of 2 anesthesia carts, the Facility failed to ensure anesthesia carts were locked when not in use, potentially affecting the safety of approximately 140 patients undergoing procedures in the Facility each month. Findings include: 1. On 7/26/16 at 10:00 PM, Facility policy titled, "Medication Policy", effective 11/20/08, was reviewed. The policy required, "H. Security: 1. Medications... should be kept locked or in areas where only appropriate staff members have access." 2. On 7/26/16 at 9:35 AM, an observational tour was conducted in the procedure area. Unlocked anesthesia carts were in both procedure rooms. Both carts contained several medications including Atropine Sulfate, 10% Calcium Chloride, Epinephrine, Labetalol, Toradol, and Diphenhydramine. 3. On 7/26/16 at 9:40 AM, an interview was conducted with a Registered Nurse (E#2). E #2 stated that she was checking the anesthesia cart in procedure room 2 for out dated medications and had not locked the cart. 4. On 7/26/16 at 9:40 AM, an interview was conducted with the Office Manager (E #3), who was present during the observational tour. E #3 stated that the carts should be kept locked.		1) A review of the Medication Management Policy: Medication Policy has been done (T025A). 2) Staff in-service was conducted and memo was passed regarding the Medication Policy (T028B). 3) Medication Policy Monitoring was added to the Performance Improvement Activities that will be conducted daily and reported monthly (T028C).	8/18/2016 8/18/2016 8/18/2016

AGENCY MANA[redacted] TITLE DATE

7(1)(b)

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE SURVEY COMPLETED
	7003184	30195 & 19843	7/26/16

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
Access Health Care Center	110 S. River Rd., Suite 7, Des Plaines, IL 60016

(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
T028	205.410 d) 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 is not met as evidence by: B. Based on document review, observation, and interview, it was determined, for 1 of 1 multi-dose medication vial, the Facility failed ensure a vial of multi-dose medication was not available for used after being opened more than 28 days, potentially affecting the safety of approximately 140 patients undergoing procedures in the Facility each month. Findings include: 1. On 7/26/16 at 12:35 PM, Facility policy titled, "Expiration Dates", revised 3/12/13, was reviewed. The policy required, "C. Multi-dose vials, once opened, are good for 28 days." 2. On 7/26/16 at 9:35 AM, an observational tour was conducted in the procedure area. An open vial of Flumazenil, 10 ml (a benzodiazepine receptor antagonist - reverses sedation) was found in procedure room 2, in the anesthesia cart. The label included "12-1 - 12-28", perhaps indicating an open date of 12/01/(year unknown). 3. On 7/6/16 at 9:40 AM, an Interview was conducted with a Registered Nurse (E#2). E #2 stated she did not know what the Anesthesiologist meant when writing "12-1 - 12-28", but the open vial should have been disposed of.			

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE 7(1)(b) [redacted] TITLE DATE

American Women's Medical Center - Des Plaines
STAFF TRAINING

Date: 8/18/16 Presented by: Perla Aniciete RN.

Purpose of Training: ☐ Orientation ☐ Annual Review ☐ QA Follow-up

Topics covered: Medical Records

1. Proper handling of Medical records updated
2. Hippa compliance
3. Proper Storage of Medical Records

Attended By

Name	Title
Marie Frukacz	office Manager
Mariela Escamilla	Atoclave Tech
Alejandra Perez	Medical asst
Betty Dela Pena	Receptionist
PERLA ANICIETE RN	RN
7(1)(b)	office supervisor
Monique Carpenter	MA
Magaly Napoles	Lab Tech

American Women's Medical Center - Des Plaines
Policy Manual

Section: Management of Information

Subject: HIPPA Notice of Patient Privacy Page 1 of 2

Approved By: 7(1)(b) Effective Date: 11-20-08 Revised:

I. PURPOSE

To comply with federal and state privacy laws.

II. POLICY

It is the policy of American Women's Medical Center - Des Plaines to inform patients of our management process to protect their Protected Health Information (PHI)

III. PROCEDURES

A. The Notice of Privacy Practices (NPP) is fundamental privacy document. The requirements for its preparation and use are detailed in the Privacy Rule, Section 164.520.

B. A proper NPP will inform the patient of all the basic uses the practice will make of a patient's Protected Health Information (PHI) in the ordinary course of providing treatment, seeking payment for care to the patient, and managing the practice's health care operations. The NPP also will apprise the patient of other circumstances in which their PHI may be released, such as to comply with court orders, subpoenas and government investigations.

C. The NPP advises patients of certain special rights they have:
1. To revoke any authorization or consent they may have given to the practice to authorize disclosures of their phi (usually for non-TPO purposes);
2. To request special limits or conditions on the use of their phi;
3. To receive communications from the practice by more confidential means or at alternate locations;
4. To inspect and copy their phi; and
5. To amend their phi.

D. This NPP should be acknowledged by all patients receiving service after the compliance date for the Privacy Rule, April 14, 2003.
1. The practice must make a good faith effort to obtain the patient's acknowledgment of receipt of the NPP from the patient and/or his/her legal representative/caregiver.
2. If the patient is unable or unwilling to acknowledge receipt of the NPP, a staff person will document that he/she attempted to obtain this acknowledgment, but the patient would not or could not acknowledge its receipt.

Individual Rights
You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

American Women's Medical Center - Des Plaines Duties
We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices
As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information
As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to gain access to your records by contacting our receptionist or privacy officer.

Complaints
If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filling a complaint.

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns.

Contact Person
The name and address of the person you can contact for further information concerning our privacy practices is:

Office Manager
American Women's Medical Center - Des Plaines
110 S. River Rd., Suite 7.
Des Plaines , Illinois 60616
Phone: (847) 294-9614

This Notice is effective on or after April 14, 2003

American Women's Medical Center - Des Plaines
Policy Manual

Section: Management of Information

Subject: Protection of the Medical Records Page 1 of 2

Approved By: 7(1)(b) Effective Date: 11-20-08 Revised: _____

I. POLICY

It is the policy of American Women's Medical Center - Des Plaines to restrict access to medical records to authorized personnel only.

II. PROCEDURE

A. The medical record is the property of American Women's Medical Center - Des Plaines and is maintained for the benefit of the patient, the medical staff and other health care workers.
   1. All required records, either as originals or accurate reproductions of the contents of such originals, shall be maintained in such form as to be legible and readily available upon request of the physician, or any other person authorized to make such a request.
   2. All patient records will be secured.
      a. Files will be locked at night.
      b. The medical record room will be locked at night.
      c. The medical record room will not be left unattended during working hours.
      d. If the room is left unattended, the door will be locked.
   3. American Women's Medical Center - Des Plaines shall safeguard all information in the medical record against loss, defacement, tampering, or use by unauthorized persons.
      a. Adequate measures will be taken to physically safeguard the medical record from loss by fire, water and foreseeable sources of potential damage.
      b. Records will be removed from the facility only by court order, subpoena or statute.
      c. Written consent of the patient or legally qualified representative is required for release of information from the medical record.
      d. Records shall be signed out when removed from the facility.
      e. Access to computerized patient information is controlled through the use of access codes.

B. The Office Manager is responsible for supervising and maintaining the medical records system.
   1. This includes, but is not limited to the following activities:
      a. Supervising staff in the collection, processing, maintenance, storage, timely retrieval, and distribution of medical records;
      b. Retention of active medical records;
      c. Retirement of inactive medical records;
      d. Timely entry of data into the medical records;

American Women's Medical Center - Des Plaines
Policy Manual

Section: Management of Information

Subject: Protection of the Medical Records Page 2 of 2

Approved By: 7(1)(b) Effective Date: 11-20-08 Revised: _____

e. Maintaining the confidentiality, security, and physical safety of the medical records;
f. Maintaining the unique identification of each patient's medical record;
g. Maintaining a log of records leaving the facility;
h. Obtaining the patient's, or the patient's legally authorized representative, authorization prior to the release of patient records.

2. Orienting and training staff regarding the medical records system.
   a. Patients will not be discussed by clinical or non-clinical personnel outside of the organization;
   b. Comments and conversations relating to patients made by physicians, nurses or other personnel will be made in confidential settings.
   c. The patient's medical record will not to be released to other individual(s) without a written release of information signed by the patient and/or his/her representative.

American Women's Medical Center - Des Plaines
STAFF TRAINING

Date: 8/18/16 Presented by: Paola Anicete RN

Purpose of Training: ☐ Orientation ☐ Annual Review ☐ QA Follow-up

Topics covered: Equipment MANagement

1. functionality of equipment before each procedure day.
2. maintenance
3. Reporting to MANagement of failure or error of equipment

Attended By

Name	Title
Mariela Escarpita	Autoclave. Tech
Betty DeLaPena	Receptionist
Mary Frulacz	office manager
PAOLA ANICETE	RN
Magaly Napoles	Lab Tech
Monique Carpenter	MA
7(1)(b) [redacted]	office supervisor
Alejandra Perez	Medical Asst

American Women's Medical Center – Des Plaines
Policy Manual

Section: Environment of Care

Subject: Equipment Management Plan Page: 1 of 4

Approved by: 7(1)(b) Effective Date: 11-20-08 Revision Date: 08-29-11

I. PURPOSE

The purpose of the Equipment Management Plan is to implement and maintain an Equipment Management Plan that controls and reduces the risk of medical equipment for the diagnosis and treatment of patient care.

II. POLICY

It is the policy of American Women's Medical Center - Desplaines to promote the safe and effective use of medical equipment.

III. SCOPE

The Equipment Management Plan applies to all fixed and portable medical equipment used within the facility.

IV. OBJECTIVES

- Establish written criteria for identifying, evaluating, and taking inventory of medical equipment to be included in the management plan before the equipment is used.
- Assess and minimize clinical and physical risks of equipment use through inspection, testing, and maintenance.
- Monitor and act on equipment hazard notice recalls.
- Report incidents in which a medical device is connected with the death, serious injury or serious illness or any individual as required by the Safe Medical Device Act of 1999.
- Monitor, and investigate, equipment management problems, failures, and user errors that have or may have an adverse effect on patient safety and/or the quality of care.

V. RESPONSIBILITIES

A. The President or his/her designee is responsible for selecting and acquiring all medical equipment and ensuring the proper functioning and maintenance of all equipment that has to do with the safety of staff and patients.

B. The Office Manager is responsible for the implementation of the Equipment Management Plan.

American Women's Medical Center – Des Plaines
Policy Manual

Section: Environment of Care

Subject: Equipment Management Plan Page: 2 of 4

Approved by: 7(1)(b) Effective Date: 11-20-08 Revision Date: 08-29-11

VI. PROCESSES OF THE EQUIPMENT MANAGEMENT PLAN

A. Medical equipment is inventoried by the Office Manager to assess:
   1. Equipment function,
   2. Physical risks associated with use,
   3. Maintenance requirements, and
   4. Equipment incident history.

B. Incident Reporting and Investigation
   1. Any equipment management problems, failure or user error should be reported to the Office Manager.
   2. All hazard notices and equipment recalls are to be sent to the Office Manager.
   3. Equipment malfunctions will be tracked by the Office Manager and reported to the Performance Improvement Committee quarterly.
   4. The Office Manager will report to the manufacturer, and/or the FDA any equipment that is connected to the serious injury, illness, or death of any individual. (Required by the Safe Medical Devices Act of 1990)
   5. The equipment will be tagged as "out of order, do not use".

C. Inspect, Test and Maintain Equipment
   1. All electrical equipment in patient care areas must be inspected by a Bio- Medical engineer annually and prior to initial use.
   2. Maintenance records should be kept on medical equipment to provide contact information on the manufacturer, service representative, date of service and description of service.
   3. Critical equipment such as a defibrillator, cardiac monitors and anesthesia machines will be checked prior to the first procedure of the day.
      a. Logs will be kept that reflect this check, and the individual doing the testing will initial upon completion.
      b. In the event that a piece of critical equipment (i.e. defibrillator) malfunctions, surgery will be canceled until fixed and inspected by a bio-medical engineer, or a loaner obtained.
      c. Alarms on medical equipment will be tested monthly.
   4. Sterilizers will be monitored based on manufacturer's instructions.
      a. Each pack/tray is monitored to ensure the proper temperature was reached and a log kept that reflects the date, and initials of the individual performing this task.
      b. Spore testing is performed based on volume; but at least monthly.

American Women's Medical Center – Des Plaines
Policy Manual

Section: Environment of Care

Subject: Equipment Management Plan Page: 3 of 4

Approved by: 7(1)(b) Effective Date: 11-20-08 Revision Date: 08-29-11

D. Orientation and Training

1. The Office Manager is responsible for training all employees who will be using medical equipment during orientation or prior to use on the following:
   a. Capabilities, limitations, and special applications of the equipment.
   b. Basic operating and safety procedures.
      i. Manufacturer's directions are to be followed at all times,
      ii. All manuals for equipment will be kept in the area of use.
   c. Emergency procedures in the event of equipment failure.
      i. Specific procedures in the event of equipment failure;
      ii. When and how to perform emergency clinical interventions when medical equipment fails;
      iii. Availability of backup equipment; and
      vi. How to obtain repair services.
   d. Information and skills necessary to perform the necessary maintenance; and
   e. How to fill out an incident report on equipment failure, malfunction, or user error.
2. Training can be met by classroom activities, one-on-one discussions or through the completion of a self-study packet.
3. All training is documented in the employee's personnel file.

E. Performance Monitoring

1. The Office Manager is responsible for coordinating the performance monitoring process for the Equipment Management program.
2. Performance standards to be monitored is the responsibility of the Office Manager in collaboration with the Performance Improvement Committee.
3. Performance Standards relate to one or more of the following:
   a. Staff knowledge and skills;
   b. Level of staff participation;
   c. Monitoring and inspection activities;
   d. Emergency and incident reporting, or
   e. Inspection, preventive maintenance and testing of equipment.

American Women's Medical Center – Des Plaines
Policy Manual

Section: Environment of Care

Subject: Equipment Management Plan Page: 4 of 4

Approved by: 7(1)(b) Effective Date: 11-20-08 Revision Date: 08-29-11

4. Summaries of findings and recommendations, based on trends, performance measures, and performance improvement activities will be documented quarterly by the Performance Improvement Committee.
5. Specific information will be communicated to staff when issues or opportunities to reduce the risk of equipment hazards exist.

F. Annual Review

1. The Office Manager in collaboration with the Performance Improvement Committee is responsible for the annual review of the Equipment Management Plans' objectives, scope, performance, and effectiveness.
2. The annual review will be compiled at the end of the year based on information from a variety of sources including, but not limited to: incident reports of equipment failure and user errors; product safety recall notices; staff orientation and training; Performance Improvement Committee minutes; performance monitoring activities; and other summaries of activities, including the findings of regulatory agencies.
3. The annual review will be presented to the Board of Directors during the first quarter of the following year in a narrative report that covers the Equipment Management Plans' objectives, scope, performance and effectiveness.

American Women's Medical Center - Des Plaines
Policy Manual

Section: Infection Control

Subject: Infection Control Plan

Approved By 7(1)(b) Effective Date: 11/20/08 Effective Date: 11-10-2011 7-31-2014 7-30-2015

IV. STRATEGIES TO MINIMIZE, REDUCE OR ELIMINATE PRIORITIZED RISKS

A. General Precautions
   1. Hand washing—Hand washing will be performed to prevent cross-contamination between patients and personnel.
      a. Alcohol-based hand cleaner available in each room.
      b. Monitor staff for handwashing.
   2. Needles, Syringes and Sharps—After use, needles and other sharps will be placed directly into a puncture-proof container.
      a. Needles should not be re-capped, bent, broken or clipped; however,.needles may be re-capped (e.g., after pre-filling syringes) using the one-handed method or a safety device.
   3. Laboratory specimens will be transported in a zip-lock bag or other leak-proof container. The leak-proof container will be transported to the lab site in a puncture resistant container that is properly labeled.
   4. Eating, drinking, smoking, applying makeup or lip-balm or handling contact lenses will be avoided in work areas where there is a reasonable chance of exposure.
   5. Sterile technique will be employed for sterile dressing changes, IV insertion, and whenever appropriate to prevent infection.
   6. Multi-use vials will be swabbed with alcohol after use and kept until expiration date, so long as solution is not cloudy.
   7. Sterile supplies are kept separate from non-sterile supplies.
   8. Patient care items are not placed under sinks. (Only cleaning supplies).
   9. Staff are to report any potential risk of safety/infection control to the Surgical Coordinator.

B. Personal Protective Equipment
   1. Gloves are to be changed between patient contacts.
   2. Sterile gloves are to be worn for sterile procedures.
   3. Utility Gloves—rubber household gloves, for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and reused, but will be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.
   4. Gowns—The use of gowns is required when splashes to the skin and/or clothing is likely. The gowns will be made of or lined with fluid-proof or

fluid-resistant material and will protect all areas of exposed skin. The type and characteristics will depend on the task and degree of exposure anticipated.

5. Mask/Protective Eye Wear—Masks, protective eye wear, or face shields are required when contamination of mucosal membranes, eyes, mouth or nose is possible, such as splashes or aerosolization of material. They are not required for routine care.

C. Labels

1. Biohazard labels will be used to prevent accidental injury or illness to personnel exposed to hazardous or potentially hazardous conditions.
2. Labels will state BIOHAZARD or display the hazard symbol.
3. Labels will be affixed as close as possible to respective hazards.
4. Labels will be used to identify equipment and containers containing hazardous agents.
5. If labels are not used, other effective means will be used, such as RED bagging.

D. Housekeeping and Hygiene

The following guidelines will be implemented and taught to staff:

1. All equipment, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infections materials.
2. Blood/body fluid spills can be mopped or wiped up with hot soapy water and then disinfected with bleach or hospital disinfectant spray. Disposable gloves must be worn.
3. An appropriate disinfectant will be used to clean floors, toilet bowl, sink, counter tops and soiled furniture, when appropriate.
4. Rooms will be kept well aired to decrease the risk of colds, flu and other airborne communicable disease.
5. Humidifiers and air conditioners can harbor infectious organisms, and will be cleaned and serviced regularly.
6. All bins, pails, cans (e.g., wastebaskets) intended for reuse, which have a reasonable likelihood for becoming contaminated with blood and other potentially infectious materials, will be inspected and decontaminated immediately, or as soon as feasible upon visible contamination.
7. Linen, clothing, or other materials that are visibly contaminated with blood, body fluids or other infectious materials must be placed in bags or

containers that are impervious to moisture, before transport for cleaning. Gloves must be worn while bagging these materials.

8. Single-use disposable medical devices will not be reused, except for those not requiring maintenance of sterility.

E. Contagious diseases in local demographic population

1. Stay informed on infections occurring locally through local newspapers, radio, television and alerts from local hospitals.
2. Assist in providing care to patients as directed by local, regional, or state authorities.
3. Send patients with contagious diseases to Emergency Room or Emergency Care/Urgent Care Centers.
4. Close office if large influx of infectious patients (i.e. bird flu).
5. Reopen when third party responders (city, state, or department of public health) state it is appropriate to resume service.

V. EDUCATION OF PERSONNEL

A. American Women's Medical Center - Des Plaines will educate all personnel on infection control policies and procedures and their responsibilities for implementation as contained throughout this section.

B. Personnel will be provided training on the basics of transmission of pathogens to patients and staff, bloodborne diseases, the use of Universal Precautions. handwashing, infectious waste management and other infection control procedures when their work activities, as indicated below, may result in an exposure to blood, other potentially infectious materials, or under circumstances in which differentiation between body fluid types is difficult or impossible.

C. Staff and Licensed Independent Contractors will receive Influenza Vaccine training annually, on on the control and prevention measures; and the diagnosis, transmission, and impact of influenza.

1. Influenza Vaccine will be offerred annually by the organization. If, not purchased and provided in-house, reimbursement for the vaccine will be given to staff and LIP's who elect to have it.
2. Infection control training will be scheduled annually.
3. A goal or 40% has been set for having staff vaccinated against the flu.

American Women's Medical Center - Des Plaines
Policy Manual

Section: Infection Control

Subject: Infection Control Plan Page 5 of 5

Approved By:_____ Effective Date:_____ Effective Date:_____

D. Attendance will be mandatory and will be documented.

E. Records of in-training attendance will be maintained.

VI. MONITORING AND EVALUATION OF INFECTION CONTROL

A. The infection control plan will be monitored and evaluated by the Performance Committee.
   1. Infection control data will be collected, analyzed and trended. Information obtained will be given to the Surgical Coordinator or designee, and used to improve patient care, as well as improve practice's performance in the implementation of its infection/exposure control plan.
   2. The Surgical Coordinator will be responsible for reviewing and reporting the infection control plan to the Board of Directors and other appropriate authorities.
   3. Any health care associated infection that results in death or a major loss of function will be managed as a sentinel event.
      a. A root cause analysis and action plan will be developed.
      b. JCAHO will be notified.

B. Resources available on the internet:
Association for Professionals Infection Control & Epidemiology: www.apic.org
Centers for Disease Control: www.cdc.gov
Occupational Safety Health Administration: www.osha.gov

KINGS
HEALTHCARE FINANCE

Sales Invoice

Two Conway Park
150 North Field Drive - Suite 193
Lake Forest, IL 60045
847.264.5560

Invoice Number:	KBH02049
Date:	08/03/2016
Authorized by:	JTL
Ship via:	Ground
Ship to attn:	Arnold
Ship by date:	TBD

Issued To:
Access Health Care Center
110 S. River Rd.
Suite 7
Des Plaines, IL 60016
ATTN: SOPHIA DEMAS

Qty	Description	
1	AMSCO 2080L Refurbished Surgical Table	$ 5,950.00
1	Discount	$ (400.00)
1	Old Table Trade-Credit	$ (200.00)
1	Moving Credit	$ (100.00)

***** Payment Must Be Made In Full to Initiate Shipment *****

***** One Year Parts Warranty *****

	Subtotal	$ 5,250.00
	Tax rate	10.25%
	Sales tax	$ 538.13
"White Glove" delivery of Refurbished table and removal of current table.	Shipping	$ 675.00
	Total	$ 6,463.13

Acceptance Signature **Date** **PO #**

Purchase order number must appear on all invoices and correspondence.
Please Return Via email (jlueken@kingsbridgeholdings.com) or Fax 847.574.8025

CUSTOM UPHOLSTERY BY JOE,INC.

2452 E.OAKTON ST.
ARLINGTON HEIGHTS, IL 60005
TEL(847) 956-6803
FAX(847) 956-6807

Invoice

DATE	INVOICE #
8/22/2016	15316

BILL TO
ACCESS HEALTH CENTER 110 S. RIVER RD DES PLAINES IL 60016 847-294-9614

P.O. NO.	TERMS	DUE DATE	SHIP DATE
MARIE	C.O.D	8/22/2016	8/23/2016

QTY	DESCRIPTION	RATE	AMOUNT
1	EXAMINING TABLE (FABRIC DUBOIS CHAMEA CY 34 SPICE)	450.00	450.00
	PICK UP & DELIVERY	0.00	0.00

Thank you for your business.

Total $450.00

MIDMARK
(800) 643 6276
(937) 526-3662
Midmark Sales Corporation
Versailles Ohio 45380
Email: awmcmf@sbcglobal.net

CUSTOMER ACKNOWLEDGEMENT

BILL TO:
Access Healthcare Center
110 S River Rd Ste 7
DES PLAINES, IL, 60016,
United States

SHIP TO:
Access Healthcare Center
110 S River Rd Ste 7
DES PLAINES, IL, 60016,
United States

MARK FOR:

SO NUMBER	PO NUMBER
189680	MARIE
AGREEMENT	**SALESPERSON**
	NSC-Domestic Medical
ORDER DATE	**PAYMENT TERMS**
08/11/2016	Credit Card
METHOD OF SHIPMENT	**DROP SHIP PO**
UPS-Parcel-Ground	
TERMS OF SALE	**FREIGHT TERMS**
FOB Factory	Prepaid FA

Line	Ordered Item	Item Description	Sched Ship Date	Qty	Unit Price (USD)	Extended Price (USD)
1	053-0387-00	PIVOT BOSS	08/12/2016	3	1.70	5.10
2	016-0400-00	SPRING - STIRRUP INDEX	08/12/2016	4	0.50	2.00
3	050-5027-00	STIRRUP BRACKET	08/12/2016	3	6.00	18.00
				Subtotal:		**25.10**
				Additional Charges:		**9.99**
				Tax Total:		**1.58**
				Total (USD):		**36.67**

Order Notes:
CONTACTS FOR ORDER: Ext: 128320 Lynn U
Department: Medical CX
Ordered By: MARIE FRUKACZ 847-294-9614

Your order is shipping from the following: Versailles, OH Warehouse.

Freight Service(s) Required:
Shipping and Handling

RETURNED GOODS: All returned items must be accompanied by a returned goods authorization (RMA) number. Merchandise can be returned only with our permission, subject to a restocking and handling charge. You can obtain this number from our sales/service department by calling 1-800-MIDMARK.

Acceptance of this order is expressly conditioned on the applicability of Midmark Sales Corporation's Terms and Conditions of Sale, which are incorporated herein by reference. The Terms and Conditions of Sale are available at www.Midmark.com or a copy will be provided upon request. This is to certify that the merchandise listed on this order has been produced in compliance with the Fair Labor Acts of 1938 as amended.

American Women's Medical Center - Des Plaines
Policy Manual

Section: Infection Control

Subject: Sterilizer Monitoring Page 1 of 1

Approved By: 7(1)(b) Effective Date: 11-20-08 Revised: _____

I POLICY

It is the policy of American Women's Medical Center - Des Plaines to monitor the efficacy of the sterilizing process to insure the sterility of instruments, and to maintain a documented monitoring control system to meet national guidelines.

II. PROCEDURES

A. Spore testing will be conducted for routine loads, and on every load for implantables.
   1. Biological indicators are placed in a test pack representative of the load.
   2. When removed the vial (results test) is place in a biological spore testing machine with a biological indicator vial (control test) that has not been placed in the sterilizer.
   3. After the appropriate time has elapsed (24 to 48 hours), read the results. The indicator in the results test should be negative (–); the control test should be positive (+).
   4. Record the results of the test on the spore test log, and initial as confirmation of physical parameters being attained.

B. If the results of the spore tests from the vial placed in with the instruments is positive, the sterilizer is not used, and the tests are reported to the Clinical Coordinator.
   1. The Clinical Coordinator will perform a second test. If the second test is positive the sterilizer is repaired, and not used until all tests are negative.
   2. All instruments and packages processed with a positive test result are pulled from the shelves and re-sterilized.
   3. The spore test log with a positive test will be compared to the surgical log. Patients identified will be called and asked to come into the office to check for infection

American Women's Medical Center - Des Plaines
Policy Manual

Section: Infection Control

Subject: Sterile Processing

Approved By: 7(1)(b) Effective Date: 11-20-08 Revised: _____

I. POLICY

It is the policy of American Women's Medical Center - Des Plaines to provide guidelines in sterile processing.

II. PROCEDURES

A. There must be proper ventilation, adequate lighting for task illumination, and order and neatness in work areas.

B. All equipment used in sterile processing must be checked for electrical and mechanical safety, prior to use.
   1. Any defective equipment must be removed from service, repaired and rechecked.
   2. Safety regulations concerning the operation of all equipment must be strictly adhered to.
   3. Preventive maintenance on sterile processing equipment is performed on a periodic basis, but no less than annually.
   4. Documentation of inspection and preventive maintenance must contain date of inspection and service, type of service performed and signature. These reports must be on file.

C. All personnel using sterile processing equipment must be well trained in the handling, care and use of equipment and supplies.

D. Manufacturers' safety instructions must be on the equipment in view of the operator, and equipment manuals must be on file and accessible to all operators of the equipment.

E. Personnel operating sterile processing equipment must be:
   1. Warned of all dangers and possible consequences,
   2. Instructed in how to prevent and avoid accidents; and
   3. Informed of proper emergency measures to take, should an accident occur.

F. In case of accident, it must be reported on an Incident Report.

American Women's Medical Center

Memo

To: AWMC Staff & Anesthesiologist

From: Sophia

CC: Dr. Xia

Date: August 18, 2016

Re: Medication

Please be advised that all medication stored in carts should be locked at the end of the day.

It is the responsibility of the Nurse and Anesthesiologist to make sure all **medication is properly locked**.

American Women's Medical Center - Des Plaines
STAFF TRAINING

Date: 8/18/16 Presented by: Perla Anicete RN

Purpose of Training: ☐ Orientation ☐ Annual Review ☐ QA Follow-up

Topics covered: Medication

Medication

1. Refresher course of importance of Medication carts locked
2. checking of expiration dates on Medication

Attended By

Name	Title
Betty Deus R	Receptionist
7(1)(b)	office Supervisor
Mariz Frukacz	office manager
Mariela Escapita.	Autoclave Tech
~~Perla Anicetes~~	RN
Monique Carpenter	MA
Maggly Napoles	Lab Tech
Alejandra Perez	Medical Assist

American Women's Medical Center - Des Plaines
Policy Manual

Section: Medications Management

Subject: Medications Policy

Reviewed and Approved By: [redacted] 7(1)(b)

Effective Date 11.20.08

I. POLICY

It is the policy of American Women's Medical Center - Des Plaines to ensure the safety of patients through the proper ordering, storage, preparation, reconciliation, administering , prescribing, security and monitoring of medications(s).

II. PROCEDURES

A. Medications
1. All medications administered to patients will be those approved by the Food and Drug Administration.
2. Medications used for anesthesia will be determined for use by the Anesthetist.
3. If medications are not available within the facility, they will be obtained from a local pharmacy.
4. Medications to be administered within this facility may not be brought into the facility by a physician or patient.

B. Ordering
1. Only physicians may order medications to be used at American Women's Medical Center - Des Plaines.
2. A list of all medications kept in the facility will be maintained.
   a. This list will include the medication name, strength, dosage and form.
   b. The list will identify high-risk, and look-alike, sound-alike medications, and these medications will be reviewed annually.
3. All orders for treatment, including medications, will be in writing. A verbal order will be considered to be in writing, if dictated and signed by the physician.

C. Storage
1. All medications are to be checked in and stored appropriately by the Medical Assistant/ Nurse / Surgical Tech.
2. All medications are stored based on the manufacturer's directions.
   a. If medications are to be refrigerated, they are kept in a refrigerator that does not contain food products or specimens.
   b. The refrigerator's temperature is monitored daily and logged.
3. All medications will be inspected upon shelving and stocking for color, clarity, product integrity and expiration date.
4. Dry packaged materials should be placed on shelves above liquid medications. (If spillage occurs, there is less chance of spoilage).

5. Chemicals, reagents and medications that look alike and/or sound alike, are segregated from each other so that they may not be mistaken.
6. Concentrated electrolytes are stored separately from patient care areas so that they are not immediately available.
7. Emergency medications are consistently available, controlled and secured.
   a. Emergency medications are controlled and secure in patient care areas, and in the operating/procedure room area(s).
   b. Emergency medications are sealed or stored in containers that are clearly labeled so that staff can determine that the contents are complete and medications have not expired.
8. The Clinical Coordinator is responsible for ensuring that expiration dates of all medications are checked monthly.
   a. Medications that are expired, contaminated or damaged are removed from stock and segregated from other medications until removed from the facility.
   b. The Clinical Coordinator will dispose of all expired medication.

D. Preparation
1. Staff should use techniques to assure accuracy in medication preparation.
   a. Use of clean, sterile techniques.
   b. Maintain clean, uncluttered separate areas for preparation.
   c. Visually inspect integrity of all medications.
2. Syringes and needles are sterile, single patient-use items.
   a. Disposable plastic syringes should not be refilled after the original contents have been injected.
   b. Medications from a single syringe must not be administered to multiple patients, even if the needle on the syringe is changed.
   c. After entry into or connection with a patient's intravenous infusion, the syringe and needle are contaminated and used only for that patient.
   d. Contaminated syringes and equipment should be kept separate from clean, unused syringes.
   e. After use, used syringes and needles should be discarded immediately in an appropriate, puncture-resistant container.
   f. Unused syringes, needles, and related items should be stored in a clean area away from patients to avoid contamination.
3. Medications drawn up must be administered immediately, or labeled.
4. Expiration time for a drug drawn into a syringe.
   a. Medications should be drawn up into a sterile syringe as close as possible to the time of administration.
   b. All drugs drawn into a syringe should be discarded within 24 hours or when completely used, whichever comes first.

American Women's Medical Center - Des Plaines
Policy Manual

Section: Medications Management

Subject: Medications Policy

Reviewed and Approved By: 7(1)(b) [redacted]

Effective Date 11-20-08

(1) An assembled, non-contaminated, prefilled syringe, containing medication not formulated in a lipid emulsion, can be kept for later use.
(2) Medication formulated as a lipid emulsion must be discarded within 6 hours after the ampule, vial or prefilled syringe is opened.
(3) A syringe containing a lipid emulsion (propofol) must be labeled with the date and time opened so that disposal after 6 hours is ensured.

4. Multidose Vials
   a. If aseptic technique is consistently used, an uncontaminated multidose vial may be used until the manufacturer's expiration date.
   b. If contamination has occurred, or if sterility is questionable, the vial should be discarded.
   c. Each time a multidose vial is entered, aseptic technique should be used, including cleansing the rubber stopper with alcohol and using a sterile needle and syringe.

E. Reconciliation Process
1. A list of current medications will be developed by asking all new patient's for a list of their current prescriptions, over-the-counter drugs, vitamins and/or minerals.
2. This list will be reviewed with the patient prior to administering and/or prescribing any medication.
3. This list will be placed in a consistent, highly visible location within the patient chart.
4. Medications to be administered or prescribed will be reviewed against this list for potential adverse interactions.
5. The list is updated with medications administered that may have an effect on the patient after he/she leaves the office.
6. The list should be updated with any sample medication or prescription given to the patient.
7. The list should be reviewed with the patient prior to discharge so that he/she understands how to take the medication(s), and how long to continue taking any newly prescribed medication.
8. A copy of the list should be given to the patient and communicated to the next provider of care when the patient is referred or transferred to another provider or level of care.

American Women's Medical Center - Des Plaines
Policy Manual

Section: Medications Management

Subject: Medications Policy

Reviewed and Approved By: 7(1)(b)

Effective Date 11-20-08

F. Administration
1. Prior to the administration of any medication, a reconciliation process will occur to ensure the patient is receiving all medications necessary, and to eliminate any medications that are no longer needed and/or do not react with what the patient is currently taking (prescriptions, over-the-counter drugs, vitamins and/or minerals).
2. A physician must give the medication order, which should include the patient name, drug name in full, time or schedule, and route of administration.
   a. Written orders must be legible and entered on the patient chart.
   b. Only the physician or a registered nurse may administer any medication.
3. Medications are administered only afer the following:
   a. Medication selected is the correct one based on the medication order and product label.
   b. Medication is visually inspected for particulates or discoloration and expiration date.
   c. There is no contraindication for administrating the medication.
4. All medications administered to a patient must be documented in full: patient name, date, time, drug name, dose, route and response.

G. Prescribing
1. Complete medication orders contain the name of the drug, strength, dosage form, route of administration, and dosage regime.
2. "Blanket orders," "continue previous meds," "resume preoperative meds" and "discharge on current meds" is not acceptable as they are not clear or complete.

H. Security
1. Medications, prescription pads, needles and syringes should be kept locked or in areas where only the appropriate staff members have access.
2. If medications are kept in an area that is unlocked, the area must be visible by staff.

American Women's Medical Center - Des Plaines
Policy Manual

Section: Medications Management

Subject: Medications Policy Page 5 of 5

Reviewed and Approved By: 7(1)(b) Effective Date 11-20-08

I. Monitoring of Medications
   1. Medications will be monitored for risk points, and areas for improvement will be identified.
      a. Medications will be monitored monthly for outdates.
      b. Refrigerated medications will be monitored for temperature, and that no food is not placed in the medication refrigerator.
      c. Integrity locks on Crash Carts and Emergency Kit Medications will be monitored weekly.
   2. Any "significant"medication error or adverse drug reaction will be considered an adverse outcome and a root cause analysis will be preformed with appropriate, interdisciplinary staff.

American Women's Medical Center - Des Plaines
STAFF TRAINING

Date: 8/18/16 Presented by: M. FRUTACZ

Purpose of Training: ☒ Orientation ☐ Annual Review ☐ QA Follow-up

Topics covered: Spore Testing.

Attended By:

Name	Title
Mariela Escarpeta.	
7(1)(b)	Office Manager.
	office Manager
	receptionist.
	RN
Monique Carpenters	Autoclave Tech
Alex Perez	MA

American Women's Medical Center - Des Plaines
STAFF TRAINING

Date: 8/18/16 Presented by: M. FRUKACZ

Purpose of Training: ☒ Orientation ☐ Annual Review ☐ QA Follow-up

Topics covered: Cleaning of Autoclave

Attended By:

Name	Title
Berta De La Pena	receptionist.
7(1)(b)	office Manager
	office MANAGER.
	RN

Access Health care
Center, Ltd
110 S. River Road #7
Des Plaines, Illinois
[redacted]
847 294-9614
Fax 847 294-9644

facsimile transmittal

To: Karen Senger, R.N. Fax: 217-782-0382

From: SOPHIA DENAS Date: ~~8/22/2016~~ 8/23/16

Re: POC Pages: 30 8

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Access Health care
Center, Ltd
110 S. River Road #7
Des Plaines, Illinois
60016
847 294-9614
Fax 847 294-9644

facsimile transmittal

To: Karen Senger, R.N. Fax: 217-782-0382

From: SOPHIA DENAS Date: 8/22/2016

Re: POC Pages: 30

cc:

☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle