

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

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

08/04/2011 THU 14:37 FAX FULLERTON MEDICAL CENTER

NAME AND ADDRESS OF FACILITY: American Women's Health DBA Western Diversy Surgical Center 110 S. River Rd.

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.530 (e)	<p>Operative Care</p> <p>A registered nurse, qualified by training and experience in operating room nursing, shall be present in the operating room and function as the circulating nurse during all invasive or operative procedures requiring aseptic technique.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on review of Facility Job Descriptions and staff interview it was determined that for 2 of 2 (E#1 and 2) Registered Nurses available, the Facility failed to ensure the presence of a circulating RN during an invasive and operative procedure.</p> <p>Findings include:</p>	<p>Policy changes were made and implemented effective July 14, 2011, a Registered Nurse with competencies and experience in the field of surgery will be in the Operating Room during procedures.</p> <p>See Policy section: Surgery subsection: Ambulatory Surgery Guidelines (II-B) Addendum A.</p> <p>To prevent such deficiency from occurring in the future, a quality monitor has been incorporated in our performance improvement activity which will be randomly assigned to staff and collated and evaluated monthly and reported to the Nurse Manager, A. Sabater RN which in turn will be reported to the Medical Staff Committee Meeting on a monthly basis</p>	<p>7/14/2011</p> <p>concurrent up to 3 months and will be revisited annually.</p>

8/2/11
AK

DATE OF SURVEY 6/23/11

BY 27125
(Surveyor)

[Signature]
A. Sabater RN
(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
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X ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS
 OF FACILITY: American Women's Health DBA Western Diversy Surgical Center 110 S. River Rd.

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205.530 (e) Continued...	<p>1. The Facility Job Description titled, "Registered Operating Room Nurse" was reviewed on 6/23/11 at 10:00 AM. The job description included, "Ensures Time Out is called when the surgeon, anesthetist, and staff are in the room. Undertakes any of the responsibilities of the Circulator as assigned."</p> <p>2. The Facilities Office Managers (E#3 and #4) were interviewed on 6/23/11 at 10:15 AM. E#4 stated that the "only staff present in the operating room during an operative procedure are the surgeon, anesthesiologist and medical assistant. A registered nurse is not in the operating room." E#3 confirmed this finding during the interview.</p>	<p>A copy of the quality monitoring tool is provided for your viewing. See Addendum A-1</p> <p>A copy of quality monitor evaluation tool is provided for your viewing. See Addendum A-2</p> <p>Such activity incorporated in our performance improvement activity is very recent and will most likely be revised and edited as we go along, no concrete data can be afforded currently</p> <p>A more accurate data reporting can be provided at least after 3 months of reported data.</p> <p>Responsibility: A. Sabater, RN Clinical Nurse Manager</p>	

DATE OF SURVEY 6/23/11

BY 27125
(Surveyor)

A. Sabater RN
(Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY
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08/04/2011 THU 14:37 FAX FULLERTON MEDICAL CENTER

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DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

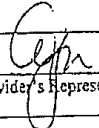
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NAME AND ADDRESS: American Women's Health DBA Western Diversey Surgical Center
OF FACILITY 110 S. River Road Suite 7, DesPlaines IL

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (f)	<p>Post Operative Care</p> <p>Patients shall be discharged... 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 was not met as evidenced by:</p> <p>Based on review of clinical records, Facility policy, and staff interview, it was determined that for 4 of 10 (Pts. #2, 6, 12, & 14) clinical records reviewed, the Facility failed to ensure documentation of the name of the person accompanying the patient from the facility, after a procedure, on discharge.</p> <p>Findings include:</p>	<p><i>Policy implementation were made: Staff are notified via memo regarding policy. Policy Section: Surgery Subsection: Discharge Criteria (C-8) Addendum B Memo to staff Addendum C</i></p>	6/27/2011

DATE OF SURVEY 6/23/11

BY 19840
(Surveyor)

 A. Sabater RN
(Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____
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08/04/2011 THU 14:37 FAX FULLERTON MEDICAL CENTER

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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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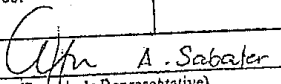
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NAME AND ADDRESS: American Women's Health DBA Western Diversity Surgical Center
OF FACILITY 110 S. River Road Suite 7, Des Plaines IL

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (f) Cont.	<p>1. The clinical records of Pts. #2, 6, 12, & 14 were reviewed on 6/21/11 between 9:00 and 11:00 AM. The clinical records lacked documentation of the name or relationship of the responsible person who accompanied the patients home after the procedure.</p> <p>-Pt. #2, a 31 year old female, had a surgical procedure performed on 5/21/11. The clinical records lacked documentation of the name or relationship of the responsible person who accompanied patient #2 home, after the procedure.</p> <p>- Pt. #6, a 31 year old female, had a surgical procedure performed on 5/19/11. The clinical records lacked documentation of the name or relationship of the responsible person who accompanied patient #6 home, after the procedure.</p>	<p>Policy revision were made dated 6/27/11 and implementation were made officially effective 07/14/2011 clearly stating that "A responsible person available to accompany patient home and documented on the medical records. To prevent this from occurring in the future, medical records will be audited and evidence of such documentation shall be monitored by M. Frupacz and results collated and reported to A. Sabater, RN - Nurse Manager and collated report presented to Medical Staff Committee Meeting. Such activity will be conducted on 100% of patient and will be continuously done for a period of 3 months. If tolerance of such activities were evaluated to have a result for the first 3 months of no less than 90%, Indicator will be evaluated and will be revisited every year for compliance.</p>	<p>concurrent up to 3 months and will be revisited annually.</p>

DATE OF SURVEY 6/23/11

BY 19840
(Surveyor)


 A. Sabater RN
 (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____
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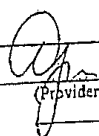
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08/04/2011 THU 14:38 FAX FULLERTON MEDICAL CENTER

NAME AND ADDRESS: American Women's Health DBA Western Diversy Surgical Center
OF FACILITY 119 S. River Road Suite 7, DesPlaines IL

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (f) Cont.	<p>- Pt. #12, a 23 year old female, had a surgical procedure performed on 5/20/11. The clinical records lacked documentation of the name or relationship of the responsible person who accompanied patient #12 home, after the procedure.</p> <p>-Pt. #14, an 18 year old female, had a surgical procedure performed on 6/10/11. The clinical records lacked documentation of the name or relationship of the responsible person who accompanied patient #14 home, after the procedure.</p> <p>2. The Facility policy titled, "Discharge Criteria was reviewed on 6/21/11 at approximately 11:15 AM. The policy required, "C. The patient is discharged ...based on the following criteria...8. Responsible person available to accompany patient home."</p>	<p>Such monitoring activities compiled with the Chart Review Tool will be evaluated and reviewed for effectiveness after 3 months. No concrete data can be afforded as of this time, but such can be made available after a month or more effectively after 3 months</p> <p>Copy of Quality Monitoring Tool Provided "Chart Review" see addendum B-1.</p> <p>Copy of quality monitor evaluation tool is provided "Chart Review Evaluation" see addendum B-2.</p> <p>Responsibility: A. Sabater RN Nurse Manager</p>	

DATE OF SURVEY 6/23/11 BY 19840 (Surveyor)


 A. Sabater RN
 (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY
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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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NAME AND ADDRESS: American Women's Health DBA Western Diversey Surgical Center
OF FACILITY 110 S. River Road Suite 7, DesPlaines IL

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (f) Cont.	3. The above findings were confirmed with the Office Manager and Medical Director during an interview on 6/21/11, at approximately 11:30 AM.		

DATE OF SURVEY 6/23/11 BY 19840 (Surveyor) A. Sabater RN (Provider's Representative)

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY _____
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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
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NAME AND ADDRESS OF FACILITY	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
<p>205.610 (c) (o)</p>	<p>Clinical Records</p> <p>Accurate and complete records shall be maintained...the record shall include... c) pre-counseling notes ... o) post counseling notes.</p> <p>This requirement was not met as evidenced by:</p> <p>A. Based on clinical record review and staff interview, it was determined that in 5 of 5 records reviewed (Pt. #1, 2, 3, 4 & 5), the Facility failed to ensure all patients received pre-operative and post- operative counseling.</p> <p>Findings include:</p> <p>1. On 6/21/11 at approximately 9:00 A.M., clinical records 1-5 were reviewed. The records for Pt. (#1, 2, 3, 4 & 5) lacked pre-operative and post-operative counseling notes.</p>	<p>Pre-op/Post-op counselling form were created and implemented July 26, 2011 The form will be assessed and evaluated periodically and edited as needed for effectiveness.</p> <p>Pre-op and post op counselling were also incorporated in the "Chart Review" monitoring as part of Performance Improvement Activities.</p> <p>In-service were conducted for the staff on how to counsel the patient utilizing the form, handouts are utilized as medium of instruction, all discussed items in the counselling are made available to show sample for patients such as contraceptive methods</p> <p>Please see in-service content and sign in sheet dated 07-25-11. Addendum D-1 and D-2 Responsibility: M. Frucacz Manager</p>	<p>7/30/2011</p> <p>7/25/2011</p>
<p>DATE OF SURVEY <u>6/23/11</u> BY <u>16853</u></p>		<p><i>[Signature]</i> (Surveyor)</p> <p><i>[Signature]</i> (Provider's Representative)</p>	

08/04/2011 THU 14:38 FAX FULLERTON MEDICAL CENTER

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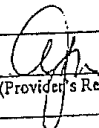
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NAME AND ADDRESS OF FACILITY American Women's Health DBA Western Diversey Surgical Center 110 S. River Road, DesPlaines, IL 60016

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.610 (c) (o) Cont...	<p align="center">Clinical Records</p> <p>- Pt. #2, a 31 year-old female, had a surgical procedure on 5/21/11. The clinical record lacked pre and post operative counseling notes.</p> <p>-Pt. #3, a 35 year-old female, had a surgical procedure on 6/17/11. The clinical record lacked pre and post-operative counseling notes.</p> <p>-Pt #4, a 15 year-old female, had a surgical procedure on 4/24/11. The clinical record lacked pre and post-operative counseling notes.</p>	part of "Chart Review" monitor Responsibility: A. Sabater, RN	7/5/2011

DATE OF SURVEY 6/23/11

BY 16853
(Surveyor)

 A. Sabater RN
(Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

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NAME AND ADDRESS OF FACILITY American Women's Health DBA Western Diversey Surgical Center 110 S. River Road, DesPlaines, IL 60016

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205.610 (c) (o) Cont...	<p>Clinical Records</p> <p>-Pt. #5 is a 26 year-old female, had surgical procedures done on these dates, 4/27/11 and 4/28/11. The clinical record lacked pre and post-operative counseling notes.</p> <p>2. On 6/21/11 at 11:30 A.M., an interview was conducted with the Office Manager and Medical Director, and both confirmed the lack of documented pre-operative and post-operative counseling notes.</p>		

DATE OF SURVEY 6/23/11 BY 16853 (Surveyor) A. Sabater RN (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____
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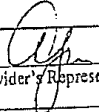
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NAME AND ADDRESS
OF FACILITY: American Women's Health DBA Western Diversey Surgical Center 110 River Rd. Des Plaines

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<p>205.610 (i) continued</p>	<p>Clinical Records</p> <p>Accurate and complete clinical records shall be maintained for each patient and all entries in the clinical record shall be made at that time the surgical procedure is performed ... The record shall include ... operative record ...</p> <p>This requirement was not met as evidenced by:</p> <p>Based on review of the Medical Staff Bylaws, clinical records and staff interview it was determined that for 4 of 4 (Pt. #s 4, 5, 13 and 14) patients requiring a Laminaria Insertion, the Facility failed to ensure operative reports were completed and accurate.</p> <p>Findings include:</p> <p>1. The "Bylaws of the Medical Staff" were reviewed on 6/21/11 at 11:15 AM. The Bylaws included, "Operative Reports will include a detailed account of the findings in surgery as well as the details of the surgical technique ..."</p>	<p>Memo was written to the Medical Staff reminding them of the Policy of AWMC of needed documentation immediately following a surgical or invasive procedure.</p> <p>See Addendum F E Memo to Medical Staff See Addendum F F Policy Section Surgery; Subsection: Assessment of Care, Physicians. paragraph D</p>	<p>7/5/2011</p>

DATE OF SURVEY 6/23/11

BY 27125
(Surveyor)

 A. Sabater
(Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY
Pg. 10

08/04/2011 THU 14:38 FAX FULLERTON MEDICAL CENTER

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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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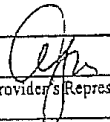
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NAME AND ADDRESS
OF FACILITY: American Women's Health DBA Western Diversy Surgical Center 110 River Rd. Des Plaines

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205.610 (i) continued	<p>2. The clinical record of Pt. #4 was reviewed on 6/21/11 at approximately 10:45 AM. Pt. #4 was a 15 year old female, admitted for a surgical procedure on 4/26/11. The clinical record included a surgical consent form dated 4/26/11 for a Laminaria Insertion. The insertion was performed on 4/26/11 however, the record lacked an operative report.</p> <p>3. The clinical record of Pt. #5 was reviewed on 6/21/11 at approximately 11:00 AM. Pt. #5 was a 26 year old female admitted for a surgical procedure on 4/27/11. The clinical record included a surgical consent form dated 4/27/11 for a Laminaria Insertion. The Operative Report dated 4/27/11 was titled "Dilation and Suction Curettage for Abortion" and detailed that procedure, not the Laminaria Insertion.</p>		

DATE OF SURVEY 6/23/11

BY 27125
(Surveyor)

 A. Sabater RN
(Provider's Representative)

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205.610 (i) continued	<p>4. The clinical record of Pt. #13 was reviewed on 6/21/11 at approximately 10:30 AM. Pt. #13 was a 38 year old female admitted for a surgical procedure on 6/9/11. The clinical record included a surgical consent form dated 6/9/11 for a Laminaria Insertion. The Operative Report dated 6/9/11 was titled "Dilation and Suction Curettage for Abortion" and detailed that procedure, not the Laminaria Insertion.</p> <p>5. The clinical record of Pt. #14 was reviewed on 6/21/11 at approximately 10:45 AM. Pt. #14 was an 18 year old female admitted for a surgical procedure on 6/9/11. The clinical record included a surgical consent form dated 6/9/11 for a Laminaria Insertion. The insertion was performed on 6/9/11; however, the record lacked an operative report.</p>		

DATE OF SURVEY 6/23/11 BY 27125 A. Sabater RN
 (Surveyor) (Provider's Representative)

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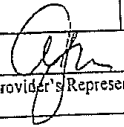
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205.610 (i) continued	6. The above findings were confirmed with the Office Manager and Medical Director on 6/21/11 at 11:30 AM, during an interview.		

DATE OF SURVEY 6/23/11

BY 27125
(Surveyor)

 A. Sabater RN
(Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____
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