

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

RECEIVED
JUN 18 2011

ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS OF FACILITY ACU Health Center 736 North York Road Hinsdale, Illinois 50521

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 (0)	<p>Clinical Records</p> <p>Accurate and complete clinical records shall be maintained for each patient ... The record shall include...post counseling notes.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on clinical record review and staff interview, it was determined that in 5 of 17 records reviewed (Pt. #s1-5), the Facility failed to ensure patients received post operative counseling.</p> <p>Findings include:</p>	See Next Page	

11-6-11
SK

DATE OF SURVEY 5/24/11

BY 07105
(Surveyor)

(Provider's Representative)

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OF FACILITY LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.610 (0) Cont.	Clinical Records 1. On 5/23/11 at approximately 10:30AM clinical records for Pts. 1-17 were reviewed. The clinical records for Pt #s 1-5 lacked post operative counseling notes. 2. The above findings were confirmed by the Assistant Administrator during an interview on 5/23/11 at approximately 11:30AM.	Due to the nature of the procedures, many of our patients explicitly express that they do not want to be contacted post procedure for confidentiality reasons. Also, many of our patients return to their own physicians for post-op care and/or counseling and some patients are simply non-compliant and do not respond to any type of follow up. Therefore, with this in mind we have created a "Post Counseling Progress Notes" Form (see enclosure). This Form will be used to document the post counseling status of each patient: 1. Whether or not the patient can be contacted 2. Where the patient will be going for follow up: a. Own Physician, who? b. Our Facility, when? c. No Follow Up/Non-Compliance/Wrong Contact, etc. Assigned staff will make an attempt to contact the patient regarding post counseling. Notes will be added to the patient's chart. The administrator will monitor compliance.	06/30/2011

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LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.420 (a)	<p>Sanitary Facility The ambulatory surgical treatment center shall insure maintenance of a sanitary facility...</p> <p>This requirement is not met as evidenced by:</p> <p>Based on Facility policy review, observation and staff interview, it was determined that for 2 of 2 operating rooms (OR# 1 and 2) observed, the Facility failed to ensure a sanitary environment.</p> <p>Findings include:</p> <p>1 On 5/23/11 at approximately 2:30PM, Facility policy titled, "Terminal Cleaning of the Operating Suite" was reviewed.</p>	See Next Page	

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205.420 (a) Cont.	<p>Sanitary Facility</p> <p>The policy included, "...cleaning of the operating suite will occur at the end of every surgery day."</p> <p>2. On 5/23/11 at approximately 2:00PM, OR #1 was inspected. OR #1 contained tape on an IV pole and dust on the suction machine where there was an opened suction catheter. The last surgical day was on 5/21/11.</p> <p>3. On 5/23/11 at approximately 2:15PM, OR #2 was inspected. OR #2 contained tape on an IV pole and brown stains on the suction machine. The last surgical day was on 5/14/11.</p> <p>4. The above findings were confirmed by the Assistant Administrator during an interview on 5/23/11 at approximately 2:45PM</p>	<p>The nurse supervisor has discussed this situation with the staff. Medical Assistants have been trained and assigned to clean equipment at the end of the surgical day prior to terminal cleaning.</p> <p>The nurse supervisor will be responsible for monitoring compliance on a daily basis.</p>	6/30/11

Date of survey 5/24/11 By 07105
(Surveyor)

(Provider's Representative) _____

POST COUNSELING PROGRESS NOTE

Last Name	First Name	PT.#
<input type="checkbox"/>		Patient does not want to be contacted for follow-up.
<input type="checkbox"/>		Patient is going to her own physician.
<input type="checkbox"/>		Patient will be following up at our center.
<input type="checkbox"/>		Patient can be called at the following: _____ _____
Date		