



7405 N. University Street, Suite D
Peoria, Illinois 61614
309-691-9073
(Illinois) 800-322-1622
(Iowa) 800-322-5442
www.abortionaccessnhc.com

May 22, 2015

Karen Senger, R.N., B.S.N.
Illinois Department of Public Health
Division of Health Facilities and Programs
525-535 West Jefferson Street
Springfield, IL 62761-0001

RECEIVED OHCR HCF&P
2015 MAY 22 A 11: 24

Dear Ms. Senger,

Please find enclosed the Statement of Deficiencies and our Plan of Correction.

We are also submitting labeled exhibits that correspond with the plan of correction. Also included is an exhibit of a suggestions that the surveyor made and it is working well.

I would like to compliment the surveyor. She was respectful, helpful and answered questions professionally.

If you have any questions, please call 309-691-9073.

Respectfully Submitted,



Margaret Van Duyn
Director

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION**

JAHIC ASTC FEC HIA HMO HOSPICE HOSPITAL OTHER _____

NAME AND ADDRESS National Health Care Services, Peoria, 7405 N. University, Suite D, Peoria, Illinois 61614

LICENSE: 7001670

RULE/REGULATION	Requirement Summary and Description of Non-Compliance	PLAN OF CORRECTION	COMPLETION DATE (MM/DD/YYYY)
Section 205.410 Equipment	<p>Equipment shall be in good working order and shall be available in numbers sufficient to provide good patient care based on the procedures to be performed in the facility.</p> <p>(d) The facility shall be written procedures to assure the safety in storage and use of all narcotics and medications in accordance with state and federal law.</p> <p>A. Based on observation, document review, and staff interview, it was determined the (PTC) Pregnancy Termination Center failed to ensure outdated drugs were not available for use in the patient care areas. This has the potential to affect 100% of the patient population.</p> <p>Findings include:</p> <p>1. During a tour of the PTC, conducted on 4/27/2015 at 12:15 PM with I: #1 (Director), the following outdated medications were observed.</p> <p>Operating Room #2 Epinephrine 1/1000 (1mg/ml) Ampule expired 1/1/2015.</p>	<p>1. OR#2 Epinephrine Amp. Expired 1/1/2015. Medication discarded.</p>	04/27/15

DATE OF SURVEY 4/30/2015 BY J2822 (Surveyor)

NOTE: IF P.L.V., INDICATE DATE OF PRIOR SURVEY

(Provider's Representative)

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION**

AHC ASTC FEC HHA HMO HOSPICE OTHER

NAME AND ADDRESS National Health Care Services, Peoria, 7405 N. University, Suite D, Peoria, Illinois 61614
OF FACILITY: LICENSE 7001670

RULE/REGULATION	Requirement Summary and Description of Non Compliance	PLAN OF CORRECTION	COMPLETION DATE (MM/DD/YYYY)
Section 205.41 Equipment	<p>Operating room #3.</p> <p>1. (one) vial Diphenhydramine 50 mg/ml one (1) ml vial expired 9/2014.</p> <p>2. The policy titled "Nurse Supervisor" revised 01/15 was reviewed on 4/29/2015 at 1:00 PM. The policy indicated under "Duties: 8. (Nurse Supervisor) is responsible for medication control and count".</p> <p>3. E #1 (Director) was interviewed on 4/29/2015 at 2:00PM. E #1 stated the medication should have been discarded.</p> <p>B. Based on observation and staff interview, it was determined the PTC failed to ensure medications that required refrigeration were stored in the medication refrigerator. This has the potential to affect 100% of the patients.</p> <p>Findings include:</p>	<p>OR#3 1 vial Diphenhydramine expired 9/2014. Medication discarded.</p> <p>2. Reviewed policy with IDPH inspector and will have an in-service on nurse medication duties.</p>	<p>04/27/15</p> <p>05/06/15</p>

DATE OF SURVEY 4/30/2015 BY 32822 (Surveyor)
NOTE: IF P.L.V. INDICATE DATE OF PRIOR SURVEY (Provider Representative)

Medication Injection Policy

Injection safety, is a set of measures we use to perform injections in an optimally safe manner for women who utilize our services and our health care staff, personnel and others.

We will use evidence-based recommendations provided by N.A.F., I.D.P.H. and the C.D.C.

The following is critical for safe injection practices in this facility:

1. Never administer medications from the same syringe to more than one patient, even if the needle has been changed.
2. Do not enter a medication vial, bag with a used syringe or needle.
3. Never use a single dose medication (as marked on vial) for more than one patient.
4. Always use aseptic technique when preparing or administering injections.

Medication Preparation and Safeguards

How

1. Parenteral medications should be drawn up in an aseptic manner. Always use a new sterile syringe and needle. You must prevent contact between the injection material and the non-sterile environment. Proper hand hygiene must be done before handling medications.

** The rubber septum should be disinfected with alcohol prior to piercing it.

Where

1. Medication should be drawn up in a clean, designated medication area. No item that could have possibly been contaminated or used should be in the prep area. No Exceptions.

Never Do

1. A needle may never be left in the septum of the bottle, you must swab the rubber stopper with alcohol when you first open it. No exceptions.
2. Do not enter a medication vial with the same syringe and needle previously used for another patient.

Multi-dose vials: vial of medication that contains multiple doses.

How to Use Multi-dose vials:

1. Multi-dose should be limited to a single patient when possible. The multi-dose vial should not be kept in a patient treatment room if possible.
2. Discarding multi-dose vials should always be discarded when the sterility is compromised or questionable.
3. If a multi-dose vial has been opened, the vial is discarded in 28 days or by the expiration date, whichever is first.
4. The beyond use date should never exceed the manufacturer's date.

8 Standards for Medication Administration

When giving a medication, you must follow the criteria set forth in the guidance listed below. It is the nursing staff's responsibility to follow and chart them correctly.

1. Right Patient
 - a. Check Name
 - b. Ask Patient to Identify Oneself
2. Right Medication
 - a. Check Medication Label
 - b. Check the Order
3. Right Dose
 - a. Check Order
 - b. Confirm Appropriateness
4. Right Route
 - a. Confirm Patient can take or receive the medication by ordered route
5. Right Time
 - a. Check Frequency
 - b. Double Check that you are giving the ordered dose at the correct time
6. Right Documentation
 - a. Document Administration AFTER giving the medication
 - b. Chart: Time, route and any other specific information as necessary
7. Right Reason
 - a. Confirm rationale for the ordered medication
 - b. Check patient's history and reason for medication
8. Right Response
 - a. Confirm medication has the desired effect

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION**

AHC ASTC FEC IHA HMO HOSPICE HOSPITAL OTHER

NAME AND ADDRESS National Health Care Services, Peoria, 7405 N. University, Suite D, Peoria, Illinois 61614

LICENSE: 7001670

RULE/REGULATION	Requirement Summary and Description of Non Compliance	PLAN OF CORRECTION	COMPLETION DATE (MM/DD/YY)
Section 205.41 Equipment	<p>1. During a tour of the PTC, conducted on 4/27/2015 at 12:15 PM with E #1 (Director), Five (5) Nuva Rings (etonogestrel/ethinylestradiol vaginal ring) delivers 0.120 mg/0.015 per day, were found in the refrigerator used for patient nourishment.</p> <p>2. E #1 (Director) was interviewed on 4/29/2015 at 2:00PM. E #1 stated the medications should not have been in the patient nourishment refrigerator.</p>	<p>3. Nuvarings were found in recovery fridge, with patient drinks. We have a medication and reagent fridge. A small new counter fridge was purchased.</p>	04/29/15

DATE OF SURVEY 4/30/2015

BY 32822
(Surveyor)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

(Provider Signature)

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION**

AHC ASTC UPEC HHA HMO HOSPICE HOSPITAL OTHER

NAME AND ADDRESS National Health Care Services, Peoria, 7405 N. University, Suite D, Peoria, Illinois 61614

LICENSE 7001670

RULE/REGULATION	Requirement Summary and Description of Non Compliance	PLAN OF CORRECTION	COMPLETION DATE (MM/DD/YYYY)
Section 205.41 Equipment	<p>C. A. Based on observation, document review, and staff interview, it was determined the PTC failed to ensure medications that were opened were labeled with an expiration date. This has the potential to affect 100% of the patient population.</p> <p>Findings include:</p> <p>1. During a tour of the PTC, conducted on 4/27/2015 at 12:15 PM with E #1 (Director), the following medications were found not labeled with an expiration date.</p> <p>Pre Surgical storage room: 1 (one) 8.4% Sodium Bicarb 50ml vial with approximately 15 ml left in vial. 1 (one) 1% Lidocaine 10mg/ml 50 ml vial with approximately 45 ml left in vial.</p>	<p>4. Pre-surgical storage room: (1) 8.4% sodium bicarb – not labeled, part empty, (1) lidocaine 10mg/mL – 45 ml left. Both bottles discarded on 4/27/15. Reviewed labeling policy.</p>	05/6/15

DATE OF SURVEY 4/30/2015

BY 12822
(Surveyor)

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION**

AHC ASTC FEC HHA HMO HOSPICE HOSPITAL OTHER _____

NAME AND ADDRESS National Health Care Services, Peoria, 7405 N. University, Suite D, Peoria, Illinois 61614
OF FACILITY:

LICENSE # 7001670

RULE/REGULATION	Requirement Summary and Description of Non Compliance	PLAN OF CORRECTION	COMPLETION DATE (MM/DD/YY)
Section 205.41 Equipment	<p>Recovery Room. Three (3) 50 mg/10ml (5mg/ml) vials of Midazolam approximately 5 ml in each vial.</p> <p>2. The policy titled "Medication Handling Protocol" (revised 01/2015) was reviewed on 4/29/2015 at 1:30 PM. The policy did not address labeling open medications with the expiration date.</p> <p>3. E #1 (Director) was interviewed on 4/29/2015 at 1:00 PM. E #1 stated the policy needs to address putting an expiration date on open medications.</p>	<p>Recovery Room: (3) 50 mg/mL vials of midazolam approx. 5 mL in each bottle. These were discarded on 04/29/15. Reviewed with recovery nurse, new labels designed.</p> <p>2. New policy about labeling, opening and expiration dates. Policy enclosed.</p>	<p>05/06/15</p> <p>05/06/15</p>

DATE OF SURVEY 4/30/2015

BY 32822
(Surveyor)

NOTE: IF PL.V. INDICATE DATE OF PRIOR SURVEY

[Redacted Signature]

(Provider's Representative)

Policy and Responsibility for Medication and Supplies

All medications will be checked for proper labeling; to include but not limited to: open date, expiration date and use by date if different.

The areas that fall into this category are as follows:

1. Laboratory: all supplies are checked by the technician of the day.
2. Pre-op: all medications are checked and signed off by the nurse of the day.
3. Auto-clave and OR prep the solutions in the OR and in autoclave will be checked for proper labeling and a sticker for description. This will be done by the surgical technician of the day.
4. Check on the date of sterilized instruments for 30 day expiration.
5. OR 1, 2, and 3: the RN's in each OR will be responsible for
 - a. Proper labeling
 - b. Expiration date
 - c. Proper technique for handling medication
 - d. Also check solution bottles in the rooms

OR Nurses:

- B. Bottenberg, R.N.
- S. Munk, R.N.
- H. Hoagland, R.N.
- T. Johnson, R.N.

Recovery:

- J. Mayor, L.P.N.
- H. Worsfold, L.P.N.
- D. Franklin, L.P.N.



NATIONAL HEALTH CARE PAGE 01/03
7405 N. University Street, Suite 1J
Peoria, Illinois 61614
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(Iowa) 800-322-5442
www.abortionaccessnhc.com

June 2, 2015

Karen Senger, R.N., B.S.N.
Illinois Department of Public Health
Division of Health Facilities and Programs
525-535 West Jefferson Street
Springfield, IL 62761-0001

Dear Ms. Senger,

Please find enclosed the Statement of Deficiencies and our Plan of Correction.

If you have any questions, please call 309-691-9073.

Respectfully Submitted,


Margaret Van Duyn
Director

*I did not send OR 2, 3
they are same.*

*The other material you wanted is ready, we
have 1 document to be signed. I will fax as soon
as I can.*

Access Health Center, Ltd.
Administrative Office
1640 N. Arlington Heights Rd. #110
Arlington Heights, IL 60004
Tel: 847-255-7400
Fax: 847-398-4585

May 19, 2015

Karen Senger, R.N., Supervisor
Division of Health Care Facilities and Programs
Illinois Department of Public Health
525 West Jefferson St. 4TH Floor
Springfield, IL 62761-0001

Sent Via First Class Mail

Re: Access Health Center, Ltd.
1700 75th St. Downers Grove, IL 60516

Dear Karen,

On May 18, 2015 we received your response letter dated May 15, 2015.

We have immediately discontinued vasectomy services at Access Health Center, Ltd. We will remove it from the services we offer.

Sincerely,



Vera Schmidt
Chief of Operations
Access Health Center, Ltd.

RECEIVED OHCR HCF & P
2015 MAY 21 A 11:33



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

May 15, 2015

Vera Schmidt, Administrator
Access Health Center Ltd.
1700 75th Street
Downers Grove, IL 60516

Re: Complaint and licensure renewal survey

Dear Ms. Schmidt:

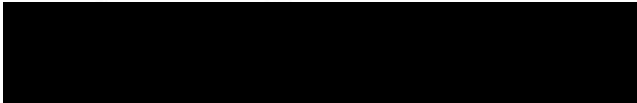
The Department received your plan of correction and letter dated May 11, 2015. In response to your question, as we stated in the May 7, 2015, it is a violation of a licensed pregnancy termination center facility to perform other surgical procedures (vasectomies) at the facility that is only licensed to perform abortions.

The Ambulatory Surgical Treatment Center Licensing Requirements Code states that procedures performed at a PTSC are "limited to procedures to terminate pregnancy performed within 18 weeks assessed gestational age... and other gynecologic procedures related to the termination of pregnancy." Ill. Admin. Code title 77, § 205.710(a)(1) (2008).

Please respond in writing to this office no later than 10 days after receipt of this letter with the agency's revised Plan of Correction (POC). The Department's acceptance of a POC does not constitute a waiver of any enforcement actions its entitled to take including, but not limited to, adverse licensure action and fine assessment.

If you have any questions regarding this request, please address your concerns to the Illinois Dept. of Public Health, Division of Health Care Facilities and Programs, 525 West Jefferson Street, 4th Floor, Springfield, Illinois 62761-0001, or feel free to call myself at 217/782-0381. The Department's TTY number is 800/547-0466, for use by the hearing impaired.

Sincerely,


Karen Senger, RN
Supervisor, Central Office Operations Section
Division of Health Care Facilities and Programs
Illinois Department of Public Health

Access Health Center, Ltd.
Administrative Office
1640 N. Arlington Heights Rd. #110
Arlington Heights, IL 60004
Tel: 847-255-7400
Fax: 847-398-4585

RECEIVED OHCR HCF & P

2015 MAY 14 A 11: 36

May 11, 2015

Karen Senger, R.N., Supervisor
Division of Health Care Facilities and Programs
Illinois Department of Public Health
525 West Jefferson St. 4TH Floor
Springfield, IL 62761-0001

Sent Via Overnight Delivery

Re: Letter dated 5-7-2015
Access Health Center, Ltd. 1700 75th St. Downers Grove, IL 60516

Dear Karen,


On May 11, 2015 we received your letter dated May 7, 2015.

As we have previously discussed our center performs reproductive health services such as, legal abortions, exams and < 1% vasectomies. Since vasectomies can be performed in non-ASTC clinics and physicians' offices we felt that this was not an issue and your department was aware of this service.

Please advise us on how to proceed. If physicians' office vasectomies are not allowed in the PTSC we will discontinue this service immediately.

We await your response.


Thank You,



Vera Schmidt
Chief of Operations
Access Health Center, Ltd.

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

ASTC HIHA HMO HOSPICE HOSPITAL

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
Section 205.710 (cont'd)	Findings include: 1. The facility's licensure renewal application submitted to the Department dated 11/1/14 was reviewed on 4/16/15 and included the following list of approved procedures: Dilation and Curettage, Diagnostic and/or therapeutic, Dilation and Curettage, Dilation and Evacuation, Dilation and Extraction, and Endocervical Curettage. 2. The facility's list of "Procedures Currently Being Performed" (approved 3/28/14) was reviewed on 4/16/15 and included, "... Vasectomy"	→ ① This information is correct. ② The PTSC performs pregnancy terminations. The center also provides exam and vasectomy procedures during non-PTSC times. The staff have been informed → 5/18/15 to keep exam and vasectomy information separate from the PTSC documents.	

BY 30195 (Surveyor)

(Provider's Representative)

DATE OF SURVEY 4/16/15

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

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

ASTC PREGNANCY TERMINATION CENTER HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS OF FACILITY LIST RULE VIOLATED	Access Health Center 1700 75 th Street, Downers Grove, IL 60516	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
000		An investigation survey was conducted on 4/16/15 for complaint #152203. The facility was not in compliance with Rules and Regulations for Pregnancy Termination Centers for this survey as evidenced by:		
Section 205.710		<p>Pregnancy Termination Specialty Centers</p> <p>a) A facility will be considered a pregnancy termination specialty center if it meets each of the following conditions:</p> <p>1) Procedures performed at the facility are limited to procedures to terminate pregnancy...and other gynecologic procedures related to the termination of pregnancy...</p> <p>This requirement was not met as evidenced by:</p> <p>Based on document review and interview, it was determined for 1 of 2 (SP #1) surgical procedures performed at the facility, the facility failed to ensure all procedures performed were related to pregnancy termination.</p>		

DATE OF SURVEY 4/16/15 BY 30195 (Surveyor) _____
(Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

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

ASTC HIHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS 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
<p>Section 205.710 (cont'd)</p>	<p>3. The facility's quarterly clinical statistical data was reviewed from 4/1/14-3/31/15 and included 24 vasectomies were performed at the facility.</p> <p>4. During an interview with the Chief of Operations (E #2) on 4/16/15 at approximately 2:00 pm, E #2 stated that due to the low percentage of vasectomy cases performed at the facility, it was allowed.</p>	<p>② The vasectomies are considered physician office procedures and should not have been listed on the quarterly clinical statistical data form of the PTSC Staff will be informed → 5/18/15 to keep exam and vasectomy data separate from PTSC data.</p> <p>④ This statement has been misunders tood; I'd like to see clarification of the statement that < 1% were vasectomies. physician office as long as they are in the facility. (42 CFR 416)</p>	
<p>Section 205.710 (cont'd)</p>	<p>The Chief of Operations stated that 10% of the services provided and we submitted that < 1% were vasectomies in physician office as long as they are in the facility. (42 CFR 416)</p>		

DATE OF SURVEY 4/16/15 BY 30195 (Surveyor)

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY _____ (Provider's Representative)



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

May 7, 2015

Vera Schmidt, Administrator
Access Health Center Ltd.
1700 75th Street
Downers Grove, IL 60516

Re: Complaint and licensure renewal survey

Dear Ms. Schmidt:

The Department conducted a complaint investigation and licensure renewal survey on April 16, 2015. The allegation related to the list of services being offered on the building advertisement. The signage on the door implies that this is a physician office practice that provides Gynecology, Internal Medicine, Urology, Family Practice, Gastroenterology, and Outpatient Surgical Center. During the survey interviews your staff stated the facility performs 1st and 2nd trimester abortions, medical abortions and vasectomies and offers the following services: gynecological exams, sexually transmitted disease testing, pregnancy testing, gestational ultrasound, wellness physicals, vitamin B-12 injections, and Depo-Provera injections.

The Department had similar concerns back in 2011 and needed to determine if your office required an Ambulatory Surgical Treatment Center (ASTC) license. The information, your facility provided indicated you were a physician's office that also provides abortions. Your October 19, 2011, stated the clinic performs 53% abortions, 46% exams and 1% vasectomies.

Based on the observations made during the April 16, 2015 survey, this location was only operating as a Pregnancy Termination Specialty Center (PTSC) and not a physician office. Access Health Center, LTD. obtained a PTSC license on January of 1992. The Ambulatory Surgical Treatment Center Licensing Requirements Code states that procedures performed at a PTSC are "limited to procedures to terminate pregnancy performed within 18 weeks assessed gestational age... and other gynecologic procedures related to the termination of pregnancy." Ill. Admin. Code title 77, § 205.710(a) (1) (2008).

In reviewing the survey findings attached, the Department has determined that your facility is in violation of its license by performing other surgical procedures (vasectomies) at the facility that is only licensed to perform abortions.

Please respond in writing to this office no later than 10 days after receipt of this letter with the agency's Plan of Correction (POC). The Department's acceptance of a POC does not constitute a waiver of any enforcement actions its entitled to take including, but not limited to, adverse licensure action and fine assessment.

If you have any questions regarding this request, please address your concerns to the Illinois Dept. of Public Health, Division of Health Care Facilities and Programs, 525 West Jefferson Street, 4th Floor,

Springfield, Illinois 62761-0001, or feel free to call myself at 217/782-0381. The Department's TTY number is 800/547-0466, for use by the hearing impaired.

Sincerely,

Karen Senger, RN
Supervisor, Central Office Operations Section
Division of Health Care Facilities and Programs
Illinois Department of Public Health

7/19/17



**Illinois Department of
PUBLIC HEALTH** HF108691

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D., J.D.

Issued under the authority of
the Illinois Department of
Public Health

Director

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/18/2016		7002777
Pregnancy Termination Specialty Center		
Effective: 07/19/2015		

Michigan Avenue Center for Health, Ltd.
2415 Michigan Ave
Chicago, IL 60616

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #4012320 10M 3/12

→ DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 07/18/2016

Lic Number 7002777

Date Printed 07/01/2015

Validation Num 64109

Michigan Avenue Center for Health, Lt
2415 Michigan Ave
Chicago, IL 60616

FEE RECEIPT NO.



Pregnancy Termination Center (ASTC) Licensure Renewal Application

ASTC ID NUMBER <u>7002777</u>
PROGRAM CATEGORY - 86
Department Use Only

\$300 Application Fee

Pursuant to the Ambulatory Surgical Treatment Center Licensing Act (210 ILCS 5/1 et seq) And the rules of the Department of Public Health entitled Ambulatory Surgical Treatment Center Licensing Requirements (77 Ill. Adm. Code 205).

1.

Name of ASTC Michigan Avenue Center for Health, Ltd.

Address 2415 S. Michigan Avenue

City Chicago County Cook State IL Zip Code 60616

Telephone Number (Area Code) 312-328-1200 Fax Number 312-328-1240 E-mail accounting@officegci.com

2. OWNERSHIP AND MANAGEMENT

A. Type of Ownership of the ASTC

Individual

Association

Partnership

Corporation

Other _____

IMPORTANT NOTICE
THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER 210 ILCS 5/1 ET SEQ. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THIS HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.



Pregnancy Termination Center (ASTC) Licensure Renewal Application

B. If Individual-Partnership or Association-owned, list all persons who own the ASTC.:

Name	Address
N/A	

C. Names under which persons in #2 do business (other than this ASTC)

Name	Business
N/A	

D. Corporate Ownership

(1.) Name of Corporation

Michigan Avenue Center for Health, Ltd.

(2.) List title, name and address of each corporate officer.

Title	Name	Address
President/VP	Vijay Goyal	2415 S. Michigan Ave., Chicago, IL 60616
Officer/Director/VP	Vinod Goyal	2415 S. Michigan Ave., Chicago, IL 60616
Secretary	Edyta Barabas	2415 S. Michigan Ave., Chicago, IL 60616

WWW.CYBERDRIVEILLINOIS.COM

JESSE WHITE
SECRETARY OF STATE



CORPORATION FILE DETAIL REPORT

Entity Name	MICHIGAN AVENUE CENTER FOR HEALTH, LTD.	File Number	53280531
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	DOMESTIC BCA
Incorporation Date (Domestic)	12/30/2003	State	ILLINOIS
Agent Name	SCOTT H REYNOLDS	Agent Change Date	12/30/2003
Agent Street Address	2 N LASALLE ST #1300	President Name & Address	VIJAY GOYAL 3 GOLF CENTER RD #356 HOFFMAN ESTATES IL 60169
Agent City	CHICAGO	Secretary Name & Address	EDYTA BARABAS3GOLF CENTER RD #356 HOFFMAN ESTATES
Agent Zip	60602	Duration Date	PERPETUAL
Annual Report Filing Date	12/08/2014	For Year	2014
Old Corp Name	08/31/2005 - A MICHIGAN AVENUE MEDICAL CENTER, LTD.		

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Pregnancy Termination Center (ASTC) Licensure Renewal Application

E. List name and address of each shareholder holding more than 5 percent of shares

Name	Address	% of Shares
Michigan Health Systems, Ltd.		80%
Avenue Health Center, Ltd.		20%

F. For other than individual ownership, list the name and address of the Illinois Registered Agent or the person(s) legally authorized to receive service of process for the facility.

Name of Registered Agent	Address
Scott Reynolds	2 N. LaSalle Street, Suite 1300, Chicago, IL 60602

G. List the names and addresses of all persons under contract to manage or operate the facility:

(Check here if not applicable).

Name	Address

H. Have any of the following been convicted of a felony or of two or more misdemeanors involving moral turpitude in the last five years? (If yes, attach explanation as Exhibit IA.)

- | | | | |
|----|--|------------------------------|--|
| 1. | Applicant | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. | Any member of a firm, partnership or association | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. | Any officer or director of a corporation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. | Administrator or manager of ASTC | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |



Pregnancy Termination Center (ASTC) Licensure Renewal Application

3. ADMINISTRATION AND PERSONNEL

A. Administrator (Attach resume as Exhibit II)

Name Aimee Dillard

Address 2415 S. Michigan Avenue, Chicago, IL 60616

Telephone Number 312-328-1200

License or Certification Number (if applicable) N/A

B. Medical Director (Attach resume as Exhibit III)

Name Sampath Kumar Chennamaneni. M.D.

Address 2415 S. Michigan Avenue, Chicago, IL 60616

Telephone Number 312-328-1200

License Number 036-070672

Please note that, in accordance with section 205.710(b)(1), the information concerning medical staff and other personnel required in Section 205.120(b)(5) through (7) must be maintained at the facility and be available for inspection by the Department.

4. SURGICAL PROCEDURES

A list of surgical procedures being performed at the facility must be included with the renewal application. (Identify as Exhibit V).



5. VERIFICATION


I (we) swear or affirm that this application and accompanying documents are true and complete. I (we) further certify that I (we) have knowledge of and understand the action required to comply with the act and licensing requirements.

Signature  Signed _____

Title Assistant Administrator Title _____

Signed and sworn (or attested) to before me this 1 day of June 20 15.



Notary Public


My commission expires 03/06 20 17.

SUBMIT APPLICATION AND FEE TO
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF FINANCIAL SERVICES
VALIDATION UNIT
535 W. JEFFERSON ST. -4TH FLOOR
SPRINGFIELD, IL 62761-0001

Pregnancy Termination Center (ASTC) Licensure Renewal Application



APPLICATION ADDENDUM

This addendum must be completed as part of the following program/facility applications:

Ambulatory Surgical Treatment Center

Home Health Agency

Hospice Program

Hospital

Section 10-65(c) of the Illinois Administrative Procedure Act, 5 ILCS 100/10-65(c), was amended by P.A. 87-823, and requires individual licensees to certify whether they are delinquent in payment of child support.

APPLICANT IS AN INDIVIDUAL (SOLE PROPRIETOR) Yes No

The following question must be answered only if the applicant is an Individual (sole proprietor):

I hereby certify, under penalty of perjury, that I Am Am not (check one) more than 30 days delinquent in complying with a child support order.

Signed _____

Date _____

FAILURE TO SO CERTIFY MAY RESULT IN A DENIAL OF THE LICENSE; AND MAKING A FALSE STATEMENT MAY SUBJECT THE LICENSEE TO CONTEMPT OF COURT (5 ILCS 100/10-65-(C)).



Pregnancy Termination Center (ASTC) Licensure Renewal Application

Pregnancy Termination Specialty Center Renewal Application Checklist

- Completed application for ASTC Renewal Licensure
- Articles of Incorporation
- Administrator's Resume
- Medical Director's Resume
- Supervising Nurse's Resume
- List of Medical Staff
- Separate list of Personnel Staff
- Narrative Description of facility
- Surgical Procedures and services provided
- Lab Services (Section 205.540(d))
- Transfer Agreement, etc. (Section 205.540(d))
- Organizational plan
- Local Building, utility and safety codes
- License fee of \$500

6328-0631

Substitute Form BCA-2.10

This space for use by
Secretary of State

Date	12-30-03
Franchise Tax \$	25
Filing Fee \$	150
Approved	<i>[Signature]</i> 175-

FILED

DEC 30 2003

JESSE WHITE
SECRETARY OF STATE



ARTICLES OF INCORPORATION
OF


A MICHIGAN AVENUE MEDICAL CENTER, LTD.

TO: Jesse White, Secretary of State of Illinois:

Pursuant to the provisions of The Business Corporation Act of 1983, as amended (the "Act"), the undersigned incorporator hereby adopts the following Articles of Incorporation:

Article I

CORPORATE NAME

The name of the corporation shall be A MICHIGAN AVENUE MEDICAL CENTER, LTD  ✓

Article II

REGISTERED AGENT

The initial registered agent of the corporation shall be Scott H. Reynolds, and the initial registered office of the corporation shall be at 2 N. LaSalle St., Suite 1300, Chicago, Cook County, Illinois 60602. ✓

Article III

ORGANIZATIONAL PURPOSE

The corporation is organized for the purpose of engaging in any lawful act or activity for which corporations may be organized under IL Business Corporation Act of 1983, as amended. (94) ✓

PAID

DEC 30 2003

EXPEDITED
SECRETARY OF STATE

FORM BCA 10.30 (rev. Dec. 2003)
ARTICLES OF AMENDMENT
Business Corporation Act

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-1832
http://www.cyberdriveillinois.com

FILED

AUG 31 2005

Remit payment in the form of a check or money order payable to the Secretary of State.

JESSE WHITE
SECRETARY OF STATE

File # 63280631 Filing Fee: \$50.00 Approved: KK
Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. CORPORATE NAME: A MICHIGAN AVENUE MEDICAL CENTER, LTD. (Note 1)

2. MANNER OF ADOPTION OF AMENDMENT:

The following amendment of the Articles of Incorporation was adopted on AUGUST 30 2005 (Month & Day) (Year)

In the manner indicated below. ("X" one box only)

By a majority of the incorporators, provided no directors were named in the articles of incorporation and no directors have been elected; (Note 2)

By a majority of the board of directors, in accordance with Section 10.10, the corporation having issued no shares as of the time of adoption of this amendment; (Note 2)

By a majority of the board of directors, in accordance with Section 10.15, shares having been issued but shareholder action not being required for the adoption of the amendment; (Note 3)

By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having been duly adopted and submitted to the shareholders. At a meeting of shareholders, not less than the minimum number of votes required by statute and by the articles of incorporation were voted in favor of the amendment; (Note 4)

By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by shareholders having not less than the minimum number of votes required by statute and by the articles of incorporation. Shareholders who have not consented in writing have been given notice in accordance with Section 7.10; (Notes 4 & 5)

By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by all the shareholders entitled to vote on this amendment. (Note 5)

3. TEXT OF AMENDMENT:

a. When amendment effects a name change, insert the new corporate name below. Use Page 2 for all other amendments.

Article I: The name of the corporation is:

MICHIGAN AVENUE CENTER FOR HEALTH, LTD.

(NEW NAME)

4. The manner, if not set forth in Article 3b, in which any exchange, reclassification or cancellation of issued shares, or a reduction of the number of authorized shares of any class below the number of issued shares of that class, provided for or effected by this amendment, is as follows: (if not applicable, insert "No change")
 NO CHANGE

5. (a) The manner, if not set forth in Article 3b, in which said amendment effects a change in the amount of paid-in capital (Paid-in capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts) is as follows: (if not applicable, insert "No change")
 NO CHANGE

(b) The amount of paid-in capital (Paid-in Capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts) as changed by this amendment is as follows: (if not applicable, insert "No change") (Note 6)
 NO CHANGE

	Before Amendment	After Amendment
Paid-in Capital	\$ _____	\$ _____

(Complete either Item 6 or 7 below. All signatures must be in BLACK INK.)

6. The undersigned corporation has caused these articles to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true.

Dated AUGUST 30 2005 A MICHIGAN AVENUE MEDICAL CENTER, LTD.
(Month & Day) (Year) (Exact Name of Corporation at date of execution)

 (Any Authorized Officer's Signature)
 LISA SHINE, PRESIDENT
 (Type or Print Name and Title)

7. If amendment is authorized pursuant to Section 10.10 by the incorporators, the incorporators must sign below, and type or print name and title.

OR

If amendment is authorized by the directors pursuant to Section 10.10 and there are no officers, then a majority of the directors or such directors as may be designated by the board, must sign below, and type or print name and title.

The undersigned affirms, under the penalties of perjury, that the facts stated herein are true.

Dated _____
(Month & Day) (Year)

STATE OF ILLINOIS

Office of the Secretary of State

I hereby certify that this is a true and correct copy, consisting of Seven pages, as taken from the original on file in this office.



Jesse White

JESSE WHITE
SECRETARY OF STATE

DATED: August 31, 2005

BY: *James R. [Signature]*

EXPEDITED
SECRETARY OF STATE

AUG 31 2005

EXP. FEES 50.00

COPY FEES 25.00

Aimee Dillard
2415 S Michigan Ave
Chicago, IL 60616

OBJECTIVE To obtain a full-time position in Health Care Administration that utilizes my skills, abilities and experience.

EMPLOYMENT HISTORY

- | | | |
|----------------|--|----------------|
| 2007 – Present | Advantage Health Care
<i>Assistant Administrator</i> <ul style="list-style-type: none">• Responsible for Administrative Aspects of Facility | Wood Dale, IL |
| 2007 – Present | ACU Health Center
<i>Assistant Administrator</i> <ul style="list-style-type: none">• Responsible for Administrative Aspects of Facility | Hinsdale, IL |
| 2007 – Present | Anchor Health Center
<i>Assistant Administrator</i> <ul style="list-style-type: none">• Responsible for Administrative Aspects of Facility | Glen Ellyn, IL |
| 2007 – Present | Michigan Avenue Center for Health
<i>Assistant Administrator</i> <ul style="list-style-type: none">• Responsible for Administrative Aspects of Facility | Chicago, IL |
| 2005-2007 | ACU Health Center
<i>Office Manager</i> <ul style="list-style-type: none">• Supervision and scheduling of office staff• Assist Administrator with projects• Maintain employee files• Inventory monitoring/ Ordering Supplies | Hinsdale, IL |
| 2003-2005 | Stork Snapshots
<i>Ultrasound Technician</i> <ul style="list-style-type: none">• Familiar with 2D and 3D imaging• Ability to determine gender• Limited diagnostic work• Responsible for filling out and organizing patient paperwork• General clerical skills | Naperville, IL |

EDUCATION

- | | | |
|------|--|-------------|
| 2003 | Medical Careers Institute <ul style="list-style-type: none">• Diploma in ultrasound• CAAHEP accredited school | Chicago, IL |
|------|--|-------------|

SKILLS

- Knowledge of Phillips HDI 4000 imaging machine
- Good interpersonal and communication skills
- Good communication with patients

Sampath Kumar Chennamaneni, M.D.

Personal History:

Born: [REDACTED]
Location: [REDACTED]
Citizenship: USA

Education:

Medical School: Kakatiya Medical College
Warangal, A.P. India
M.B.B.S., 1963-1970

Internship: MGM Hospital
Warangal, India
Rotating Internship 1971-1972

Post-Graduate Training: S.D. Eye Hospital
Hyderabad, India
Residency in Ophthalmology

General Practice: Karimnagar, A.P. India 1975-1976

ECFMG: July 1974
Certificate No. 157-585-1

TRAINING IN USA:

Internship: General Surgery
Misericordia Hospital
Bronx, New York
July 1976 to June 1977

Residency: Anesthesiology
Brookdale Hospital Medical Center
Brooklyn, New York
July 1977 to June 1980

Additional Training in Anesthesiology: July 1980 to June 1981

- 6 Months General Rotation in Anesthesiology
Brookdale Hospital Medical Center
Brooklyn, New York
- 2 months Rotation in ICU
Downstate Medical Center
Brooklyn, New York
- 3 month's Rotation in Pediatric Anesthesia
Children's Hospital Medical Center

Boston, Massachusetts

Practice Experience:

Attending in Anesthesiology

July 1981 to June 1982
Jewish Hospital and Medical Center
Brooklyn, New York

Attending in Anesthesiology

July 1982 to June 1983
Caledonian Hospital and Flatbush General Hospital
Brooklyn, New York

Solo Practice in Anesthesiology

July 1983 to March 1989
Memorial Hospital
Neillsville, Wisconsin

Chief of Anesthesiology

April 1989 to April 2000
Fairfield Memorial Hospital
Fairfield, Illinois

Anesthesiologist and Medical Director

April 2000 to Present
Advantage Health Care, Ltd.
Wood Dale, Illinois

State Medical Licenses:

Oklahoma 1979	by Flex	Inactive
New York 1981	by Reciprocity	Inactive
Illinois 1985	by Reciprocity	Active
Wisconsin 1983	by Exam	Active
Texas 1982	by Exam	Active
Pennsylvania 1988	by Reciprocity	Active
Michigan 1987	by Reciprocity	Active

Professional Society Memberships:

- Illinois State Medical Society
- Illinois Society of Anesthesiology
- American Medical Association
- American Society of Anesthesiology

CME Credits:

- ACLS
- CPR
- Moderate Sedation

Danielle Jackson, R.N.

2415 S Michigan Ave., Chicago IL 60616 Ph: ()

OBJECTIVE:

To obtain a position as a nurse in a dynamic medical community that will allow me to expand and diversify my clinical, organizational and interpersonal skills and experience.

WORK EXPERINCE:

Michigan Avenue Center for Health Ltd.-Chicago IL
Nurse Supervisor-May 2014-Present

Michigan Avenue Center for Health Ltd.-Chicago IL
Staff Nurse-October 2013-May 2014

CBC Surgery Center-Crown Point IN

Registered Nurse PACU-PRN- 2013-October 2013

Provide nursing care in an outpatient surgery center. Responsible for recover patients from anesthesia providing continuous assessments, monitor vitals, administer oxygen, intravenous insertion, provide IV therapy and manage pain with medication per protocol.

Ingalls Hospital-Harvey IL

Registered Nurse ER-2009-2011

Provide acute care to patients with various illnesses or concerns. Perform initial assessment on adults and pediatric patients.

Christ Hospital-Oak Lawn IL

Registered Nurse Medical/Surgical OB Department-2007-2009

Responsible for assessment, planning, implementation and evaluations of nursing care to women and infants.

United Ambulance-Houston TX

EMT-2000-2001

Respond to emergencies via dispatch, transport patients to and from dialysis treatments.

EDUCATION, ACCREDITATIONS AND LICENSES:

Registered Nurse-License # 041361599

Advance Practice Nurse-License # 209010509

ACLS, BLS & PALS Certified

Indiana Wesleyan University-Marion IN

BS in Nursing-March 2011-December 2012

South Suburban College-South Holland IL

AAS in Nursing-2003-May2006

Personnel Staff

Position/Classification	Name	License No./ Registration Certificate/ Years of Experience
Assistant Administrator	Aimee Dillard	8 years experience
Office Manager	Samantha Villareal	7 years experience
Reception	Jahnel Mullins	5 years experience
P.O.C. Technician/M.A.	Keristan Birrages	<1 year experience
Supervising RN	Danielle Jackson	3 years experience
RN	Naomi Williams	5 years experience
Health Educator	Ojilvia Cordero	3 year experience
M.A.	Ashley Aldape	1 year experience
M.A.	Rosa Cordova	<1 year experience
M.A.	Rosa Ibarra	3 year experience
Ultrasound Technician	Liliana Soto	6 years experience

Michigan Avenue Center for Health Ltd.
ASTC ID # 7002777
Renewal Application

Professional Staff

Specialty	Name	License No.
Surgeon	Jesse Chandler	036-054703
Surgeon	Vinod Goyal	036-049046
Surgeon	Famarz Salimi	036-045577
Family Practice	Vijay Goyal	036-062651
Family Practice	Nisha Patel	036-124169
Nurse Anesthetist	Maria Winterman	209-005324
Anesthesiologist	Sampath Chennamaneni	036-070672
Anesthesiologist	Igor Kolesnikov	036-123253
Anesthesiologist	Seshagiri Rao Vavilikolanu	036-070313
Anesthesiologist	Galina Pikovski	036-098599
Family Practice	Rochelle Hawkins	036-068578

Michigan Avenue Center for Health Ltd.
ASTC ID # 7002777
Renewal Application

Exhibit V

List of Approved Procedures

Dilation and Curettage, Diagnostic and/or therapeutic

Dilation and Curettage

Dilation and Evacuation

Dilation and Extraction

Endocervical Curettage

Laminaria Insertion

Michigan Avenue Center for Health, Ltd.

Administrative Office
1640 N. Arlington Heights Rd. #110
Arlington Heights, IL 60004
Tel: 847-255-7400
Fax: 847-398-4585

RECEIVED OHCR HCF&P
2015 JUN 30 A 11: 22

June 26, 2015

Karen Senger, R.N., Supervisor
Division of Health Care Facilities and Programs
Illinois Department of Public Health
525 West Jefferson St. 4TH Floor
Springfield, IL 62761-0001

Sent Via First Class Mail

Re: Michigan Avenue Center for Health, Ltd.
2415 S. Michigan Avenue, Chicago, IL 60616

Dear Ms. Senger,

On June 25, 2015 we received your letter dated June 24, 2015. As a Pregnancy Termination center, we follow 208.710 b) 2) and have a professional working relationship and agreement with a physician who has admitting privileges at a local licensed hospital.

Enclosed, please find the agreement with Dr. Hawkins. Dr. Hawkins is also listed on the medical staff form of our license application.

Sincerely,



Aimee Dillard
Administrator
Michigan Avenue Center for Health, Ltd.

AGREEMENT

I, Rochelle Hawkins, M.D., am a physician licensed in the State of Illinois.

I hereby state that I have admitting and practice privileges at Advocate Trinity Hospital,
2320 East 93rd Street, Chicago, IL 60617.

By entering into this agreement with the medical facility located at 2415 S. Michigan Ave.,
Chicago, Illinois 60616, I hereby agree that I will assume responsibility for the facility patients
requiring hospitalization.

Signature

[Redacted Signature]

Date

6/30/14



J. B.
6/30/14