

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

X ASTC

HHA

HMO

HOSPICE

HOSPITAL

NAME AND ADDRESS OF FACILITY Anchor Health Center, 1186 Roosevelt Rd., Glen Ellyn, IL 60137

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.310	<p>Personnel Policies Each ambulatory surgical treatment center shall have written personnel policies including job descriptions for each staff position, which shall include minimum qualifications required for the position. There shall be a documented procedure for orientation of new employees to the facility's policies and procedures as well as the personnel policies including a copy of the appropriate job description.</p> <p>This requirement was not met as evidenced by:</p> <p>A. Based on review of Facility staff job descriptions and staff interview, it was determined that for 1 of approximately 10 job descriptions, the Facility failed to ensure a Circulating Nurse job description was available.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 5/5/11 at 9:45 AM, the Facility job descriptions were reviewed. There was no Circulating Nurse job description. These findings were confirmed with the Chief Operations Officer on 5/5/11 at 9:55 AM. 	<p>At our center, all staff RNs are required to be cross-trained in all areas.</p> <p>Therefore, we have added the Circulating Nurse job description to our current "Staff Nurse" job description. (See enclosure)</p> <p>All current nurses will review and sign this new document.</p> <p>The Administrator for the center will be responsible for compliance and ensure that any incoming RN's sign this new job description.</p>	05/28/2011

7(1)(b)

DATE OF SURVEY 5/5/11 BY 19843 (Surveyor) (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

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Section 205.420 (C) (2)	<p>Sanitary Facility</p> <p>The sterilization of materials shall be done by autoclaving the materials in accordance with the recommendations of the manufacturer of the autoclave. The effectiveness of the autoclave shall be verified and documented at least weekly with a biological spore assay containing B. Stearothermophilus.</p> <p>This requirement was not met as evidenced by:</p> <p>A. Based on review of Facility policy, Manufacturer's Guidelines, Biological Spore Testing Log, and staff interview, it was determined that for 3 of 9 weeks in March and April 2011 (4th week in March and 4th & 5th week in April), the Facility failed to ensure biological spore testing was verified and documented each week.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 5/4/11 at 10:30 AM, the Facility policy titled, "Autoclave Spore Check" was reviewed. The policy required, "The steam autoclave will be bacteriologically monitored on a weekly basis using Bacillus Sterothermophilus spore ampoules. Follow direction of the manufacturer as given in the package." On 5/4/11 at 10:40 AM, the 3M Attest 1262 Biological Indicator Guidelines were reviewed. The guidelines required, "12. Incubate processed and control biological indicators for 48 hours..." 	See Next Page	

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Section 205.420 (C) (2) (continued)	Sanitary Facility 3. On 5/4/11 at 10:50 AM, the Biological Spore Testing Log for 2011 was reviewed. There was no documentation of Forty-eight hour test results for 3 of 9 weeks in March and April 2011 on the following dates: <ul style="list-style-type: none"> - 3/27/11 to 4/2/11 - 4/17/11 to 4/23/11 - 4/23/11 to 4/29/11 4. These findings were confirmed by the Chief Operations Officer and Assistant administrator during an interview on 5/4/11 at 11:15 AM.	The situation has been discussed with the employee responsible for not documenting the spore test results; they have received a written warning. An in-service was held with the staff to discuss the importance of proper documentation of the spore testing and protocols. The administrator will review all results weekly to ensure compliance.	05/21/2011

7(1)(b)
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Section 205.610 (o)	<p>Clinical Records Accurate and complete clinical records shall be maintained for each patient and all entries in the record shall be made at the time the surgical procedure is performed and when care, treatment, medications, or other medical services are given. The record shall include, but not be limited to the following... post counseling notes.</p> <p>This requirement is not met as evidenced by:</p> <p>A. Based on review of clinical records and staff interview, it was determined that the Facility failed to ensure, for 10 of 10 clinical records reviewed (Pts. #1 thru #10), a post counseling note was included in the record.</p> <p>Findings include:</p> <p>1. On 5/4/2011 between 11:00AM and 2:30PM, ten (10) clinical records were reviewed (Pts. # 1 - 10). Ten records did not include documentation of a post counseling note.</p> <p>2. These findings were confirmed with the Chief Operations Officer on 5/5/2011 at 9:30 AM.</p>	<p>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.</p> <p>Therefore, with this in mind we have created a "Post Counseling Notes" status tab in our computer. This tab will document the following regarding post counseling status of each patient:</p> <ol style="list-style-type: none"> 1. Whether or not the patient can be contacted 2. Where the patient will be going for follow up: <ol style="list-style-type: none"> a. Own Physician, who? b. Our Facility, when? c. No Follow Up/Non-Compliance/Wrong Contact Information given <p>On a weekly basis a report will be generated and assigned staff will be responsible to make an attempt to contact the patient regarding post counseling. Notes will be added in "comments" and in the patient's chart when appropriate. The administrator will monitor compliance.</p>	06/30/2011

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