

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) LICENSE NUMBER 7002447		SURVEYOR ID 19840/36774		(X3) DATE SURVEY COMPLETED 5/31/17	
NAME OF FACILITY Anchor Health Center LTD		STREET ADDRESS, CITY, STATE, ZIP CODE 1186 Roosevelt Rd, Glen Ellyn Illinois 60137			
(X4) PREFIX TAG T000		PREFIX TAG		(X5) COMPLETION DATE	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION) A licensure survey was conducted on 5/31/17. The Facility was not in compliance with TITLE 77: PUBLIC HEALTH CHAPTER I: DEPARTMENT OF PUBLIC HEALTH SUBCHAPTER b: HOSPITAL AND AMBULATORY CARE FACILITIES PART 205 AMBULATORY SURGICAL TREATMENT CENTER LICENSING REQUIREMENTS, as evidenced by:		PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)			

AGENCY MANAGER/REPORTING OFFICER

7(1)(b)

Chief of Operations

DATE

6-29-17

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF FACILITY Anchor Health Center LTD (X4)		(X1) LICENSE NUMBER 7002447	SURVEYOR ID 19840/36774	(X3) DATE SURVEY COMPLETED 5/31/17	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION) 205.610 a) & b) a) The ASTC shall maintain accurate and complete clinical records for each patient, and all entries in the clinical 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: 1) Patient identification; 2) Admitting information including patient history, physical examination findings, diagnosis or need for medical services; 3) Pre-counseling notes; 4) Signed informed consent; 5) Confirmation of a pregnancy (when an abortion is performed); 6) Signed physician orders; 7) Laboratory test reports, pathologist's report of tissue, and radiologist's report of imaging studies; 8) An anesthesia record; 9) The operative record; 10) Medication and medical treatments; 11) Recovery room progress notes; 12) Physician and nurse progress notes; 13) The patient's condition at time of discharge; 14) Patient instructions; and 15) Post-counseling notes. b) The ASTC shall comply with the Department's rules titled Pregnancy Termination Report Code. This Regulation is not met as evidence by: Based on document review and interview, it was determined that for 4 of 4 records reviewed (Pt. #9, 10, 11, & 12), the Facility failed to ensure all intravenous (IV) fluids administrations were ordered. Findings Include:		PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
STREET ADDRESS, CITY, STATE, ZIP CODE 1186 Roosevelt Rd, Glen Ellyn Illinois 60137		PREFIX TAG	DATE		

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE

7(1)(b)

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF FACILITY Anchor Health Center L.T.D	(X1) LICENSE NUMBER 7002447	SURVEYOR ID 1984036774	(X3) DATE SURVEY COMPLETED 5/31/17
STREET ADDRESS, CITY, STATE, ZIP CODE 1186 Roosevelt Rd, Glen Ellyn Illinois 60137		PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)
(X4) PREFIX TAG T076	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION) 205.610 a) & b) continued...	PREFIX TAG	(X5) COMPLETION DATE
<p>1. The Facility policy titled "Standing Orders" (undated) required, "B. All standing orders shall contain the following information: 1. Type (pre-operative or Post-operative); 2. Application (type <=>, Procedure <=>, Patient profile); 3 Specific, detailed instruction that do not require interpretation..."</p> <p>2. The Facility policy titled "Preoperative Standing Order for Intravenous Hydration" (undated) reviewed on 5/30/17 required, "A trained RN can initiate intravenous hydration on a patient based on the center's pre-operative standing order...Any medication administration intravenously requires a physicians orders and must be noted in the chart."</p> <p>3. The clinical record for Pt. #9 was reviewed on 5/30/17. Pt. #9 was a 31 year old female, admitted on 2/11/17, with a diagnosis of intrauterine pregnancy (IUP). The clinical record included documentation of an IV being started and Pt #9 receiving IV fluids. However, the clinical record did not include an order for the IV.</p> <p>4. The clinical record for Pt. #10 was reviewed on 5/30/17. Pt. #10 was a 32 year old female, admitted on 3/18/17, with a diagnosis of (IUP). The clinical record included documentation of an IV being started and Pt. #10 receiving IV fluids. However, the clinical record did not include an order for the IV.</p> <p>5. The clinical record for Pt. #11 was reviewed on 5/30/17. Pt. #11 was a 27 year old female, admitted on 3/8/17, with a diagnosis of (IUP). The clinical record included documentation of an IV being started and Pt. #11 receiving IV fluids. However the clinical record did not include an order for the IV.</p> <p>6. The clinical record for Pt. #12 was reviewed on 5/30/17. Pt. #12 was a 21 year old female, admitted on 1/11/17, with a diagnosis (IUP). The clinical record included</p>			

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T076	<p>205.610 a) & b) continued...</p> <p>Documentation of an IV being started, and Pt. #12 receiving IV fluids. However the clinical record did not include an order for the IV.</p> <p>7. The above findings were discussed with the Chief of Operations (E #1) and the Assistant Administrator (E #2), during an interview on 5/30/17, at approximately 2:30 PM. E #1 and E #2 stated that all patients receive an IV and fluids on admission. E #1 stated that the IV order should be included in the standing order.</p>	T076	<p>It is in our policy that all patients receive I.V. fluids. In most cases, the anesthesiologist starts the I.V. however on occasion, and the nurse will start the I.V. per the physician's verbal orders. Physician orders will be noted in the chart per our policy (see enclosed).</p> <p>At the end of the surgical day, the Nurse Manager will audit all charts of the day with special attention to the documentation of the physician orders. Any deficiencies will be brought to the attention of the physicians and nurse involved. Any continued deficiencies will be reported to the Administration (see enclosed).</p> <p>Since the survey (May 13, 2017) to date, there have been no orders for the RN to start an I.V.; the anesthesiologist has started all the I.V.s.</p> <p>All staff will be reminded to document on the OR/Anesthesiologist record exactly who started the I.V., site, solution, etc. (see enclosed)</p> <p>A memo has been sent out to all of the staff to address this issue (see enclosed).</p> <p>Physicians Orders/ Standing Order documentation audit has also been added to the quarterly Utilization Review/ Peer Review program. The Medical Record Review form has been revised (see enclosed). This report will be reviewed by the Consulting Committee at the next quarterly meeting in September 2017.</p>	July 1, 2017	

AGENCY MANAGER/REPR

7(1)(b)

TITLE
Chief of Operations

DATE
6/29/17

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(X4) PREFIX TAG T076	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY SHOULD BE PRECEDED BY REGULATORY IDENTIFYING INFORMATION)	BY FULL CENCIES	(X5) PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)		
T076	<p>205.610 a) & b) continued...</p> <p>Documentation of an IV being started, and Pt. #12 receiving IV fluids. However the clinical record did not include an order for the IV.</p> <p>7. The above findings were discussed with the Chief of Operations (E # 1) and the Assistant Administrator (E #2), during an interview on 5/30/17, at approximately 2:30 PM. E # 1 and E # 2 stated that all patients receive an IV and fluids on admission. E # 1 stated that the IV order should be included in the standing order.</p>	T076	<p>It is in our policy that all patients receive I.V. fluids. In most cases, the anesthesiologist starts the I.V. however on occasion, and the nurse will start the I.V. per the physician's verbal orders. Physician orders will be noted in the chart per our policy (see enclosed).</p> <p>At the end of the surgical day, the Nurse Manager will audit all charts of the day with special attention to the documentation of the physician orders. Any deficiencies will be brought to the attention of the physicians and nurse involved. Any continued deficiencies will be reported to the Administration (see enclosed).</p> <p>Since the survey (May 13, 2017) to date, there have been no orders for the RN to start an I.V.; the anesthesiologist has started all the I.V.s.</p> <p>All staff will be reminded to document on the OR/Anesthesiologist record exactly who started the I.V., site, solution, etc. (see enclosed)</p> <p>A memo has been sent out to all of the staff to address this issue (see enclosed).</p> <p>Physicians Orders/ Standing Order documentation audit has also been added to the quarterly Utilization Review/ Peer Review program. The Medical Record Review form has been revised (see enclosed). This report will be reviewed by the Consulting Committee at the next quarterly meeting in September 2017.</p>		

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