

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

ASTC

NAME AND ADDRESS OF FACILITY: Apollo Health Center, Ltd., 2750 So. River Rd., Des Plaines, IL 60018

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.230(a)(1)	<p>Standards of Professional Work</p> <p>The membership of the consulting committee shall reflect the types of procedures performed. If the facility performs more than 50 procedures per month or more than 10% of the total procedures performed are in a specific specialty area then there shall be consulting physician of that specialty on the consulting committee.</p> <p>Based on document review and interview, it was determined for 1 of 3 surgical specialties (gastrointestinal) (GI) expected to perform approximately 33% of the surgical procedures, the facility failed to ensure a GI physician was on the consulting committee.</p> <p>Findings include:</p>	<p align="center">7(1)(b)</p> <p align="center">(Provider's Representative)</p>	

DATE OF SURVEY 2/11/14 BY 19843
(Surveyor)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

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205.230(a)(1) continued	<p>1. The facility's Bylaws, undated, were reviewed on 2/11/14 at 1:00 PM. The Bylaws required, "7.1. The Consulting Committee is the organization components to which the Center's Board of Directors delegates responsibilities relating to, and exact accountability for the quality and appropriateness of patient care and professional performance...</p> <p>The Consulting Committee shall be made up of members of Administration, qualified surgeons, anesthesiologists, pathologists, and other consulting physicians consisting of not less than three (3) members who shall establish the required standards commensurate with the size, scope, extent and complexity of service programs and procedures for which the Center is licensed."</p>		

7(1)(b)

DATE OF SURVEY 2/11/14 BY 198J3 (Surveyor) _____ (Provider's Representative)

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205.230(a)(1) continued	<p>2. On 2/11/14 at 9:00 AM, an interview was conducted with the Administrator. The Administrator stated the Governing Body was the same as the Consulting Committee and the Governing Body meeting minutes were the same as the Consulting Committee's. The Administrator stated that a GI physician had not participated in the Governing Body/Consulting Committee meetings.</p> <p>3. On 2/11/14 at 10:00 AM, the Governing Body (Consulting Committee) meeting minutes for the past 12 months were reviewed. Meetings were held on 3/20/13, 1/27/14, and 2/5/14. There was no GI physician in attendance during the meetings.</p>	<p>205.230(a)(1)</p> <p>See Consulting Committee Minutes. Vera Schmidt, Chief of Operations, will ensure that all physicians receive notice of meetings and that each specialty is represented as the meetings.</p>	3/14/2014

7(1)(b)

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205.230(a)(1) Continued	4. On 2/11/14 at 11:00 AM, an interview was conducted with the Medical Director. The Medical Director stated the ASC would be performing obstetric, GI, and urology procedures and expected each specialty to do approximately one third of the surgical cases.		

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205.230(a)(2)	<p>The consulting committee shall review development and content of the written policies and procedures of the center, the procedures for granting privileges, and the quality of the surgical procedures performed. Evidence of such review shall be recorded in the minutes.</p> <p>Based on document review and interview, it was determined the consulting committee failed to review the procedures for granting privileges and the quality of the surgical procedures performed. (The facility is currently licensed as a pregnancy termination facility.) This affected all past and future surgical patients.</p> <p>Findings include:</p>		

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205.230(a)(2) continued	<p>1. On 2/11/14 at 9:00 AM, an interview was conducted with the Administrator. The Administrator stated the Governing Body was the same as the Consulting Committee and the meeting minutes were the same.</p> <p>2. On 2/11/14 at 10:00 AM, the Governing Body (Board of Directors) meeting minutes for the past 12 months were reviewed. Meetings were held on 3/20/13, 1/27/14, and 2/5/14. There was no discussion of the procedures for granting privileges or the quality of the surgical procedures currently being performed. There were no separate Consulting Committee meeting minutes.</p>	<p>205.230(a)(2)</p> <p>See Consulting Committee Minutes. The Consulting Committee has reviewed and discussed the procedures. Vera Schmidt will ensure procedures for granting privileges and the quality of the surgical procedures are discussed at the Consulting Committee.</p> <p>The Board of Directors approves the Consulting Committee's minutes.</p>	3/14/2014

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205.230 (b)(2)	<p>Standards of Professional Work</p> <p>The Medical Director shall be responsible for the implementation of medical policies and procedures contained in the facility's policy and procedure manual (Section 250.240) governing the care of patients undergoing surgical procedures, including their preoperative and postoperative care and follow-up.</p> <p>Based on document review and interview, it was determined, the facility failed to ensure the surgical count policy was accurate, affecting all future surgical patients.</p>		

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205.230 (b)(2) continued	<p>1. Facility policy titled, "Counts of Sponges, Needles and Knife Blades (invasive)", with no date, was reviewed on 2/11/14 at 11:15 AM. The policy required, "E. If an item cannot be found... An X-ray should be taken to determine if the item is in the patient."</p> <p>2. An interview was conducted with the Administrator on 2/11/14 at 11:00 AM. The Administrator stated the facility did not have an X-ray machine and the patient would have to be sent out of the facility if needles did not match the count.</p>	<p>205.203(b)(2)</p> <p>1. & 2.</p> <p>See Consulting Committee Minutes.</p> <p>The policy has been changed and approved by the Committee (See Enclosure). The Medical Director will be responsible to keep clinical policy and procedures current and relevant to the surgical cases.</p>	3/14/2014

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205.310 (b)	<p>Personnel Policies</p> <p>The ambulatory surgical treatment center shall check the status of all applicants with the Health Care Worker Registry prior to hiring.</p> <p>Based on document review and interview it was determined for 10 of 10 (E# 1 - 10) non registered nurse files reviewed, the facility failed to check the status of the employees on the Health Care Worker Registry.</p> <p>Findings include:</p> <p>1. The facility policy titled "Personnel - Employment Application" (approved 1/27/14), required, "Surgery center regulations require that <u>ALL</u> employees be screened through the Illinois Nurses' Aide Registry."</p>	<p>205.310(b)</p> <p>See Consulting Committee Minutes.</p> <p>All non-licensed healthcare workers have been screened through the Illinois Nurses' Aide Registry. Vera Schmidt, Chief of Operations, will ensure ongoing compliance.</p>	3/14/2014

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205.310 (b) continued	<p>2. The personnel files of 10 non registered nurses staff members (E#1 - #10) were reviewed on 2/11/14. The 10 employees gave permission to have their status checked on the registry; however, there is no documentation of this occurring.</p> <p>3. During an interview on 2/11/14 at approximately 11:00 AM, the Administrator stated, "we have not done any status checks because the staff are not nursing assistants."</p>		7(1)(b)

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