

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

ASTC

SUB ACUTE

HHA

HMO

HOSPICE

HOSPITAL

NAME AND ADDRESS

OF FACILITY Michigan Avenue Center for Health, Ltd. 2415 S. Michigan Avenue Chicago Illinois 60616

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)

Sanitary Facility
The ambulatory surgical treatment center shall insure maintenance of a sanitary facility...

This requirement was not met as evidenced by:

Based on an observational tour of 2 of 2 operating rooms (#1 and #2) and one recovery room, it was determined that the Facility failed to ensure equipment was maintained in a sanitary manner.

Findings include:

On 6/22/11 at approximately 11:35AM Operating rooms #1 and #2 and the recovery room was inspected with the following observations:

1. Three (3) of 4 metal carts in OR #1 contained rust like stains, residue and dust.

The Anesthesia Machine in OR#1 was dusty.

Suction tubing in OR #1, identified by staff as clean, was suspended over a biohazard container. The lid of the container when opened touched the clean tubing.

A meeting was held with the center managers, nurse supervisors, staff RNs and medical assistants to discuss the following plan of action:

1. The "brown substance" is betadine which can be very difficult to remove from certain surfaces. A new betadine stain remover will be evaluated by the center.
2. The nurse supervisor has discussed our cleaning protocol with the terminal cleaning staff. (See In Service Training Record)
3. Medical assistants will be responsible for dusting/cleaning of medical equipment, carts, etc. as well as "spot cleaning" between cases. (See C.R. Checklist)
4. The biohazard container has been moved to another location. Staff have been instructed to keep this area clear. (See C.R. Checklist)

The Nurse Supervisor will be responsible for monitoring compliance of the cleaning protocols.

7/30/2011
-6/30/2011

DATE OF SURVEY 6/23/11

BY 07105
(Surveyor)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

7(1)(b)

(Provider's Representative)

7(1)(b)

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

ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS Michigan Avenue Center for Health, Ltd. 2415 S. Michigan Avenue Chicago Illinois 60616
 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
205.420 (a) Cont.	Sanitary Facility 2. Two of 5 metal carts in OR #2 contained rust like stains and dust. Or #2 contained an ambu bag with a brown substance. rust like stains and dust. 3. Two of 2 metal carts in the Recovery room contained rust like stains and dust. 4. The above findings were confirmed by the Office Manager and Consultant during an interview on 6/22/11 at approximately 11:45AM	See Previous Page	

7(1)(b)

(Provider's Representative)

BY 07105
(Surveyor)

DATE OF SURVEY 6/23/11

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY

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

X ASTC SUB ACUTE HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS OF FACILITY
 Michigan Avenue Center for Health, Ltd.
 2415 S. Michigan Avenue, Chicago, IL 60616

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.510 (b)	<p>Emergency Care</p> <p>Each facility shall be prepared to manage those emergencies which may be associated with procedures performed there.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, review of the Crash Cart Checklist, Facility policy, and staff interview, it was determined that for one of one crash cart observed, the Facility failed to ensure emergency supplies were not outdated and failed to maintain a complete supply list on the checklist.</p> <p>Findings include:</p> <p>1. During an observational tour of the Facility's procedure rooms and recovery room on 6/22/11 between 11:15 AM and 12:15 PM, a crash cart was observed in the recovery room. The crash cart was opened by staff. Three (3) of 3 bags of intravenous fluids contained in the cart were outdated with expiration dates ranging from 9/2010 to 5/2011.</p>	See next page	

7(1)(b)

(Provider's Representative)

DATE OF SURVEY 6/23/11 BY 15168/15166 (Surveyor)

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**

XASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS OF FACILITY Michigan Avenue Center for Health, Ltd.
2415 S. Michigan Avenue, Chicago, IL 60616

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.510 (b) Cont'd.	<p align="center">Emergency Care</p> <p>2. The "Crash Cart Checklist" was reviewed on 6/23/11 at approximately 12:10pm. The checklist included a list of medications that were in the crash cart and the expiration date for each medication. The checklist lacked documentation of 3 bags of intravenous fluids that were found in the crash cart, including 2 bags of Normal Saline (NS) 250 ml and one bag of Lactated Ringers (LR) 1L, and therefore also lacked documentation of expiration dates for these outdated supplies.</p> <p>3. The Facility policy entitled, "Check of Emergency Equipment," was reviewed on 6/22/11 at approximately 1:00 PM. The policy required "....1. The stat kit (or cart) contents and list shall be examined for completeness and readiness for every surgery day...2. A log shall be maintained on the cart to include the following: a. Date and time all items were checked..."</p> <p>4. The above findings were verified with Facility's Office Manager on 6/22/11 at approximately 3:00 PM.</p>	<p>A meeting was held with the nurse supervisor and RMs. A memo has also been released to address Crash Cart issues. (See enclosure)</p> <p>Our current "crash cart checklist" is a 2 page document. Page 1 list medications, Page 2 lists other supplies. The expired I.V. solutions that have been missed were listed on Page 2. The checklist has been reviewed and modified. I.V. solutions have now been moved to Page 1 with other medications. Items that never expire will be moved to the bottom of Page 2 and will be pre-printed as "NA" in the expiration column. We expect that this new checklist will be more user-friendly for the RMs. (See enclosure)</p> <p>The nurse supervisor will be responsible to check the daily checklist monthly for compliance.</p>	<p align="center">7/30 -6/30/2011</p>

7(1)(b)
(Provider's Representative)

DATE OF SURVEY 06/23/11 BY 15168/15166 (Surveyor)

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY

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

XASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS: Michigan Avenue Center for Health, Ltd.
 2415 South Michigan Avenue, Chicago, Illinois 60616

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (c)	<p>Postoperative Care: Patients in whom a complication is known or suspected to have occurred during or after the performance of a surgical procedure, shall be informed of such condition and arrangements made for treatment of the complication. In the event of admission to an inpatient facility a summary of care given in the ambulatory surgical treatment center concerning the suspected complication shall accompany the patient.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on review of Facility policy, clinical records, and staff interview, it was determined that, in 2 of 7 (Pt #3 and #4) clinical records reviewed of patients transferred to an inpatient facility, the Facility failed to ensure required documentation accompanied the patient.</p> <p>Findings include:</p>	<p style="text-align: center;"><i>See Next Page</i></p>	<p style="text-align: center;">7(1)(b)</p>

DATE OF SURVEY 6/23/11 BY 15168
 (Surveyor)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

(Provider's Representative)

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: Michigan Avenue Center for Health, Ltd.

OF FACILITY: 2415 South Michigan Avenue, Chicago, Illinois 60616

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (c) Continued	<p>Postoperative Care</p> <p>1. Facility policy entitled, "Transfer of Patient Chart Information," reviewed on 6/22/11 at approximately 2:00 PM, required, "...The surgeon and/or anesthesiologist should communicate with the hospital receiving physician the reason for transfer."</p> <p>2. The clinical record of Pt #3 was reviewed on 6/22/11 at approximately 2:15 PM. Pt #3 was a 30 year old female who presented on 3/23/10 for a D and C (Dilatation and Curettage) procedure. The clinical record included that on 3/23/10, Pt #3 was transferred to an inpatient facility with a diagnosis of Abnormal Heart Rhythm. The clinical record lacked the surgeon's and/or anesthesiologist's documentation regarding the complication(s) leading to the need for transfer.</p>	<p>A memo has been released to all the physicians reminding them of our transfer documentation protocol. (See enclosure)</p> <p>The nurse supervisor will be responsible to ensure complete and proper documentation on the day of the transfer.</p> <p>The Consulting Committee will review all transfers quarterly for completeness.</p>	7/30 -6/30/2011

7(1)(b)

(Provider's Representative)

DATE OF SURVEY 6/23/11 BY 15168 (Surveyor)

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

X ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS: Michigan Avenue Center for Health, Ltd.
 2415 South Michigan Avenue, Chicago, Illinois 60616

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (c) Continued	<p>Postoperative Care :</p> <p>3. The clinical record of Pt #4 was reviewed on 6/22/11 at approximately 2:30 PM. Pt #4 was a 40 year old female who presented on 12/22/09 for a D and C procedure. Clinical documentation dated 12/22/09 included that on 12/22/09 Pt #4 was transferred to an inpatient facility with a diagnosis of High Blood Pressure. The clinical record lacked the surgeon's and/or anesthesiologist's documentation regarding the event(s) leading to the need for Pt #4's transfer.</p> <p>4. The findings were verified by the Facility's Office Manager during an interview on 6/22/11 at approximately 3:00 PM.</p>	<p>See previous page</p>	
		<p>7(1)(b)</p>	

DATE OF SURVEY 6/23/11 BY 15168 (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

XASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS OF FACILITY	MICHIGAN AVENUE CENTER FOR HEALTH, LTD 2415 SOUTH MICHIGAN CHICAGO, IL 60616-2034	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.610 (o) LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG Clinical Records Accurate and complete clinical records shall be maintained for each patient... The record shall include the following... post counseling notes. Based on clinical record review and staff interview, the Facility failed to ensure for 2 of 17 clinical records reviewed (Pt. #1 and #2) the records contained a post counseling note. This requirement is not met as evidenced by: Findings include: 1. On survey date 6/22/2011 at 9:00 AM, the clinical record of Pt. #1 was reviewed. Pt. #1, a 22yr. old, had a surgical procedure on 10/15/2010. The clinical record lacked a post counseling note.	→ See enclosure for new form As of June 1, 2011, we have started using a new form for Post-Counseling Notes documentation. The 2 non-compliant patient records were from before the new documentation was implemented. An audit has been performed on all surgical charts since 6/1/2011 and found them to be compliant with Post-Counseling Notes. The Center's manager will be responsible to ensure compliance by the staff making the Post-Op calls. Also, the Post-Counseling Notes will be added to the quarterly Medical Record Review form to be reviewed by the Consulting Committee.	7/30 6/30/2011

DATE OF SURVEY 6/23/2011 BY 07105 (Surveyor)
 (Provider's Representative) /

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY

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

XASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS
 OF FACILITY

MICHIGAN AVENUE CENTER FOR HEALTH, LTD 2415 SOUTH MICHIGAN CHICAGO, IL 60616-2034

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG		COMPLETION DATE
205.610(o) Cont'd.	<p>Clinical Records</p> <p>2. On survey date 6/22/2011 at 9:30AM, the clinical record of Pt. #2 was reviewed. Pt. #2, a 22yr. old had a surgical procedure on 3/26/2011. The clinical record lacked a post counseling note.</p> <p>3. On survey date 6/22/2011 at approximately 3:00 PM, in an interview with the Assistant Clinical Manager, these findings were confirmed.</p>	See Previous Page	7/12

7(1)(b)

DATE OF SURVEY 6/23/2011 BY 07105 (Surveyor) (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

IN-SERVICE TRAINING RECORD

205.610

DATE: 5-28-11

TIME: 2pm

PRESENTOR: Laura K, Center Manager

TOPIC: Post-op Progress notes

OUTLINE:

- New Forms Post-op Progress Notes
- One For each patient's Chart
- Document on Each Form If pt wants to be contacted or Not. If pt wants to be contacted provide contact #.
- Document follow-up phone call on day after Procedure (sat pt's will be called Monday)
- Remind pt of follow-up exam (Date & Time)
- Document all attempts of contact with patient (2 calls made date & Time).
 - Document any other calls/contact from patient

ATTENDEES: - Report any problems/issues to Nurse Supervisor immediately

- Jessica A.
- Lizabeth S.
- Lizeth Garcia.
- Jessica H.
- Alexandra R.
- Luisa Santiago
- Debbie Roden

7(1)(b)

VERIFIED BY: 7(1)(b)

MEMORANDUM

To: Managers, Nurse Supervisor, RN's

From: Administration

7(1)(b)

205.510

Date: 7/6/2011

Re: Crash Cart Checklist

Please be advised that page 2 of the Crash Cart Checklist has been modified. All items that have expiration dates have been moved up the list. Items that never have an expiration date already have "N/A" pre-printed in the EXP. DATE column.

Also, the IV bags and lactated ringers have been moved from page 2 to the bottom of page 1. Therefore all medications are now on page 1 and supplies are on page 2.

The Crash Cart Checklist needs to be checked at least monthly or when new supplies come in. Please take note that many "non-medication" supplies/instruments, on page 2, may also have expiration dates.

CRASH CART CHECKLIST - MEDS

All crash cart equipment is non-latex

205.510

Center: _____ Starting Date: _____ Checked by: _____ RN Starting Lock #(s): _____

MEDICATION	AMOUNT NEEDED	AMOUNT ON HAND	EXP. DATE	LOT#	DATE REC'D	EXP. DATE	LOT #	LOCK # (S)
Adenosine (Adenocard) 3mg/ml, 2 ml vial	3 amps							
Albuterol Inhaler 17 gm	1							
Ammonia Inhalant 0.3 ml ampule	5							
Aspirin, chewable tablets 81mg	1 bottle							
Atropine Sulfate 10ml (0.1mg/cc)	3 PF Syr.							
Calcium Chloride 10%, 10ml	2							
Dexamethasone 4mg/ml, 1 ml vial or	5							
Dexamethasone 4mg/ml, 5 ml vial	1							
Dextrose 50% 25gm/50ml	1 PF Syr.							
Diphenhydramine (Benadryl) H1 50mg vial	1 PF Syr.							
Dopamine 400mg/250ml IV Premix	1							
Ephedrine 50mg/ml, 1 ml amp	2							
Epinephrine 1:1000 (Adrenalin) Amp (1mg/ml)	4							
Epinephrine 1:10,000 1mg/10ml	4 PF Syr.							
Esmolol (Brevibloc) 10mg/ml, 10 ml vial	2							
Furosemide (Lasix) 10mg/ml, 2ml vial	1							
Insulin - Humulin R (RR Refrigerator)	1							
Lidocaine 2% 20mg/ml, 5ml	2 PF Syr.							
Lidocaine 2% 1gm/250ml, IV premix	1							
Magnesium Sulfate 5g/10ml	1 PF Syr.							
Narcan 0.4mg/ml, 1 ml amp	2							
Nitrostat (Nitroglycerin) tab	1 bottle							
Sodium Bicarbonate 8.4% 50ml vial	1 PF Syr.							
Sodium Chloride 0.9% 50 ml vial	1							
Vasopressin 20units/ml vial	2							
0.9% Sodium Chloride (NSS) 250 ml	2							
Lactated Ringers 1000 ml	1							

CRASH CART CHECKLIST - SUPPLIES

205.510

All crash cart equipment is non-latex

Center: _____

Starting Date: _____

DESCRIPTION	AMOUNT NEEDED	AMOUNT ON HAND	EXP. DATE	LOT# (or Make & Model #)	DATE REC'D	EXP. DATE	LOT #	LOCK # (S)
Laryngoscope (Battery Check)	1 large 1 medium							
Endotracheal tubes	2 - size 6 2 - size 7							
IV Catheter (Angiocath)	G-18 (4) G-20 (4) G-22 (4)							
Foley Size 16F	1							
IV set	3							
Sterile Gloves	Size 6 - 1							
	Size 6 1/2 - 1							
	Size 7 - 1							
	Size 8 - 1							
Trachstoma Device	1							
Yankauer Suction Tips	2							
Needles	G-18 (10)							
	G-20(10)							
	G-25 (10)							
O ₂ Cannula	1							
Sutures	4.0 prollyne (3) 2.0 vicryl							
Adhesive Tape	1 roll		N/A					
Alcohol Wipes	1 box		N/A					
Ambu Bag	1		N/A					
Bandage Scissors	1		N/A					
Disposable Scalpel	Size 10		N/A					
Face masks	1		N/A					
Instrument Set	1		N/A					
Oral airways	2 medium		N/A					
	2 large		N/A					
Stethoscope	1		N/A					
Stylet	1		N/A					
Surgical Connecting Tube	1		N/A					
Syringes	1cc (4)		N/A					
	3cc (4)		N/A					
	5cc (4)		N/A					
	10cc (4)		N/A					
Tourniquets	60cc (1) 2		N/A N/A					

MEMORANDUM

To: All Surgeons, Anesthesia Providers, RN's

From: Administration 7(1)(b)

Date: 7/5/2011

Re: Patient Transfer Documentation

205.540

Please be advised that in the event a patient is transferred, all documentation in the medical record must be complete. The reason for the transfer, as well as any and all events leading to the need of a patient transfer must be documented.

Also, all communication with the hospital staff should be documented.

Month/Year _____

End of Day O.R. Checklist
Staff Initial Box when completed, RN verify all work.

205. 420 (a)

Daily Duties	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	
Check Floor for Debris																					
Carts & Tables Cleaned with disinfectant																					
Medical Equipment cleaned with disinfectant																					
Spot Clean Walls, Floors for visible stains																					
Lock Carts & Cabinets																					
Check O ₂ Tanks (off & secured)																					
Stock Room O. R.																					
Empty Wastebaskets																					
Remove Biohazardous Waste																					
Check Hoses (area clear)																					
Check Suction Filter (Replace if necessary)																					
Equipment Turned OFF																					
Lights OFF																					
Manager Initials																					

IN-SERVICE TRAINING RECORD

DATE: 7.15.11

TIME: 1254

PRESENTOR: Laura

TOPIC: End Of Day O.R. Checklist

OUTLINE:

Responsibilities:

1. Medical Assistants will spot clean between cases and clean the O.R. at the end of the day following the new checklist.
2. Housekeeping crew will perform terminal cleaning per protocol at the end of the day (Mopping, Walls, Vents, Dusting, etc.)
3. It is the responsibility of the O.R. Staff to clean the medical equipment. Housekeeping Staff have been instructed not to touch critical medical equipment (Monitors, Ambu-bag, etc)
4. O.R.s to be checked by staff in the morning prior to surgery for cleanliness.
5. Damp dusting to be performed if needed.
6. Nurse Supervisor will monitor Medical Assistant daily cleaning and housekeeping terminal cleaning.
7. Nurse Supervisor will act on any non-compliant issue and report such problems to the Consulting Committee to be advised in the next Infection Control Meeting. Urgent matters will be addressed immediately with the Medical Director & Administration.
8. Staff has been advised that Administration has purchased the "Glogerm" (UV simulated germ system) and will be using this to monitor compliance

ATTENDEES:

Alexandra Rodriguez

Annette Corchado

Lizeth Garcia

7(1)(b)

Lizbeth Salgado

Denise Garcia

Bambiz P...

7(1)(b)

7(1)(b)

VERIFIED BY: 7(1)(b)