

**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 of Facility Northern Illinois Women's Center 1400 Broadway Rockford, Illinois 61104

RECEIVED
JUL 08 2011

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 (2)	<p>Standards of Professional Work</p> <p>The consulting committee shall review development and content of written policies and procedures of the center... Evidence of such review shall be in the minutes.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on review of Facility consulting committee (CC) minutes for 4 of 4 years (2008, 2009, 2010 and 2011) and staff interview, it was determined that the Facility failed to ensure development and review of policies and procedures.</p>	<p>205.230 (2) Committee Meetings will go over each new or changed policy quarterly/as needed and document in meeting notes. (Exhibit A.) (3 pgs)</p> <p>Committee Members responsible for setting up/reviewing Policy & Procedures. Medical and Clinical Director's responsible for monitoring. P&P Signature Sheet in front of P&P manual defines: date, p&p new/changed and Medical Director's signature. (Exhibit B)</p>	6.17.11

DATE OF SURVEY 6/8/11

BY 07105 (Surveyor)

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

M. Parkins 6.28.11
(Provider's Representative)
James Amico Administrator

7.5.11

BY _____

**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 OF FACILITY Northern Illinois Women's Center 1400 Broadway Rockford, Illinois 61104

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205.230 (2) Cont.	Standards of Professional Work Findings include: 1. On 6/7/11 at approximately 12:00PM, the CC minutes for 2008, 2009, 2010 and 2011, were reviewed. The CC minutes lacked documentation that the Facility's policy/procedure manual was reviewed. 2. The above findings were confirmed by the Clinic Director during an interview on 6/7/11 at approximately 2:00PM.	205.230 (2) Semi-Annual review of p&p is done by Medical Director and Clinic director, (see Exhibit A, pg 2) and documented on Exhibit B. Medical and Clinic Director's are responsible for implementing this correction. Clinic Director is responsible for monitoring this correction.	6.17.11

DATE OF SURVEY 6/8/11 BY 07105 (Surveyor) M. Parkin (Provider's Representative) 6.28.11

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY _____

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NAME AND ADDRESS OF FACILITY Northern Illinois Women's Center 1400 Broadway Rockford, Illinois 61104

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205.230 (5)	<p>Standards of professional Work</p> <p>The consulting committee shall act as a tissue committee and shall review at least quarterly pathological reports... evidence of such review shall be recorded in the minutes.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on review of Facility Consulting Committee (CC) minutes for 4 of 4 years (2008, 2009, 2010 and 2011) and staff interview, it was determined the Facility failed to ensure the minutes included review of surgical pathology reports.</p> <p>1. On 6/7/11 at approximately 11:30AM, "Consulting Committee Minutes" for 2008, 2009, 2010 and 2011 were reviewed. The minutes lacked documentation that the CC reviewed pathology reports.</p> <p>2. The above findings were confirmed with the Clinic Director during an interview on 6/7/11 at approximately 11:50AM.</p>	<p>205.230 (5) (See Exhibit A, pg 1). Quarterly CC meetings also serve as Tissue Committee meeting. Each CC meeting pulls 15 to 20 charts from that quarter and all members present review the tissue reports. The doctor's signature at the end of CC meeting is evidence that the tissue reports were reviewed by all during the meeting.</p> <p>Weekly: Medical director reviews all pathology reports when received. His initial on the pathology report indicates the tissue report from each patient was reviewed. Admin Assistant is responsible for giving all tissue reports to medical director. Clinic director monitors this is done by checking each tissue report for MD signature.</p>	6.17.11

DATE OF SURVEY 6/8/11 BY 07105 (Surveyor) M. Spitzer (Provider's Representative) 6.28.11

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205.420 (a)	<p>Sanitary Facility The ambulatory surgical treatment center shall insure maintenance of a sanitary facility...</p> <p>This requirement was not met as evidenced by:</p> <p>Based on an observational tour and staff interview, it was determined that for 3 of 3 operating rooms inspected (OR #s 1, 2 and 3), the Facility failed to ensure a sanitary environment to prevent potential contamination of clean equipment.</p> <p>Findings include:</p> <p>On 6/7/11 at approximately 12:15PM, OR#s 1, 2 and 3 were inspected. The rooms were last used on 6/1/11.</p> <p>1. OR#2 and #3 contained shoes stored with an open box of surgical gloves. Four (4) of 16 "gynecological cannulas" in OR 2 were stained with a brown substance.</p> <p>2. OR #1 contained a box of opened surgical gloves; the gloves were stained with a dried brown substance.</p> <p>3. Thirty nine (39) "Medical Rings" (birth control) were stored in the recovery room nourishment refrigerator.</p> <p>4. The above finding were confirmed with the Clinic Director during an interview on 6/7/11 at approximately 1:00PM.</p>	<p>205.420 (a) OR rooms, cabinets and tables will be kept clean and organized at all times. Surgical supplies will be kept separate from office supplies by storing each in different drawer or cabinet. 1. Shoes worn for clinic will be cleaned and kept in the back closet by counseling rooms. 2. Surgical areas are checked for cleanliness. Anything stained, spotted with dirt, etc., will be appropriately cleaned or discarded immediately. Clinic director initiated Weekly OR/Exam Room Cleaning Log. <u>Exhibit C</u>. Each nurse will examine her room weekly, sign <u>Ex C</u>. Clinic director will ck & sign <u>Ex C</u> after staff & is responsible to maintain plan of correction.</p> <p>3 Nuva Rings are now kept with other refrigerated meds in the lab by the O.R.'s. The fridge in the recovery room is used only for nourishment, food perishables. Clinic director is responsible for implementing this correction. Admin Assist is responsible for monitoring this correction by checking both fridges' at close of clinic. <u>Exhibit D</u></p>	6:19.11

DATE OF SURVEY 6/8/11 BY 07105 (Surveyor)

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

M. Parkin
(Provider's Representative) 6.28.11

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205.420 (C) (2)	<p>Sanitary Facility</p> <p>The Sterilization of materials shall be done by autoclaving the material in accordance with the recommendation 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 <i>B. stearothermophilus</i>.</p> <p>This requirement was not met as evidence by:</p> <p>Based on review of the Autoclave Log, staff interview it was determined that the Facility failed to ensure weekly biological spore testing for 2 of 2 autoclave machines.</p>	<p>205.420 (C) (2) (See Exhibit A pg 2)</p> <p>Weekly spore tests are done on both autoclaves. Autoclave tech documents test done in the daily autoclave log. The tests are monitored by MaxiTest Biological Monitoring System. Results are monitored by medical director, clinic director & autoclave technician & kept in autoclave log.</p> <p>(Exhibit E, 2 pgs) Clinic director will access spore reports by internet as soon as available. In the event of a failed test, maintenance will be done and documented on maintenance log. (Exhibit F) a new spore test will be done on next clinic day. Clinic admin will sign off on cleaning and resending of spore test.</p>	6-13-11

DATE OF SURVEY 6/8/11 BY 19840 (Surveyor)

NOTE: IF PL V, INDICATE DATE OF PRIOR SURVEY

M. Parker (Provider's Representative) 6-28-11

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<p>205.420 (C) (2) Cont.</p>	<p>Findings include:</p> <p>1. The autoclave log for July 2010 to June 6, 2011, was reviewed on 6/7/11 between 11:30 and 12:30 PM. The log contained documentation of biological testing of the 2 autoclave machines for the following dates: 7/7/10 (passed), 11/3/10 (failed), 11/17/11 (negative), 3/16/11 (failed), and 4/6/11 (passed).</p> <p>2. An interview with the Administrator on 6/6/11 at approximately 2:00 PM. The Administrator stated that biological testing is performed quarterly.</p>	<p>A daily autoclave log is kept for each autoclave and is stored in the autoclave book for inspection. (Exhibit E pg 1) Clinic administrator created a Maintenance Log for Autoclave to ensure passing spore tests on both autoclaves. Clinic director will monitor proper maint/cleaning done according to autoclave manual. In the event that a Service Call is required for maintenance, a copy of the service done and signature of serviceperson will be attached to maintenance log. Clinic Administrator will sign off on all cleaning/service done. (Exhibit F) CC committee initiated these policies and Clinic director will monitor them weekly to ensure poc remains in effect.</p>	<p>205.420 (C) (2) cont</p> <p align="center">6.13.11</p>

DATE OF SURVEY 6/8/11 BY 19840 (Surveyor) _____
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Section 205.530 (e)	<p>Operative Care</p> <p>A registered nurse, qualified by training and experience in operating room nursing, shall be present in the operating room and function as a circulating nurse during all invasive or operative procedures...."</p> <p>This requirement was not met as evidenced by:</p> <p>Based on review of Facility staff personnel files and staff interview, it was determined that for 2 of 2 Registered Nurses (E #3 & 4) previously employed by the Facility, the Facility failed to ensure a Registered Nurse, qualified by training and experience in operating room nursing, was present in the operating room and functioned as a circulating nurse during all operative procedures.</p> <p>Findings include:</p> <p>1. On 6/6/11 at 10:15 AM, the 2 of 2 terminated RN's personnel files (E #3 & 4) were reviewed. There was no Registered Nurse currently employed.</p>	<p>205.530 (e) 1. On Wednesday June 22nd, NIWC re-hired Licensed Registered Nurse (See: E #3 personnel file reviewed on 6/6/11@ 10:15 AM.) The Credentialing Committee reviewed E #3's credentials (See Exhibit A, pg 3) and found her qualified for the Director of Nursing Position.</p> <p>2. RN has Operating Room experience. (Exhibit G) She will be re-oriented by the doctor, clinic director (approx 2 to 3 wks.) Her performance will be re-evaluated by medical & clinical directors in 3 mos. & documented. Yearly evaluations thereafter. Exhibit G</p>	<p><i>Hired 6-22-11</i></p> <p><i>Orientation 6-22 to 6-15-11</i></p> <p><i>3 mth eval 9-21-11</i></p>

DATE OF SURVEY 6/8/11 BY 19843 (Surveyor)

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

M. Parkins 6-28-11

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<p>Section 205.530 (e) <i>cont.</i></p>	<p>Operative Care (continued)</p> <p>2. E #3's personnel file included documentation that E #3 was hired on 1/7/11. E #3's employment application did not include documentation of Pregnancy Termination or Operating Room experience or training. E #3's file did not contain documentation of clinical orientation or was qualified by training or experience as an OR circulating nurse.</p> <p>3. The Clinical Director stated during an interview on 6/6/11 at 2:00 PM, that E #3 resigned on 4/8/11.</p> <p>4. E #4's personnel file included the start date of 3/10/06. E #4's employment application did not include documentation of Pregnancy Termination or Operating Room experience or training. E #4 file did not contain documentation of clinical orientation or was qualified by training or experience as an OR circulating nurse. E #4's file included a letter of resignation dated 10/10/07.</p> <p>5. These findings were confirmed by the Clinical Director/ Administrator during an interview on 6/6/11 at 2:15 PM.</p>	<p>205.530 (e) cont.</p> <p>3. The clinic continues to look for a second RN, classified, word of mouth, etc.; so there is no gap should current RN leave employment. RN will function as a circulating nurse during all invasive or operative procedures to comply with 205.530 (e). Clinic director is responsible to hire additional RN with proper qualifications. Medical director and Credentialing Committee responsible to determine any RN hired will fill requirements of 205.530 (e).</p>	<p align="center"><i>Dr going</i></p>

DATE OF SURVEY 6/8/11 BY 19843 (Surveyor)
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M. Parker
 (Provider's Representative) 6.28.11

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205.540 (f)	<p>Postoperative Care</p> <p>... The name or relationship to the patient, of the person accompanying the patient upon discharge from the facility shall be noted in the patient's medical record.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on review of clinical records and staff interview, it was determined that for 5 of 5 (#1, 2, 3, 4, & 5) clinical records reviewed, the Facility failed to document the person accompanying the patient from the Facility post surgical procedure.</p>	<p>205.540 (f) New form created by medical and clinic directors' and approved by CC meeting. (See Exhibit A, pg 2) At discharge the patient indicates with whom she will be leaving the clinic. This new form was put in place on 6.10.11. All old forms have been destroyed. Assist Admin will monitor these forms before every clinic day to be sure correct form is being used. (See Exhibit 1)</p>	<p align="center">6.17.11</p>

DATE OF SURVEY 6/8/11 BY 19840 (Surveyor)

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 (Provider's Representative) 6.28.11

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205.540 (F) Cont.	Findings include: 1. The clinical record of Pt.s' #1-5 were reviewed on 6/6/11 between 1:00 PM and 3:00 PM. The clinical records lacked the name, or relationship of the person accompanying the Pt. discharge after surgical procedure. 2. Pt. #1, a 23 year old female, had a surgical procedure performed on 4/13/11. The record lacked the name, or relationship of the person accompanying the Pt. upon discharge after surgical procedure.		

DATE OF SURVEY 6/8/11 BY 19840 (Surveyor) M. Parkins (Provider's Representative) 6.28.11

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<p>205.540 (f) Cont.</p>	<p>3. Pt. #2, a 22 year old female, had a surgical procedure performed on 3/4/11. The record lacked the name, or relationship of the person accompanying the Pt. upon discharge after surgical procedure.</p> <p>4. Pt. #3, a 21 year old female, had a surgical procedure performed on 5/6/11. The record lacked the name, or relationship of the person accompanying the Pt. upon discharge after surgical procedure.</p> <p>5. Pt. #4, a 27 year old female, had a surgical procedure performed on 3/2/11. The record lacked the name, or relationship of the person accompanying the Pt. upon discharge after surgical procedure.</p>		

DATE OF SURVEY 6/8/11 BY 19840 (Surveyor) M. Parkes (Provider's Representative) 6.28.11

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<p>205.540 (F) Cont.</p>	<p>6. Pt. #5, a 2 year old female, had surgical procedure performed on 3/16/11. The record lacked the name, or relationship of the person accompanying the Pt. upon discharge after surgical procedure.</p> <p>7. The above findings were confirmed with Administrator during an interview on 6/7/11, at approximately 10:00 AM</p>		

DATE OF SURVEY 6/8/11 BY 19840 (Surveyor) *M. Jenkins* (Provider's Representative) 6.28.11

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205.610 (b)	<p>Clinical Records</p> <p>Accurate and complete clinical records shall be maintained for each patient... the record shall include but not limited to the following: admitting information including... physical examination findings, diagnosis or need for medical services.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on review of clinical records and staff interview, it was determined that for 5 of 5 (#1, 2, 3, 4, & 5) clinical records reviewed, the Facility failed to ensure physical exams were documented in the medical records.</p>	<p>205.610 (b) Updated "surgical form" has section for Physical Exam and documentation of exam clearly stated. Medical and clinic directors' revamped form. CC meeting approved the form. (See Exhibit A, pg 2) Signature on form of the doctor verifies physical exam findings. This form is part of patient records. Form has been in place since 6.10.11. All old versions have been destroyed. Admin Assist monitors these forms before every clinic day to be sure correct form is being used. (See Exhibit 2.)</p>	6.10.11

DATE OF SURVEY 6/8/11 BY 19840 (Surveyor) *M. S. ...* 6.28.11
(Provider's Representative)

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<p>205.610 (b) Cont.</p>	<p>Findings include:</p> <ol style="list-style-type: none"> 1. The clinical record of Pt.s' #1-5 were reviewed on 6/6/11 between 1:00 PM and 3:00 PM. The clinical records lacked documentation of a physical examination. 2. Pt. #1, a 23 year old female, had surgical procedure performed on 4/13/11. The clinical record lacked documentation of a physical examination. 3. Pt. #2, a 22 year old female, had surgical procedure performed on 3/4/11. The clinical record lacked documentation of a physical examination. 		<p align="center">6.10.11</p>

DATE OF SURVEY 6/8/11 BY 19840 (Surveyor)

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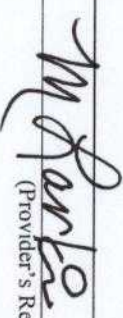

 (Provider's Representative) 6-28-11

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205.610 (b) Cont.	4. Pt. #3, a 21 year old female, had surgical procedure performed on 5/6/11. The clinical record lacked documentation of a physical examination. 5. Pt. #4, a 27 year old female, had surgical procedure performed on 3/2/11. The clinical record lacked documentation of a physical examination. 6. Pt. #5, a 23 year old female, had surgical procedure performed on 3/16/11. The clinical record lacked documentation of a physical examination. 7. The above findings were confirmed with Administrator during an interview on 6/7/11, at approximately 10:00 AM.		6.10.11

DATE OF SURVEY 6/8/11 BY 19840 (Surveyor)
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205.610 (o)	<p>Clinical Records Accurate and complete records shall be maintained... the record shall include... post counseling notes.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on clinical record review and staff interview, it was determined that in 1 of 10 records reviewed (Pt. #6), the Facility failed to ensure a patient received post operative counseling.</p> <p>Findings include:</p> <p>1. On 5/6/11 at approximately 10:30AM, clinical records 1-10 were reviewed. The record for Pt. #6 lacked a post operative counseling note.</p> <p>Pt. #6, a 24 year old female, had a surgical procedure on 3/2/11. The clinical record lacked a post operative counseling note.</p> <p>2. The above finding was confirmed with the Clinic Director during an interview on 6/7/11 at approximately 9:30AM.</p>	<p>205.610 (o) A revised form of recovery notes was created by medical and clinical director and renamed "post counseling notes" & approved in CC meeting (See Exhibit A, pg 2). This form reflects all the post counseling with patient. Once counseling is complete pt initials she has had all questions answered. (Exhibit 1) This form is now in use. All old versions have been destroyed. Admin assist is responsible for seeing that only this version of form is used. Forms will be checked before each clinic day.</p>	6.17.11

DATE OF SURVEY 6/8/11 BY 07105 (Surveyor)

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Section 205.330 (a)	<p>Nursing Personnel</p> <p>At least one registered professional nurse with postgraduate education or experience in surgical nursing shall direct and supervised the nursing personnel and the nursing care of patients and shall be on duty at all time, on the premises, when patients are present</p> <p>This requirement was not met as evidenced by:</p> <p>Based on review of Facility staff personnel files and staff interview, it was determined that for 2 of 2 Registered Nurses (E #3 & 4) who previously worked at the Facility, the Facility failed to ensure a Registered Nurse was on staff to supervise nursing personnel and nursing care, and on the premises when patients were present.</p> <p>Findings include:</p> <p>1. On 6/6/11 at 10:15 AM, 2 of 2 RN personnel files (E #3 & 4) were reviewed.</p>	<p>205.330 (a) See 205.530 (a) A Registered Nurse is hired and started orientation on Wed 6/22/11. (See response to 205.530 (e))</p> <p>RN will direct and supervise all nursing personnel and the nursing care of patients. RN shall be on the premises at all times when patients are present. Medical director, clinical director, will be responsible to oversee RN's patient care and her presence when patients are in the clinic. Clinic director is responsible to see to it that an RN is always employed by the clinic. Clinic Director will continue to look for a second RN, classified, word of mouth, etc.; so there is no gap should current RN leave employment.</p>	<p>Hired 6-22-11</p> <p>Sarah for 2nd RN - ongoing.</p>
DATE OF SURVEY	6/8/11		
BY	19843 (Surveyor)		
NOTE: IF P.L.V., INDICATE DATE OF PRIOR SURVEY	6-28-11		


 (Provider's Representative)

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DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS OF FACILITY Northern Illinois Women's Center, 1400 Broadway, Ste 201, Rockford, IL 61104

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 205.330 (a)	<p>Nursing personnel (continued)</p> <p>2. E #3's personnel file included documentation that E #3 was hired on 1/7/11. The Clinical Director stated that E #3 resigned on 4/8/11 and there was no Registered Nurse currently employed at the Facility. The Facility had no RN to supervise nursing staff and on the premises for the past 2 months.</p> <p>3. E #4's personnel file included a hire date of 3/10/06 and a resignation date of 10/10/07. Therefore, the Facility had no RN to supervise patient care for over 4 years (10/07 to 1/11).</p> <p>4. The Clinical Director/Administrator stated on 6/6/11 at 9:15 AM, that the local Hospitals and Nursing Homes employ all the RNs in the area and the Facility has not been able to hire and keep an RN on staff. The Facility has 3 Licensed Practical Nurses (E #4 - 6) to provide</p>		

DATE OF SURVEY 6/8/11 BY 19843 (Surveyor)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

M. J. [Signature]
(Provider's Representative) 6.28.11

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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Section 205.330 (a)	Nursing personnel (continued) patient care. On 6/6/11 at 2:15 PM, the Clinical Director stated that 1 of the 3 LPNs (E #4) provided staff supervision. 5. These findings were confirmed by the Clinical Director during the interview on 6/6/11 at 2:15 PM.		

DATE OF SURVEY 6/8/11

BY 19843 (Surveyor)

M. Parker
(Provider's Representative)

6.28.11

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY

June 17, 2011
Second Quarter, 2011
Consulting/Tissue Review/Credentialing Committee Meeting

Attended:

Medical Director
Staff Physician
Clinic Director (Administrator)

Meeting started 1:30 pm

Health Department, Field Operations Section, spent 6.6-7-8.2011 here going over all our files and paperwork, clinic appearance. We received the plan of corrections on June 13th and have until June 21st to work on plan of corrections and send back to them. Ten calendar days.

Committee/Consulting/Credentialing Tissue Meeting notes need to specifically state that the tissue reports (pathology reports) are being reviewed. **Each member of the committee meeting is also named as member of: Tissue Committee, Consulting Committee, Credentialing Committee.** Committee meetings are held on a quarterly basis unless there is a cause to call a specific meeting for a specific need that may arise.

Policy—Tissue Committee

The Medical Director reviews all tissue reports when they come from the pathologist office. He will then initial each one after being reviewed. The doctor's initial on the pathology report confirms the tissue report for each patient has been reviewed.

At each CC meeting 15 to 20 charts will be pulled from that quarter, all CC members review the **tissue report** and the **entire patient file**. The Medical Director's signature at the end each CC meeting notes is evidence that tissue reports and complete charts are reviewed by all during the meeting.

Policy--Credentialing Committee

Any time a new doctor or employee starts employment at NIWC there will be Credentialing Committee meeting called to review the credentials of that person. All documentation from the resume, job interview, credentials of the new person will be reviewed. The Medical Director and the Clinic Director will sign off on the Credential Meeting Notes to verify that all credentials and information are adequate to meet the standards of this clinic.

Policy—Policy and Procedure

Each time a new policy is initiated for NIWC, that policy will be fully discussed and reviewed at a Committee Meeting. The policy/procedure that is addressed will be stated clearly in the meeting notes. The Medical Director will sign off on the new/changed policy and this will be placed in the Policy and Procedure Book under the appropriate section. This is evidence the doctor plays an active role in the development and review

of all policies and procedures. Semi-Annually the Medical Director and the Clinic Director will review the entire P and P Manual.

Signatures on Sign off Sheet in front of Policy and Procedure Manual will verify three things: (1) date new policy/policy change was reviewed/implemented, (2) the description of the new/changed policy, (3) the signature of the Medical Director.

Policy Change

Some of our forms have been changed. (1) Surgical sheet, physical exam expanded to better clarify that physical exam is being done, (2) recovery sheet is renamed "Post Counseling Notes". The patient signs off that she has been counseled after procedure, and she will report who will be leaving the clinic with her. Changes on both forms comply with Health Department requirements. These forms have replaced all older versions of forms. Medical Director reviewed and signed off, new version placed in P&P manual for inspection.

Policy

O R rooms, cabinets and tables will be kept clean and organized at all time. Surgical supplies will be kept in separate areas from office supplies. A weekly check sheet is in OR log. Nurses will sign off on their room every Friday. Clinic Administrator will review the rooms and sign that inspections are being done. This will ensure plan of correction is effective.

All medications are locked up when clinic is not being held.

Shoes worn for clinic will be cleaned of noticeable stains and kept in the back coat closet by counseling rooms. This will be verified when weekly or rooms are checks and monitored.

Surgical areas are checked for cleanliness. Anything stained, spotted with dirt, etc, will be appropriately cleaned or discarded immediately.

Nuva Rings are now kept in the medicine refrigerator with other refrigerated medication in the lab by the O R's. The fridge in the recovery room will be used only for nourishment, food perishables. Administrative assistant will verify this is done and sign so on Recovery Room log.

New Policy

Both autoclaves will have a weekly spore test. The test will be done on Wednesday of each week. In the event that there is no clinic on Wednesday, the spore test will be done on Friday. The tests are performed and monitored by the MaxiTest Biological Monitoring System requirements. Spore Test given, is documented in daily autoclave log. Spore test results are now accessed, by clinic director, from the internet and put in the autoclave log. A daily autoclave log is kept for each autoclave and is stored in the autoclave book for inspection. A log verifying daily, weekly and as needed cleaning/repair will be kept in

Autoclave Log book as well. The clinic director will monitor that autoclave technician is performing maintenance and sign log.

On Wednesday June 22nd, NIWC is re-hiring Licensed Registered Nurse (see E#3 personnel file reviewed on 6.6.11 @ 10:15 AM) to take on Director of Nursing position. This committee went over all E#3 credentials. She has been found to be qualified for the Director of Nursing Position, and has the operating room experience required for this position. Documentation of her OR experience is in her file. E#3 will be re-oriented by the doctor and by acting lead nurse, nursing staff. For two to three weeks all her work will be signed off on by the staff physician. Once he feels she has solid grasp of her position duties and work with patients, she will be allowed to work directly with doctor and patients. Medical Director and Clinic director, will review her work in three months, and yearly after that. All orientation will be documented and put in her personnel file. The doctor will sign off on all records kept regarding staff RN and her re-employment. Regular reviews will be done and documented.

20 Pathology reports and complete charts were reviewed before adjourning at 4:40pm.

Respectfully,

Medical Director signature

Clinical Director signature

Exhibit N 3073

Policy and Procedure Signature Sheet

Policy and Procedure Manual / Semi-Annual Review

Policy and Procedure review. New or Changed.

Date		Policy Description	Signature of Medical Director (on file for inspection)
6.17.11	New	Semi-Annual Review	medical director signature administrative director
6.10.11	Chg	pt leaving clinic with	signed by medical director
6.10.11	Chg	physical given	signed by medical director
6.22.11	Chg	job descriptions	signed by medical director

Exhibit B

Weekly OR/Exam Room Cleaning Log

Date	OR Room 1 Staff Signature	OR Room 2 Staff Signature	Exam Room 3 Staff Signature	Clinical Directors Signature
6/17/2011				
6/24/2011				
July				
7/1/2011				
7/8/2011				
7/15/2011				
7/22/2011				
7/29/2011				
August				
8/5/2011				
8/12/2011				
8/19/2011				
8/26/2011				
September				
9/2/2011				
9/9/2011				
9/16/2011				
9/23/2011				
9/30/2011				

Exhibit C

Daily Auto Clave Log

Date: _____ Technician: _____

Tuttnauer #2540 (Big)

Time In	Load Contents	Cycle Time	Temperature

Tuttnauer #1730 MKV (Small)

Time In	Load Contents	Cycle Time	Temperature

Biological Spore Test Sent: _____ Signature: _____

Exhibit E

1 of 2

Autoclave Documentation

Autoclave technician uses a Daily Autoclave Log, one for each machine.

For documentation purposes the packs will be listed here and numbered so autoclave tech can use numbers for standard packs. If something is to be autoclaved that is not usual or listed in the list below, that instrument will be written in the log for clarification.

All instruments that are autoclaved are washed in Enzol Enzymatic Detergent and wrapped in a KIMWRAP SURGICAL WRAP. **Nothing is autoclaved without being wrapped.** Included in every pack, regardless of content includes a Smalstrip Steam sterilization monitor strip. See Preparation for Sterilization, Tuttnauer Operation & Maintenance Manual, Section 6, pp 17 to 20.

Weekly there is a MAXITEST Biological Monitoring done on each autoclave. A Copy of Control Strip mailed, is saved to Autoclave Binder. See Insert with instructions attached. This is documented on the daily log sheet as: spore test strip. Documentation of the strips being sent will be listed on autoclave monitoring log and signed by autoclave technician.

Daily, Weekly, and Periodic Maintenance and Service is done as written out in Tuttnauer Operation & Maintenance Manual, pp 26 – 33. Every 6 months, or as needed, both autoclaves will be drained and cleaned with solution recommended by Manufacturer. All instruments will be thoroughly washed in Enzol and re-autoclaved.

Clinic Administrator can retrieve spore test results by internet as soon as they are available. These forms From Biological Monitoring Systems will be logged and kept in the autoclave book in autoclave area. In the event that an autoclave does not pass the spore test, that autoclave will have maintenance according to the Tuttnauer manual and a new spore test sent on next clinic day.

Each pack below specifies what is wrapped together to be autoclaved. The clinic has many of these instruments on hand, the list is to simplify the documentation for the autoclave technician.

Pac 1—speculum, basin, 4x4 gauze

Pac 2—1st tri pack, (7 dilators, 1 tenaculum, 1 ring forceps, 1 bosman, 1 med curette)

Pac 3—2nd tri pack, (2 dilators, 1 curette, 1 canula, 1 ring forceps, 1 clamp)

Pac 4—2nd tri extender pack (4 large dilators)

Pac 5—Laminaria insertion pack, (1 tenaculum, 1 LAM inserter, 1 clamp)

Pac 6—IUD insertion/removal pack, (1 tenaculum, 1 ring forceps)

ANY SINGLE INSTRUMENT THAT IS AUTOCLAVED IS WRAPPED AND THE LOG WILL STATE WHAT THE INSTRUMENT IS.

Exhibit E 2 of 2

OR Experience

RN E#3

If you're looking for experience in OR I have a year in the cath lab. Which is a sterile field procedure. I was trained on preparing and maintaining sterile field. Monitoring Art Lines and conscious sedation in both sterile and non-sterile procedures. Angiograms are when the doctor accesses the groin or arm in OR setting and places stents or balloons (angioplasty) in the heart when needed. I am trained in surgery with assisting the doctor in placing pacemakers and Internal cardio defibrillators. And recovering patients from conscious sedation. Does that help. Also providing care and monitoring patients in conscious sedation for cardioversions (which is shocking patients irregular rhythms back into normal sinus rhythm. Also conscious sedations to assist with Transesophageal echocardiograms(TEE's). That is where we sedate them and the doctor inserts an ultra sound tube down their esophageal and near their heart to get a better picture of their valves and to see if there is possible blood clots or vegetations around the heart valves. The RN administers the versed and Dilaudid, phentanyl or demerol in these procedures. And monitors the patients heart rhythm, oxygen sats, blood pressures and sedation levels. We also administer the Ramozacon for versed reverse if needed. Narcan for reverse of narcotics as needed. I have over 10 years experience in conscious sedation. TEE's and cardioversions were also performed on the telemetry floor I worked on in the patients rooms. Thanks.

Rockford Memorial Hospital

Registered Nurse/Telemetry Unit

- Direct Patient Care for Cardiac and Gen Medical.
- Alternate Charge nurse- monitor patient flow, patient care, and monitoring patient's cardiac rhythms.
- Preceptor for new nursing staff.

- Assisting physicians with procedures on unit, such as, with conscious sedations, cardio versions, TEE's,
- Cardiac Cath Lab for one year. Assisted with Cardiac Caths, interventions, pacemaker/ICD implants, Emergency Call for cath lab transfer patients to emergency open heart, monitored balloon pumps.

- SUMMARY:**
- 12 years experience in the medical field, 10 years of Registered Nursing
 - Cardiac Telemetry Certified, ACLS, CPR, Critical Care
 - Familiar extensive Cardiac Care in all fields.

Exhibit G

From Leanne

ORIENTATION OF NEW STAFF

Orientation

Each new member of the staff will participate in an orientation period which includes:

- Introduction to NIWC philosophy
- Tour of the facility
- Meeting with Clinic and Medical Directors
- Complete all needed forms for employment
- Observation in All Areas of Clinic:
 - Reception
 - Lab
 - Counseling
 - OR/Autoclave
 - Recovery
- Uniforms/Protective Clothing
- Oriented to NIWC Fire Safety/Emergency Protocols
- Oriented to OSHA
- Become Familiar with all forms
- MSDS

RN/Nursing/C.N.A Orientation

Minimum of two weeks (longer if Medical/Clinic director deems necessary) observing and following staff doctor and staff nurses

- Operating room set up
- Medications/syringe prep
- Sterile Field
- Infectious Waste
- Sharps
- Patient Care

Once Medical Director signs off on **RN/Nursing/C.N.A**, staff member will develop daily routine

- RN will be Direct and Supervise Nursing Personnel
- RN will be Circulating Nurse for all procedures
- Monitor other staff patient care
- Be on duty, on the premises when patients are present

Medical and Clinic directors will re-evaluate staff member after 3 months

Yearly evaluations done there after.

Exhibit 6a

POST COUNSELING NOTES

Date: ___ / ___ / ___

Patient # _____

Patient Name: _____

MEDICATIONS / PT. ASSESSMENT

Time	BP	Pulse	Pain	Flow	Comments
A			1 2 3 4 5		
B			1 2 3 4 5	S M H	

- Ergotrate 0.2 mg #9: Directions: First dose with next meal then three times daily until gone
- Scant/ Ectopic Precautions, if indicated Pregnancy Test
- Doxycycline 100 mg #6 Directions: Take one twice daily until gone
- Ampicillin 500 mg # _____ Bactrim DS # _____
 Directions: _____ Directions: _____
- Other _____

BIRTH CONTROL / AFTERCARE

What BC does patient want to use: _____

- Birth control pill: _____ Other: _____
- LoEstrin 24 Lo-Loestin 24 BC Review Aftercare questions answered _____ pt.initials
- Nuva Ring # _____
- samples given with 6 months written refill

Comments: _____

DISCHARGE

Discharge Consent

I believe that I am ready to leave Northern Illinois Women's Center. I have received written instructions concerning my care, what to do concerning emergency care if a problem arises. I have received advice about contraception and follow-up. I will have a check-up and pregnancy test between 2 and 3 weeks. I agree to call the clinic if additional care is needed. **I will be leaving this facility with** _____

Patient Signature: _____

Discharged on the order of the attending physician. Patient ambulating without assistance.

_____ Physician Signature _____ Staff Initials

Exhibit 1

LAB	Pt # _____ Name _____ Age _____ Date ____/____/____
	1. Preg test (NS) _____ Height _____ Weight _____ BP ____/____ Pulse _____ Hgb _____ Rh _____ Rho-gam _____ Leuk _____ Nitr _____ Prot _____ Glu _____ Initials _____
SONO	2. LNMP ____/____/____ Calc EGA _____ Gravida _____ Para _____ Prior Cesarean? (yes / no) Sac _____ CRL _____ BPD _____ Gest. Age (U/S) _____ Cardiac Activity. (yes / no) <input type="checkbox"/> Long <input type="checkbox"/> Transverse Placenta: <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> yolk sac identified? <input type="checkbox"/> ectopic precautions given Sens preg test: _____ fetal number _____ sonographer initials _____
	Physical exam EGA: _____ Uterine position: Ant _____ cm Mid _____ cm Post _____ cm Adnexa: nl _____ abnl _____ Abnormalities noted: Heart _____ Lungs _____ Abd _____ Pelvis _____
Procedure/ Post AB / Tissue Check	Start _____ Finish _____ Block _____ Paracervical Block: 1. 1% Lidocaine w/ atropine, buffered + 1 u vasopressin (up to 12 weeks) 2. 1% Lidocaine w/ atropine, buffered + 2 u vasopressin (12 weeks and up) Cervix dilated to _____ (Fr) Uterine depth _____ cm Cannula _____ mm <input type="checkbox"/> suction <input type="checkbox"/> D & E <input type="checkbox"/> MVA laminaria _____ inserted _____ removed Rhogam lot # _____ (exp. date: ____/____/____) <input type="checkbox"/> Rhogam, micro <input type="checkbox"/> Rhogam, full <input type="checkbox"/> Atropine 0.4 mg <input type="checkbox"/> Pitocin 10 u (I.C.) <input type="checkbox"/> Methergine 0.2 mg IM Location: _____ by: _____ int. Total Volume _____ <input type="checkbox"/> Placenta FF _____ Other _____ Tissue _____ <input type="checkbox"/> Fetus LMP wks _____ Fluid Est. _____ <input type="checkbox"/> Villi Equivocal _____ Measured _____ <input type="checkbox"/> Sac Histologic _____ EBL _____ <input type="checkbox"/> micro Impression: <input type="checkbox"/> Complete <input type="checkbox"/> Scant tissue <input type="checkbox"/> scant protocol initiated Patient tolerance: Good Easy Satisfactory Difficult Poor Complication Comments: _____ _____ (Signature here indicates entire form has been reviewed and approved) _____ M.D./ D.O.
	Nursing Notes L.O.C Alert and responsive <input type="checkbox"/> <input type="checkbox"/> Stable to Recovery Walked to RR with assistance <input type="checkbox"/> BP ____/____ Pulse _____ Nursing Comments: _____ _____ _____ _____ Initials _____

Exhibit 7