

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: Women aid Clinic 4751 West Touhy Ave. Lincolnwood, IL 60712

RECEIVED ONCR HQ
2011 SEP 27 A 10:09

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.220	<p>Organizational Plan</p> <p>An organizational plan shall be known to the staff and available for public information in the facility... document shall set forth the organization, duties... accountability of professional staff and other personnel... all owners, administrators..shall act in accordance with this document..will be reviewed at regular inspections by the Department.</p> <p>This requirement is not met as evidenced by:</p> <p>Findings include:</p> <p>A. Based on Facility's policy and procedure manual reviews and staff interview, it was determined that the Facility failed to ensure the Facility had an Organizational Plan.</p>		9

DATE OF SURVEY 9/7/11 BY 07105 (Surveyor)

(Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

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X ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS OF FACILITY Women Aid Clinic 4751 West Touhy Lincolnwood, IL 60646

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	COMPLETION DATE
205.220 cont.	<p>Organizational Plan</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 9/6/11 at approximately 9:00AM, the Facility's policy and procedure manual was reviewed. The manual lacked a written organizational plan. 2. The above findings were confirmed with the medical Director and Owner/Administrator during an interview on 9/7/11 at approximately 2:00PM. 	

DATE OF SURVEY 9/7/11 BY 07105 (Surveyor) _____ (Provider's Representative) _____
 NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____ 2

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NAME AND ADDRESS OF FACILITY: Women's Aid Clinic 4751 West Touhy Ave. Lincolnwood, IL 60712

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205.230(a)(2)	<p>Standards of Professional Work The consulting committee shall review development and content of the written policies and procedures of the center...granting privileges...quality of surgical procedures...evidence ...shall be recorded in minutes.</p> <p>This requirement is not met as evidenced by:</p> <p>A. Based on review of Facility's policy and procedure manual, consulting committee meeting minutes review, and staff interview, it was determined that the Facility failed to ensure that consulting committee minutes were available for review.</p> <p>Findings include:</p>		

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LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG		COMPLETION DATE
205.230 (a)(2) Cont.	<p>1. On 9/6/11 at approximately 9:30AM, the policy and procedure manual was reviewed. The policy for consulting committee included, "There is a qualified consulting committee for Women's Aid Clinic...shall meet not less than quarterly.. document each meeting with written minutes...shall.. review development and content of policy and procedure ."</p> <p>2. On 9/6/11 at approximately 9:00AM during the entrance conference the</p>		

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205.230(a)(2) Cont.	<p>Surveyors requested the consulting committee meeting minute for six (6) months for review during survey process. The Facility failed to provide surveyors with meeting minutes as requested.</p> <p>3. On 9/6/11 at approximately 2:00PM the Owner/Administrator did not provide the surveyors with the consulting committee meeting minutes.</p> <p>4. The above findings were verified by the Medical Director during an interview on 9/7/11 at approximately 2:30PM.</p>		

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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 from procedures performed by each physician on staff. Evidence of such review shall be recorded in the minutes.</p> <p>This requirement is not met as evidenced by:</p> <p>A Based non-availability of the Consulting Committee minutes for 2010 and 2011, it was determined that the facility failed to ensure quarterly pathology reports were reviewed.</p> <p>Findings include:</p>		

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205.230 (5) cont	<p>Standards of Professional Work</p> <ol style="list-style-type: none"> On 9/7/11 at approximately 11:00AM, the consulting committee minutes for 2010 and 2011 were requested again. The facility was unable to produce the consulting committee minutes to review documentation for pathology reports reviewed. The above findings were confirmed with the Administrator during an interview on 9/7/11 at approximately 2:00PM. 		

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205.230 (b)(2)	<p>Standards of professional Work The Medical Director shall responsible for the implementation of medical policies and procedures contained in the facility's policies and procedure manual governing the professional personnel Involved directly in care of patients undergoing surgical procedures, including their preoperative and post operative care and follow up.</p> <p>This requirement is not met as evidenced by:</p> <p>A. Based on policy , "Anesthesia flow chart/narcotic record" a list of anesthesia medications reviews, and staff interview, it was determined that the facility Medical Director failed to ensure standards of practice were implemented followed in regards to an inventory system that accounted for the receipt, administration, disposition and wastage of narcotics and sedatives.</p>		

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205.230 (b) (2) cont	Standards of Professional Work Findings include: 1. On 9/7/11 at approximately 11:00AM, an untitled facility policy included, "Any narcotic shall be secured by being locked in a cupboard and shall be recorded on a control sheet when administered to a patient. They shall be counted at the beginning of each procedure day. All other medications shall be maintained in cupboards and or drawers..." 2. On 9/7/11 at approximately 11:30AM, the surveyor requested a list of medication and narcotic count documentation. The Administrator stated that she does not count medications. A single locked drawer in the medical records room contained an array of medications that were scattered in the draw.		

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NAME AND ADDRESS OF FACILITY: Women's Aid Clinic 4751 West Touhy Lincolnwood II 60712

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205.230 (b) (2) cont	<p>Standards of Professional Work</p> <p>3. On 9/7/11 at approximately 2:00PM, the Administrator provided a list of anesthesia medications. The document titled, "Meds For Anesthesia" listed 27 medications. There was no inventory or accounting system for each of the medications. As a result, medications were not accurately tracked or documented.</p> <p>4. An interview was conducted with the Certified Nurse Anesthetist (CRNA E#5) who provided anesthesia on 9/6/11. The CRNA stated that the facility does not perform a perpetual inventory to account for narcotics and or sedatives. The CRNA recognized that the narcotic sheets do not contain documentation of drug doses given.</p> <p>5. The above findings were discussed with the Medical Director during an interview on 9/7/11 at approximately 3:00PM.</p>		

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205.240	<p>Policies and Procedures Manual</p> <p>The Management/owner of the ambulatory surgical treatment center shall formulate a written policies and procedures manual. This shall be done in cooperation with the medical and professional; staff and shall be approved by the consulting committee. These procedures shall provide for the acceptance, care, treatment, anesthesia services, discharge, referral, and follow up of all patients and all incidental operations of the facility. This manual shall be available to all staff in the center and shall be followed by them at all times in the performance of their duties.</p> <p>This requirement is not met as evidenced by:</p>		

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205.240 cont	<p>Policies and Procedures Manual</p> <p>A. Based on review of the facility's policy and procedures manual and staff interview, it was determined that the facility failed to ensure the manual included patient discharge criteria and an RH negative protocol.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 9/6/11 at approximately 11:00AM, the policy and procedure manual was reviewed. The manual lacked patient discharge criteria and a protocol for RH negative patients. 2. The above findings were confirmed by the Medical Director, Administrator/Owner during an interview on 9/7/11 at approximately 2:30PM 		

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205.310	<p>Personnel Policies</p> <p>Each ambulatory surgical center shall have written personnel policies including job description for each staff position. There shall be 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 is not met as evidenced by:</p> <p>A. Based on a review of the facility policy and procedure manual, job descriptions and staff interview, it was determined that for 2 of 3 employees (Medical Assistant E#3 and Administrator E#9, the facility failed to have a job description for E#3 and E#9.</p> <p>Findings include</p> <p>1. On 9/6/11 at approximately 11:00AM, the policy and procedure manual was reviewed.</p>		

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205.310 cont	<p>Personnel Policies</p> <p>The manual lacked job descriptions for the Medical Assistant and Administrator.</p> <p>2. The above findings were discussed with the Owner/Administrator and Medical Director during an interview on 9/7/11 at approximately 2:20PM.</p>		

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205.330 (a)	<p>Nursing Personnel</p> <p>At least one registered professional nurse with post graduate education and experience in surgical nursing shall direct and supervise the nursing personnel and nursing care of patients and shall be on duty at all times when the patients are present.</p> <p>This requirement is not met as evidenced by:</p> <p>A. Based on staff interview, it was determined that the facility failed to ensure a registered professional nurse was hired to supervise and provide patient care.</p>		

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205.330 (a) cont	<p>Nursing Personnel</p> <p>Findings include:</p> <p>1. On 9/6/11 at approximately 1:15PM, the Owner/Administrator was interviewed. The Administrator stated the facility has not had a supervising nurse since June of 2011. During surgical procedures, the Certified Nurse Anesthetist and physician supervise the surgical procedures. The facility performs approximately 10-15 cases per month.</p> <p>2. The above finding was confirmed by the Medical Director during an interview on 9/7/11 at approximately 2:00PM</p>		

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205.330 (a)	<p>Nursing Personnel Continued</p> <p>At least one registered professional nurse with Post graduate education and experience in surgical nursing shall direct and supervise the nursing personnel and nursing care of patients...</p> <p>This requirement is not met as evidenced by:</p> <p>B. Based on clinical record review and staff interview, it was determined that for 1 of 3 patients (Pt. #10) who were RH negative, the facility Registered Nurse failed to supervise, that nursing patient care was provided by a licensed professional nurses for medication administration.</p>		

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205.330(a)	Nursing Personnel Continued	<p>Findings include:</p> <p>1. On 9/7/11 at approximately 12:00PM, the clinical record for Pt. #10 was reviewed. Pt. #10, a 24 year old female, was admitted on 8/13/11 for a medical abortion. The clinical record contained documentation that Pt. #10 was RH negative confirmed by laboratory testing. A Medical Assistant (E#2) documented that she administered the Rhogam.</p> <p>2. The above finding was discussed with the Owner/Administrator during an interview on 9/7/11 at approximately 12:15PM</p>		

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Name OF FACILITY Women's Aid Clinic

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COMPLETION DATE

<p>205.420 (a)</p>	<p>Sanitary Facility The ambulatory surgical treatment center shall insure maintenance of a sanitary facility with all equipment in good working order. This requirement is not met as evidenced by: A. Based on observation and staff interview, it was determined that for 4 of 4 rooms inspected (OR#1, exam room #1, recovery room and laboratory), the facility failed to ensure a sanitary environment and maintained supplies to prevent potential contamination. Findings include: 1. On 9/6/11 at approximately 9:15AM, the facility was toured and the following was observed: *OR #1 (last used on 9/3/11) contained rust on the base of the surgical table, suction machine and stool. The baseboard near the hand washing sink was damaged.</p>	
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205.420 (a) cont	<p>Sanitary</p> <p>*The suction machine in OR #1 contained clear water with specks of floating debris. Three stacks of gauze, out of the original package, was observed on a table. Five (5) insulin syringes were out of the protective packages. The anesthesia cart was dusty including the 4 drawers that contained medications. The blades of a floor fan had an accumulation of black substance.</p> <p>*The recovery room (RR) contained 5 beds and 2 recovery chairs. Five (5) of 5 recovery beds were rusty. The suction machine was observed with dust. The medication drawer in the RR contained a box of saline crackers. Nine (9) medication cups, identified as containing Motrin and 10 medication cups containing Tylenol contained crumbs.</p>		

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205.420 (a) Cont	<p>Sanitary</p> <p>*The Recovery Room technician (E#1) was observed on 9/6/11 at approximately 9:20AM, retrieving a paper towel from a garbage receptacle and using the same paper towel to cover a tray that would serve food items to patients.</p> <p>*The exam room contained 6 speculums and 20 pipettes that were out of the protective package. A rip in the exam table was covered with clear tape.</p> <p>*Two boxes of "Nova Rings" (contraceptive medication) were stored in the RR refrigerator with a liter of cola.</p>		

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205.420 (a) cont	<p>*The biohazard laboratory refrigerator contained 8 products of conception (tissue). The same refrigerator also contained medications and 3 frozen TV dinners.</p> <p>2. The above findings were confirmed with the Owner/Administrator during an interview on 9/6/11 at approximately 10:00AM.</p>		

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205.510 (a)	<p>Emergency Care</p> <p>Each facility shall have a written plan of procedure to be followed in case of explosion or non-medical emergency. The plan shall specify persons to be notified and actions to be taken and shall be known by all staff of the facility.</p> <p>This requirement is not met as evidenced by:</p> <p>A. Based on review of facility policy and procedure manual and staff interview, it was determined that emergency plan did not cover all emergencies (explosion-Bomb threat) and other non- medical emergencies.</p> <p>Findings include:</p> <p>1. On 9/7/11 at approximately 11:00AM, the policy and procedure manual was reviewed. The manual approval date 1/2011 lacked a procedure for</p>		

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205.510 (a) cont	<p align="center">Emergency Care</p> <p>Explosion (bomb threat) and other non-medical emergencies.</p> <p>2. The above finding was confirmed by the Owner/Administrator during an interview on 9/7/11 at approximately 12:00PM.</p>		

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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>A. Based on observation, review of Facility policy, and staff interview, it was determined that for 1 of 1 anesthesia cart and 1 of 1 recovery room medication cart observed, the Facility failed to ensure that emergency supplies were not outdated.</p> <p>Findings include:</p> <p>1. On 9/6/11 at approximately 9:15AM, the Facility was toured.</p>		

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**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 Women's Aid Clinic 4751 West Touhy Ave Lincolnwood Il 60712

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	<p align="center">Emergency</p> <p>The anesthesia cart in OR #1 contained 1 Fentanyl 50 cc vial with a tom label thus obscuring the expiration date. (3) vials of Ketamine, (3) vials of Dexmethasine 5cc, (2) 2% lidocain contained an expiration date of 2/2011. Approximately 20 vials of Gentamycin contained an expiration date of 2/20/10.</p> <p>The Recovery Room crash cart contained (3) 500cc bags of .9 normal saline with an expiration date of June 2010.</p> <p>The decontamination room contained (2) bottles of Ferric Sulfate with an expiration date of 7/2010.</p>		

DATE OF SURVEY 9/7/11 BY 07105
(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**

ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS OF FACILITY: Women's Aid Clinic 4751 West Touhy Lincolnwood Il 60712

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	<p>Emergency</p> <p>The exam room contained approximately 20 culture swabs (genprobe) with an expiration date of 2/2011.</p> <p>2. The above findings were confirmed with the Owner/Administrator during an interview on 9/6/11 at approximately 9:30AM</p>		

DATE OF SURVEY 9/7/11

BY 07105
(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**

HOSPITAL

HOSPICE

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NAME AND ADDRESS OF FACILITY Women's Aid Clinic 4751 West Touhy Ave Lincolnwood II, 60712

COMPLETION DATE

PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED

ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG

LIST RULE VIOLATED

205.520 (f)

Emergency Care

Surgical procedures shall not be performed on Patient's having medical, surgical, or psychiatric Conditions or complications as specified by the Consulting committee in the facility's written Policies.

A. Based on clinical record, Facility's policy reviews and staff interview, it was determine that for 1 of 1 Patient (Pt.#1), the facility's Consulting Committee failed to developed written policies on Medical, surgical, or psychiatric conditions to indicate which patients were ineligible for a surgical procedure.

BY _____ (Surveyor)

BY 26287 (Surveyor)

DATE OF SURVEY 9/7/11

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**

ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS OF FACILITY Women's Aide Clinic 4751 West Touhy Ave Lincolnwood, IL 60712

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
<p>205.520 (f) (cont.)</p>	<p align="center">Emergency Care</p> <p>Findings include:</p> <p>1. The clinical record of Pt. #1 was reviewed on 9/6/11 at 10:00 AM. The record indicated that Pt. #1 was a 18 yrs old female who came with her mother to the Facility for a surgical Procedure on 5/2/09. On 5/2/09, Pt.#1 was seen by an MD E#4) who documented that "Pt.#1 and mother are" reluctant to leave the Clinic after being turned down by the Anesthesiologist. Patient is directed to be treated For enlarged Tonsils and Adenoids accompanying Upper respiratory infection. Patient states she is Taking antibiotics."</p> <p>2. On 5/2/09, E#4 documented in the clinical record that Pt.#1, was Gravid 3 Para 2 at 12 weeks gestation and had an upper respiration infection for 2 weeks and "oropharynx-aveola severely enlarged</p>		

DATE OF SURVEY 9/7/11 BY 26287 (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**

HOSPITAL

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NAME AND ADDRESS OF FACILITY: Women's Aide Clinic 4751 West Touhy Lincolnwood Il 60712

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.520 (f) (cont.)	<p style="text-align: center;">Emergency Care</p> <p>'beefy red' tonsils and adenoids which are bulging" E#4 asked Pt.#1 which antibiotics she was taking and E#1 stated that she was not taking any antibiotics. Pt.#1 mother also stated that Pt.#1 was previously advised that adenoidectomy and tonsillectomy may be needed. Pt. #1 was also told by E#4 that it was not safe "for her to go to sleep today." When Pt.#1 asked about local anesthesia, E#4 stated that local "is not safe and advised that she could not safely have the procedure until her upper respiratory infection had been treated with antibiotics and evaluated by an internist or a family physician. Per E#4, Pt.#1 and mother agreed to go for treatment and return for reevaluation and the procedure on 5/8/09</p>		

DATE OF SURVEY 9/7/11 BY 26287 (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**

HOSPITAL

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NAME AND ADDRESS OF FACILITY: Women's Aide Clinic 4751 West Touhy Lincolnwood Il 60712

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.520 (f) (cont.)	<p align="center">Emergency Care</p> <p>3. Pt.#1's clinical record reviewed on 9/6/11 also documented that Pt.#1 returned to the clinic on 5/8/09 for the surgical procedure and completed a self-administered Medical History form which indicated that Pt.#1 "bruise easily, and snore when asleep." There was no documentation in the clinical record on 5/8/09, the day of the surgical procedure, that Pt.#1 was re-evaluated for upper respiratory infection or had been seen or treated by a physician prior to the surgical procedure. Clinical documentation post surgery indicated that Pt.#1 experienced respiratory complication and was transferred to a hospital where she later died.</p>		

DATE OF SURVEY: 9/7/11 BY: 26287 (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**

HOSPITAL

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NAME AND ADDRESS OF FACILITY: Women's Aide Clinic 4751 West Touhy Lincolnwood Il 60712

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.520 (f) (cont.)	<p align="center">Emergency Care</p> <p>4. The Facility's "Admission Criteria" Policy reviewed on 9/6/11 at 11:00 AM required, "Pt. must be in good health and free from disease ..." The policy failed to specify medical, surgical or psychiatric conditions or complications that would indicate a patient was ineligible for the surgical procedure. The record also indicated that there was no documentation of Pt.#1 being reevaluated or treated for the upper respiratory infection.</p> <p>5. The above findings were confirmed with The Medical Director and the Owner// Administrator of the Facility on 9/7/11 at 2:00 PM</p>		

DATE OF SURVEY: 9/7/11 BY 26287 (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**

HOSPITAL

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NAME AND ADDRESS
OF FACILITY

Women's Aid Clinic 4751 West Touhy Lincolnwood, IL 60712
205-530 e)

A registered Nurse, qualified by training and experience in operating room nursing, shall be present in the operating room and function as the circulating nurse during all invasive or operative procedures requiring aseptic technique.

Findings include:

1. On 9/6/11 at approximately 1:15PM, the Owner/Administrator was interviewed. The Administrator stated the facility has not had a supervising nurse since June of 2011. During surgical procedures, the Certified Nurse Anesthetist and physician supervise the surgical procedures. There was no registered nurse in the procedure room functioning as the circulating nurse during the procedure.
2. The above finding was confirmed by the Medical Director during an interview on 9/7/11 at approximately 2:00PM

**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: Women's Aide Clinic 4751 West Touhy Lincolnwood II 60712

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</p> <p>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, summary of care given in the ambulatory surgical treatment center concerning the suspected complication shall accompany the patient.</p> <p>A. Based on clinical record, Facility's Medical Emergency Policy reviews and staff interview, it was determined that for 1 of 1 patient (Pt.#1) who died after the performance of a surgical procedure, the facility failed to initiate and performed CPR in accordance with Facility's policy.</p> <p>Findings include:</p>		

DATE OF SURVEY 9/7/11 BY 26287 (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**

HOSPITAL

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NAME AND ADDRESS
OF FACILITY

Women's Aide Clinic 4751 West Touhy Lincolnwood II 60712

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) (Cont.)	<p align="center">Post Operative Care</p> <p>1. The clinical record of Pt.#1 was reviewed on 9/6/11 at 1:00 PM. Pt.#1 was an 18 yr old female who was admitted to the facility for a surgical procedure on 5/8/09. After the surgical procedure, Pt.#1 began to experienced difficulty breathing and bleeding from the nose and mouth. There was no CPR administered, instead, the patient was given a white bag and told to breath into it by a staff member. The patient was eventually transferred to a hospital and later died.</p> <p>2. The Facility's Medical Emergency Policy was Reviewed on 9/6/11 at 2:00 PM. The policy States, "In case of a medical emergency, CPR will be Administered....."</p>		

DATE OF SURVEY _____ BY _____ 26287 (Surveyor) _____ (Provider's Representative)

9/7/11

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**

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NAME AND ADDRESS Women's Aide Clinic 4751 West Touhy Lincolnwood II 60712
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
205.540 (c) (Cont.)	Post Operative Care 3. The findings was confirmed with the Facility's Owner/Administrator and the Medical Director on 9/7/11 at 2:30 PM		

DATE OF SURVEY 9/7/11 BY 26287
(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**

X-ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS Women's Aid Clinic 4751 West Touhy Avenue Lincolnwood, IL 60712

NAME AND ADDRESS OF FACILITY	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.610 (a)(c)(i)(m)(o)	<p>Clinical Records</p> <p>Accurate and complete clinical records shall be maintained for each patient and all entries in the clinical record shall be made at the time surgical procedure is performed and when care, treatment, medications, or other services are given. The record shall include, but not limited to the following: patient identification...pre-counseling notes...operative record...condition at the time of discharge, notes...post counseling notes.</p> <p>This requirement is not met as evidenced by:</p> <p>Findings include:</p> <p>A. Based on Facility's policy review, policy and procedure manual review, clinical record review, and interview, it was determined that the Facility failed to ensure for 5 of 11 clinical records reviewed (Pts#2,4,6,9,11) the records contained patient's identification, pre-counseling notes, condition at discharge, operative records, and post counseling notes.</p>		

DATE OF SURVEY 9/7/11 BY 07105 (Surveyor) (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

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

HOSPITAL

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NAME AND ADDRESS OF FACILITY: Women's Aid Clinic 4751 West Touhy Ave. Lincolnwood, IL 60712

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	COMPLETION DATE
205.610 (a)(c)(i)(m)(o) cont.	<p align="center">Clinical Records</p> <ol style="list-style-type: none"> On 9/6/11 at approximately 10:00AM, the policy and procedure manual was reviewed. The manual lacked policy and procedures for patient identification, pre-counseling notes, conditions at discharge, operative record, and post counseling notes. On 9/6/11 at approximately 10:35AM, the clinical record of Pt#2 was reviewed. Pt#2, a 42 year old female, had a surgical procedure on 1/4/11. The clinical record lacked: patient identification, pre-counseling note, operative record, condition at discharge, and post counseling notes. On 9/6/11 at 10:45AM the clinical record of Pt#4 was reviewed. Pt#4, a 21 year old female, had a surgical procedure on 1/5/11. The clinical record lacked: patient identification, pre-counseling notes, operative record, condition at discharge, and post counseling notes. 	

DATE OF SURVEY 9/7/11 BY 07105 (Surveyor) (Provider's Representative) 2

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

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

ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS OF FACILITY: Women's Aid Clinic 4751 West Touhy Ave. Lincolnwood, IL 60712

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.610 (a)(c)(i)(m)(o) cont.	<p align="center">Clinical Records</p> <p>4. On 9/6/11 at approximately 11:00AM, the clinical record of Pt#6 was reviewed. Pt#6, a 20 year old female, had a surgical procedure on 3/1/11. The clinical record lacked: patient identification, pre-counseling notes, operative record, condition at the time discharge, and post counseling notes.</p> <p>5. On 9/6/11 at approximately 1:00PM the clinical record of Pt#9 was reviewed. Pt#9, a 26 year old female had a surgical procedure on 6/11/11. The clinical record lacked: patient identification, pre-counseling notes, operative record, condition at the time discharge, and post counseling notes.</p> <p>6. On 9/7/11 at approximately 10:00AM the clinical record of Pt#11 was reviewed. Pt#11, a 32 year old female, had a surgical procedure on 1/4/11. The clinical record lacked: pre and, post counseling notes.</p>		

DATE OF SURVEY 9/7/11 BY 07105 (Surveyor) (Provider's Representative) 3

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

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

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NAME AND ADDRESS OF FACILITY: Women's Aid Clinic 4751 West Touhy Ave. Lincolnwood, IL 606712

VIOLATED LIST RULE	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG		COMPLETION DATE
205.610(a)(c)(i)(m) (o) cont.	<p align="center">Clinical Records</p> <p>7. The above findings were confirmed with the Medical Director./Owner/Administrator of the facility during an interview on 9/7/11 at approximately 2:00PM.</p>		

DATE OF SURVEY 9/7/11 BY 07105 (Provider's Representative)
 (Surveyor)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____ 4

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH,
STATE OF ILLINOIS,

Complainant,

v.

THE WOMEN'S AID CLINIC OF
LINCOLNWOOD, INC.,

Respondent.

Docket No. PTC 11-003

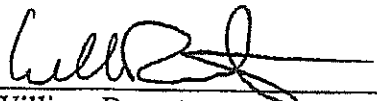
PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached NOTICE OF EMERGENCY SUMMARY SUSPENSION, NOTICE OF FINE ASSESSMENT, AND NOTICE OF OPPORTUNITY FOR HEARING was sent by certified US mail and regular US mail in a sealed envelope, postage prepaid, to:

Mark Glickman
Registered Agent
3100 Dundee Road Suite 402
Northbrook, Illinois 60062

Larissa Rowansky
Administrator
4751 W. Touhy Avenue
Lincolnwood, Illinois 60712

That said document was deposited in the United States Post Office at Springfield, Illinois, on the 21st day of October, 2011.



William Bryant
Illinois Department of Public Health

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH,
STATE OF ILLINOIS,

Complainant,

v.

THE WOMEN'S AID CLINIC OF
LINCOLNWOOD, INC.,

Respondent.

Docket No. PTC 11-003

**NOTICE OF EMERGENCY SUMMARY SUSPENSION,
NOTICE OF FINE ASSESSMENT
AND NOTICE OF OPPORTUNITY FOR HEARING**

Pursuant to the authority granted to the Department of Public Health (hereinafter "Department") by the Ambulatory Surgical Treatment Center Act (hereinafter "Act"), 210 ILCS 5/1 *et seq.* NOTICE IS HEREBY GIVEN:

NOTICE OF EMERGENCY SUMMARY SUSPENSION

In accordance with Sections 5/10f and 5/10d of the Act, Section 205.840 of the Ambulatory Surgical Treatment Center Licensing Requirements Code (77 Ill. Admin. Code 205) (the "Code"), and Section 10-65(d) of the Illinois Administrative Procedure Act (5 ILCS 100/1-5 *et seq.*) (the "APA"), incorporated into the Act at 210 ILCS 5/10a, the Department issues this Notice of Summary Suspension and hereby orders the suspension of the license for the operation of the facility known as Women's Aid Clinic, Department license number 7001647, located at 4751 West Touhy Avenue, Lincolnwood, Illinois, 60712 (the "facility"). **The license suspension shall commence immediately and shall continue indefinitely.**

FINDINGS OF NONCOMPLIANCE

The Department has found conditions in the Respondent facility that are directly threatening to the public interest, health, safety and welfare requiring immediate, emergency action. (210 ILCS 10f). The conditions in the facility directly threatening to the public interest, health, safety and welfare include, but are not limited to, a substantial or continued failure to comply with the Act or any rule promulgated thereunder as referenced below and in the attached exhibits, and violations of the provisions of the Act and the rules promulgated thereunder. These conditions and failure to comply with both the Act and the Code have resulted in the facility's inability to meet the public interest, health, safety and welfare needs of the community.

Department staff commenced a licensure survey of the facility on September 6, 2011 through September 7, 2011. (the "September 2011 survey"). During the September 2011 survey, the

Department observed conditions existing in the facility that threaten the public interest, health, safety and welfare. These conditions include, but are not limited to:

- The facility's failure to develop written policies on medical, surgical, or psychiatric conditions to indicate which patients were ineligible for a surgical procedure (77 Ill. Admin. Code 205.520(f));
- The facility's failure to initiate and perform CPR in accordance with the Facility's policy for a patient who died after the performance of a surgical procedure (77 Ill. Admin. Code 205.540(c));
- The facility's failure to hire a registered professional nurse to supervise and provide patient care (77 Ill. Admin. Code 205.330(a));
- The facility's failure to ensure that a registered nurse supervised the administration of medication in order to ensure that medications were provided by personnel licensed for medication administration (77 Ill. Admin. Code 205.330(a));
- The facility's failure to ensure a sanitary environment in operating rooms, examination rooms, recovery rooms and the laboratory (77 Ill. Admin. Code 205.420(a));
- The facility's failure to ensure that a registered nurse, who is qualified by training and experience in operating room nursing, is present in the operating room and functioning as the circulating nurse during all invasive or operative procedures (77 Ill. Admin. Code 205.530(e)).

The findings from the September 2011 survey are hereby incorporated into this "Notice of Emergency License Suspension" and are more fully set forth in the Statement of Deficiencies. (A copy of the September 2011 Statement of Deficiencies is attached hereto as Exhibit "A").

These conditions constitute a substantial or continued failure on the part of the facility to comply with the Act and with the rules and regulations promulgated under the Act. The condition of the facility has deteriorated to a point where "the public interest, health, safety, or welfare imperatively requires" that the facility's license be suspended on an emergency basis. (210 ILCS 5/10f(c)).

NOTICE OF FINE ASSESSMENT

Pursuant to Section 5/10d of the Act and Section 205.850 of the Code, the Department hereby assesses a fine of \$200/day for the following violations (as set forth more fully above and in the attached exhibits):

Violation of 77 Ill. Admin. Code 205.330(a):

(9-7-11 to 10-21-11) 45 days x \$200/day = **\$9,000.00**

Violation of 77 Ill. Admin. Code 205.420(a):

(9-7-11 to 10-21-11) 45 days x \$200/day = **\$9,000.00**

Violation of 77 Ill. Admin. Code 205.520(f):

(9-7-11 to 10-21-11) 45 days x \$200/day = **\$9,000.00**

Violation of 77 Ill. Admin. Code 205.530(e):

(9-7-11 to 10-21-11) 45 days x \$200/day = \$9,000.00

TOTAL FINE:

\$36,000.00

NOTICE OF OPPORTUNITY FOR HEARING

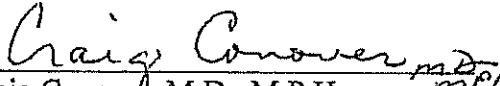
The licensee has a right to a hearing to contest this action pursuant to, without limitation, Section(s) 5/10c, 5/10f, and 5/10g of the Act and Section 205.860 of the Code. A written request for hearing must be sent within ten (10) days of receipt of this Notice. Such request for a hearing must be sent to the Illinois Department of Public Health, Division of Health Facilities Standards, 525 West Jefferson Street, Fifth Floor, Springfield Illinois 62761. 10/11

**FAILURE TO REQUEST THE HEARING AS SPECIFIED HEREIN
SHALL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.**

ANSWER BY RESPONDENT

In accordance with Section 100.7(d) of the Department's Rules of Practice and Procedure in Administrative Hearings (77 Ill. Admin. Code 100), a copy of which is enclosed, the Respondent shall file a written answer to the Allegations of Noncompliance, within twenty (20) days after receiving this Notice. Such answer must be sent to the Illinois Department of Public Health, Division of Health Facilities Standards, 525 West Jefferson Street, Fifth Floor, Springfield Illinois 62761. 10/11

**FAILURE TO FILE AN ANSWER WITHIN TWENTY (20) DAYS
OF THE RECEIPT OF THIS NOTICE SHALL CONSTITUTE
RESPONDENT'S ADMISSION OF THE ALLEGATIONS OF NONCOMPLIANCE**


Craig Conover, M.D., M.P.H. *MD MPH*
Acting Director
Illinois Department of Public Health

Dated this 21 day of October, 2011.

Nov. 5, 2011,

Ms.Byerley,

Assistant General Counsel

Dear Ms.Byerley,

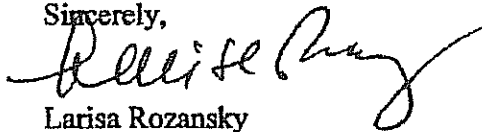
I am sorry to inform you, that after 21 years in business, Women's Aid Clinic, IDPH LIC. NO. 7001647 will be closing as of November 10, 2011.

As an Administrator of the Women's Aid Clinic, I disagree with the Noncompliance Findings from the licensure survey of the Facility by the department staff, which ended on September 7, 2011. One of the conditions was due to "the facility's failure to perform CPR for a patient who died after a surgical procedure". The paramedics initiated a CPR at the Facility before the patient was transferred to St. Francis hospital. CPR was not needed before paramedics arrived.

I requested a hearing before but I do not need it anymore as of today, due to the closing On November 10, 2011.

If you have any questions regarding this letter, please contact me at (847) 676-2428.

Sincerely,

A handwritten signature in black ink, appearing to read "Larisa Rozansky". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Larisa Rozansky

Women's Aid Clinic

THE DEPARTMENT OF PUBLIC
HEALTH, STATE OF ILLINOIS,

Complainant,

vs.

THE WOMEN'S AID CLINIC
OF LINCOLNWOOD,
(License #7001647)

Respondent.

Docket No. PTC 11-003

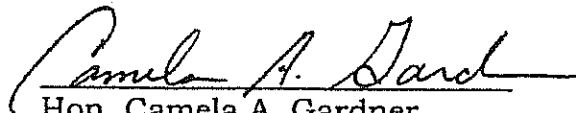
ADMINISTRATIVE LAW JUDGE'S REPORT AND RECOMMENDATION

On November 5, 2011, the Respondent, Larisa Rozansky, the administrator of the, Women's Aid Clinic, (IDPH License # 7001647) submitted a request to withdraw her request for hearing attached hereto and made a part of the record. In support of its request to withdraw, the Respondent reported that a hearing is not longer necessary as the facility is scheduled to close effective November 10, 2011.

Therefore, based Respondent's voluntary request to withdraw

IT IS HEREBY RECOMMENDED:

That this matter be dismissed.



Hon. Camela A. Gardner
Administrative Law Judge
Illinois Department of Public Health

Entered this 24 day of December, 2011.

THE DEPARTMENT OF PUBLIC HEALTH, STATE OF ILLINOIS,
 Complainant,
 vs.
 THE WOMEN'S AID CLINIC OF LINCOLNWOOD,
 (License #7001647)
 Respondent.


Docket No. PTC 11-003

FINAL ORDER

This cause is dismissed in that the Complainant, prior to the administrative hearing, has withdrawn his hearing request in this matter attached here to and made a part hereof.

The Director of the Illinois Department of Public Health has delegated to the undersigned the authority to issue a final order. The undersigned, after careful review and consideration of the entire record of these proceedings, adopts the recommendation of the Administrative Law Judge, attached hereto and made a part hereof.

This order is a final administrative decision within the provisions of the Ambulatory and Surgical Treatment Center Act, the Administrative Procedures Act and the Rules of Practice and Procedure in Administrative Hearings. Any petition for judicial review of this decision shall be filed within 15 days after receipt of the final agency determination.



 Teresa Garate, Ph.D.
 Assistant Director
 Office of the Director
 Illinois Department of Public Health

Dated this 12 day of Jan, ²⁰¹²~~2011~~.

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC)
HEALTH, STATE OF ILLINOIS,) Docket No. PTC 11-003
)
Complainant,)
)
vs.)
)
THE WOMEN'S AID CLINIC,)
OF LINCOLNWOOD,)
(License #7001647))
Respondent.)

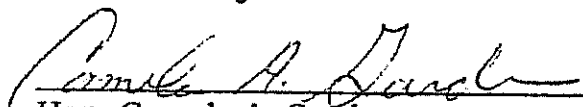
PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Final Order was sent by Certified Mail in a sealed envelope, postage prepaid to:

Larissa Rowansky
Administrator
4751 W. Touhy Avenue
Lincolnwood, IL 60712

Mark R. Glickman
3330 Dundee Road
Suite C4
Northbrook, IL 60062

That said document was deposited in the United States Post Office at Chicago, Illinois, on the 31st day of January 2012.


Hon. Camela A. Gardner
Administrative Law Judge
Illinois Department of Public Health

cc: Eva Byerley
File