

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

NAME AND ADDRESS OF FACILITY

174 W. Vermont Ave  
 756 York Rd, Winnetka, IL 60093

ASTC

INHA

INAD

INSPICE

INSPECT

8-1-97

LIST RULE VIOLATED

ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG

PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED

COMPLETION DATE

405.336

Emergency Department

Emergency may be provided by - - for fire & first aid care - - at the hospital. This requirement is not met because the individual's name is not on the list of personnel who are on duty. The individual who is on duty will meet the requirements of the R.S. Director. There is no evidence that this individual is on duty during the survey.

As of April 1, 1997, we have acquired four additional staff members to provide ample coverage throughout the facility. Lynn Pfingsten, Executive Director, is responsible for ensuring adequate staffing in the center at all times.

April 1, 1997

DATE OF SURVEY 03-19-97

BY

Surveyor [Signature]

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY 1/97

PROVIDER'S REPRESENTATIVE

3/19/97

0003

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

NAME AND ADDRESS OF FACILITY

4012 Howard Court  
 456 York Rd

STATE

IHA

IHO

INSPECTION

HOSPITAL

Pa. 9/16

05/13/97 14:18

LIST RULE VIOLATED

ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG

PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED

COMPLETION DATE

265.416

Equipment  
 Equipment does not have working order in some number of places to provide good patient care.  
 These requirements are not met. These shall be necessary equipment.

As of April 1, 1997, our facility has acquired all equipment necessary for efficient functioning of the center. Equipment on site includes: suctioning, monitoring, surgical, CPR, laboratory, sterilization, stethoscope, blood pressure monitors and instruments, all which have been inspected by a Biomedical Engineer Pat Hunt, R.N., is responsible for maintaining proper equipment within the center.

April 1, 1997

Based on a tour of staff with view the facility has no equipment to date. (Sample) includes, but are not limited to:  
 1. Re-maintaining equipment, orthopedic, physical medicine, nursing equipment, in general maintenance, make checks to the equipment & put up necessary care as a regular & periodic.

DATE OF SURVEY 03-19-97 BY Madge Grant RL SURVEYOR

PROVIDER'S REPRESENTATIVE John R. [Signature]  
 DATE 3/19/97

004

ADPH REGION 9

708 544 5300

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

ASTU   
  IHA   
  IBCO   
  IOSPICE   
  HOSPITAL

3/19/97

NAME AND ADDRESS OF FACILITY: *A.O. Le Howard Center  
 756 Park Pl, Danville, IL 61822*

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHERE IS BROKE	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	DATE
205.510	<p><i>Emergency Care</i></p> <p><i>Each facility shall be prepared to manage their emergencies. This requirement is not met because there is no documented that there is no check out or maintenance of equipment to manage a respiratory arrest or complications of surgery. ACU's is responsible for subject findings: staff will take emergency equipment &amp; supplies out for field.</i></p>	<p><i>Emergency care medications and equipment are on site in the event of respiratory arrest or complications of surgery. ACU's Director of Nursing, Pat Hurt, R.N., will oversee the maintenance of the above items.</i></p>	<p><i>April 1, 1997</i></p>

DATE OF SURVEY: 03-19-97 BY SURVEYOR: Mag. Faust Ed

PROVIDER'S REPRESENTATIVE: [Signature]  
 DATE: 3/19/97

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

ASC

INA

IMD

INSPICE

HOSPITAL

FL 2/10

NAME AND ADDRESS OF FACILITY  
 A.O. 12 Woodland Center  
 736 York Rd. Winnetka IL 60097

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

Laundry facility

We have established a contractual arrangement with a laundry service who supplies all of our clean linens. Supplies are delivered on a weekly basis. We have purchased disposable shoe covers and caps for patient and staff use. Kathee Schrader, Medical Assistant, is responsible for maintenance of linen supplies.

April 10, 1997

We have a cleaning contract in place with a professional cleaning service which specializes in medical centers. They are scheduled on a weekly basis with supplies on site. All soap and paper towel dispensers are full for patient and staff use. Lynn Pinniston, Executive Director, is responsible for cleaning service regulation.

April 10, 1997

0292

DATE OF SURVEY 03-19-97

NOTE: IF P.A., INDICATE DATE OF PRIOR SURVEY 1/87

BY SUPERVISOR Mary P. Grant Rd

PROVIDER'S REPRESENTATIVE [Signature]

DATE 3/19/97

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

HOME  INN  IPD  HOSPITAL

NAME AND ADDRESS OF FACILITY  
 170 W. Howard Ave  
 736 York Rd

Sample # 15521

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.130	<p>Sanitary facility</p> <p>When requirements are not met based on observations made, the facility is not ready for patient care. Findings include:</p> <ul style="list-style-type: none"> <li>1) floors are dirty and un-sanitary.</li> <li>2) there are no cleaning supplies in the premises including floors, toilet fixtures.</li> <li>3) there are no linens and waste containers, traps, exhausts.</li> <li>4) there is no price tag for toilet paper.</li> </ul>	<p>3) availability of cleaning supplies</p> <p>4) availability of linens</p> <p>5) availability of traps, exhausts</p> <p>6) availability of price tags for toilet paper</p>	

DATE OF SURVEY 03-19-97 BY SURVEYOR [Signature]

PROVIDER'S REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

1/82

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

NAME AND ADDRESS OF FACILITY

14012 Wood Crest  
 736 Park Rd  
 Lincoln, IL 62521

ACUTE

HHA

IMH

HOSPICE

OTHER

LIST RULES VIOLATED

ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG

PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED

COMPLETION DATE

<p>20 S. side          1) 1/18/97          2) 2/1/97          3) 2/1/97</p>	<p>Sanitary facility.          These requirements were not met in this facility. The facility is not being fully protected with hand hygiene measures.          1) floors are dirty and un-sanitized.          2) there are no cleaning supplies on the premises including soap, disinfectants.          3) there are no handgels and waste containers, sharps containers.          4) there is no protocol for medical waste.          5) autoclave is not working. There are no spore tests in the facility.</p>	<p>We have a cleaning contract in place with a professional cleaning service which specializes in medical centers. They are scheduled on a weekly basis with supplies on site. All soap and paper towel dispensers are full for patient and staff use.          Lynn Pfingsten, Executive Director, is responsible for cleaning service regulation.          We have established a Biomedical waste dry seal service contract. All waste will be disposed of in accordance with applicable laws. Lynn Pfingsten, Executive Director, is responsible for proper medical waste disposal.          We have established a pest control service contract with Anderson Pest Control on April 15, 1997.          Lynn Pfingsten, Executive Director, is responsible for pest control in the facility.          An autoclave machine is on site and in working order confirmed by a biospore test. Sterilization protocol is also available at the center. Our Associate Laboratory Supervisor, Pat Clarke, MT, is responsible for ensuring proper autoclave testing and maintenance in the facility.</p>	<p>April 10, 1997          April 10, 1997          April 15, 1997</p>
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DATE OF SURVEY 03-19-97 BY SURVEYOR Maury Grant Ed  
 DATE 3/19/97  
 PROVIDER'S REPRESENTATIVE [Signature]  
 DATE 3/19/97

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

ASTC  IMA  IRO  INSURICE  HOSPITAL

NAME AND ADDRESS OF FACILITY: *A. W. Howard Home  
 736 Park Rd*

LIST NUM. OF VIOLATED: *852.416 b)* ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG: *Equipment*

PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED: *An Autoclave machine is on site and in working order confirmed by a biospore test. Sterilization protocol is also available at the center. Our Associate Laboratory Supervisor, Pat Clarke, MT, is responsible for ensuring proper autoclave testing and maintenance in the facility.*

COMPLETION DATE: *March 27, 1997*

*This requirement is not met. Does not meet the facility's sterilization procedure. The facility's sterilization is being observed. There are no policies governing sterilization of instruments/containers & packaging.*

DATE OF SURVEY: *03-19-97* BY: *Greg P. Grant MD*  
 SUPERVISOR

PROVIDER'S REPRESENTATIVE: *Jim Shum*  
 DATE: *3/19/97*

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

ASTC   
  IHA   
  SMO   
  INSPECTION   
  HOSPITAL

NAME AND ADDRESS OF FACILITY: *Pat Hirt Health Center  
 756 Park Rd*

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
405.410	<p><i>1. No ultrasound machine is present in the plant area. There are no ultrasound units available/checked to record birth experience 1994.</i></p> <p><i>2. Equipment in the lab had some older methods used 1991-1993. There is evidence that the equipment is obsolete/should be removed from the plant area if there are no predictions on the premises.</i></p>	<p>Our ultrasound machine was calibrated by G.E. Medical on April 8, 1997 and was found in good working order. Pat Hirt, Director of Nursing, is responsible for maintaining the ultrasound in the center.</p> <p>A Bioengineering company has checked all of our electrical equipment and affixed stickers to verify proper functioning. Lynn Pfingsten, Executive Director, is responsible for maintaining proper equipment in the facility.</p> <p>All medications needed are in stock and properly stored. Pat Hirt, Director of Nursing, is responsible for overseeing medication in the center.</p>	<p>April 8, 1997</p> <p>April 11, 1997</p> <p>April 1, 1997</p>

DATE OF SURVEY: 03-19-97 BY: Paul J. Grant Ed  
 SIREVOR

PROVIDER'S REPRESENTATIVE: Pat Hirt  
 DATE: 3/19/97



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

18 5/10

ASTC  IMA  IMO  HOSPICE  HOSPITAL

NAME AND ADDRESS OF FACILITY  
 4012 Grand Ave  
 736 Park Rd

Shuttle to 55501

LIST RULE VIOLATED

ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG

PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED

COMPLETION DATE

25.5 a1

See Appendix One

Discharge procedures were not performed in per nursing unit, designed as per accreditation and specified by the accrediting organization. Also require that in the next 60 days a review of the medical records concerning this is performed by the facility and a summary of that verification/implementation is submitted from having reviewed procedures in full facility for change. There is no evidence of updated medical records by the facility & supervisor.

In a meeting held on April 21, 1997, the Board of Directors has discussed under which circumstances the center will not treat a patient. All were in agreement that such decisions shall be made on a case by case basis by the attending physician. Our Medical Director, Murray Rosenberg, M.D. will oversee these policies.

April 21, 1997

DATE OF SURVEY 03-19-97 NY

SURVEYOR *Murray Rosenberg*

PROVIDER'S REPRESENTATIVE *Sharon Blum*

WRITE: IF P.V., INDICATE DATE OF PRIOR SURVEY 1/87

DATE 3/19/97

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

1997

ASTC     IHA     IPHO     IOSPC     IOSPITAL

NAME AND ADDRESS OF FACILITY: A.C.U. Health Center  
736 York Rd Winnetka, IL 60093

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.530 a)	<p><u>Hygienic Care</u></p> <p><u>2) hand procedures shall be performed by qualified person</u></p> <p><u>the requirement is not met</u></p> <p><u>it is by among there was no evidence of an appropriate or qualified person</u></p> <p><u>by the day of survey there were no evidence of or appropriate person</u></p> <p><u>a specific evidence person</u></p> <p><u>2) The facility policy is presented in pathology report to the medical record within 14 days</u></p>	<p>We have both a board certified Anesthesiologist and Gynecologist currently on staff at ACU Health Center. They have undergone appropriate credentialing. The Credentialing Committee will oversee appointment and credentialing of qualified Physicians and other health Professionals.</p>	March 20, 1997
		<p>In a meeting of the Policy and Procedure Committee and the Board of Directors held on March 21, 1997, our protocol has been revised to state that pathology reports will be in the medical record within 7 days.</p>	March 23, 1997

DATE OF SURVEY: 03-19-97 BY SURVEYOR: Mary J. Faust Ed

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

PROVIDER'S REPRESENTATIVE: [Signature]  
 DATE: 3/19/97

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

ASTC   
  IHA   
  IDO   
  HOSPICE   
  SPECIAL

NAME AND ADDRESS OF FACILITY  
 A. A. 12 General Center  
 736 York Rd  
 Windsor, CT 06097

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205-616	<p>Classified records            Records of employee classified records must be maintained            This requirement is not met            based on returned records            of employees' names + records,            the facility does not have a            separate &amp; approved record            keeping            1. reviewed &amp; accessible            are not finalized as the            separate facility format for            the records records.</p>	<p>Official patient medical forms are on site from the printer and have been approved by the Policy and Procedure Manual Committee and the Board of Directors. Lynn Pfingsten, Executive Director, will be responsible for maintaining proper patient records in the facility.</p>	<p>March 23, 1997</p>

DATE OF SURVEY 03-19-97 BY SUPERVISOR *Paul A. Grant Rd*

NOTE: IF N.Y., INDICATE DATE OF PRIOR SURVEY 1/87

PROVIDER'S REPRESENTATIVE *[Signature]*  
 DATE 3/19/97

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

ASTC   
  INA   
  IPD   
  HOSPICE   
  HOSPITAL

NAME AND ADDRESS OF FACILITY: AGU Health Center, LTD.   
 736 N. York Road, Hartsdale, New York 10531

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.330 b)	Corrected		
205.410 a) b)	Corrected Corrected		
205.430 a) b) c) d) e) f) g) h) i)	Corrected Corrected Corrected Corrected Corrected Corrected Corrected Corrected Corrected		
205.510 b) c)	Corrected Corrected		

DATE OF SURVEY: 5/19/97   
 BY: General Master HSN  
 SURVEYOR: \_\_\_\_\_  
 DATE: 5/19/97

PROVIDER'S REPRESENTATIVE: [Signature]  
 DATE: 5/19/97

NOTE: IF P.N.V., INDICATE DATE OF PRIOR SURVEY 1/87

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

2092

ASTC     IHA     IHO     INSPEICE     HOSPITAL

NAME AND ADDRESS OF FACILITY: Acu Health Center, LTD. 736 N. York Road Hinsdale IL 60521

LIST NUM. VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.530	Corrected		
a)	Corrected		
b)	Corrected		
c)	Corrected		
205.610	Corrected		

DATE OF SURVEY: 5/9/97 BY Paula Maly HESR  
 SURVEYOR  
 NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY 3/19/97  
 1/87

[Signature]  
 PROVIDER'S REPRESENTATIVE  
5/19/97  
 DATE

PRINTED: 8/16/01  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  XXX000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  8/15/01
NAME OF PROVIDER OR SUPPLIER A.C.U. HEALTH CENTER, LTD		STREET ADDRESS, CITY, STATE, ZIP CODE 736 YORK ROAD HINSDALE, IL 60512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	Initial Comments  Surveyor: 07113  On August 14 & 15, 2001 a ASTC Licensure Complaint investigation (Complaint # 012504) was conducted. The surveyor observed no conditions to substantiate the complaint.	L 000		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.idph.state.il.us](http://www.idph.state.il.us)

October 28, 2011

Ms. Almee Dillard, Administrator  
A.C.U. Health Center, Ltd.  
736 York Road  
Hinsdale, IL 60521-

**Licensure Survey**

Dear Ms.Dillard:

On October 27, 2011, a life safety code monitoring inspection was conducted for the purpose of determining compliance with the requirements of the "Ambulatory Surgical Treatment Center Licensing Requirements" (77 Ill. Adm. Code 205) and the 2000 Edition of NFPA 101, Life Safety Code. We find that the previously cited deficiencies have been corrected and the facility is no longer under monitoring for physical environment.

If you have any questions about this approval, please do not hesitate to call us at 217-785-4264. The Department's TTY number is 800/547-0466, for use by the hearing impaired.

Sincerely,

A handwritten signature in black ink, appearing to read "Henry Kowalenko".

Henry Kowalenko, Supervisor  
Design Standards Unit  
Division of Health Care Facilities & Programs

Cc: Karen Senger, Supervisor  
Central Office Operations Section, IDPH

***Improving public health, one community at a time***

*printed on recycled paper*

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  7001985	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/12/2011
NAME OF PROVIDER OR SUPPLIER  ACU HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 736 YORK RD HINSDALE, IL 60521		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	Initial Comments  The Illinois Department of Public Health (IDPH) conducted an onsite Life Safety Code inspection on 7/12/11. ACU Health is a Pregnancy Termination Center (PTC) located at 726 York Road, Hinsdale, IL. Surveyor #12798 met with the facility administrator and consultant to identify the purpose of the visit prior to touring the facility.  The building is a one story facility, with sprinkler protection. The building appears to be Type II (000) construction. The PTC is the only occupant in the building, and was inspected under the Illinois Ambulatory Surgical Treatment Center (ASTC) Licensing Requirements and the Life Safety Code (2000).  The following deficiencies were identified by document review, staff interview or direct observation. We have included the deficient code section(s) for your convenience.	L 000		
L 046	20.2.9.1/21.2.9.1 Emergency Illumination  Emergency lighting shall be provided in accordance with 7.9 and 21.2.9.2. This Regulation is not met as evidenced by: A. Based on observation and interview, the facility failed to provide emergency lights for all portions of exit discharges in accordance with NFPA 101 Sections 7.9 and 21.2.9.1. This deficient practice could affect all patients, as well as an indeterminable number of staff and visitors, if the means of egress was not illuminated during an evacuation. The facility has battery-pack lights scattered throughout the facility providing the required lighting.  1. NFPA 101, 2000, 7-9.3, 7-10.9.2 and 21.2.4. The facility failed to provide documentation as to	L 046		

AUG - 1 2011

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Ann Dillard*  
ASSIST. Administrator

TITLE

(X6) DATE

7/28/11

STATE FORM

4879

FD-11

If continuation sheet 1 of 8



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  7001985	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/12/2011
NAME OF PROVIDER OR SUPPLIER  ACU HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 73G YORK RD HINSDALE, IL 60521		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
L 046	Continued From page 1 the emergency and exit lighting testing.  a. Annual battery testing for 90 minutes.	L 046	a.  A new Preventative Maintenance/Inspection Log has been created to properly document the annual 90 Minute Battery Check. The center's manager will be responsible for making sure that maintenance staff is properly documenting the testing.	7/30/2011
L 051	20.3.4/21.3.2 FIRE ALARM SYSTEM  A manual fire alarm system, not a pre-signal type, is provided to automatically warn the building occupants. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4 and 21.3.4 This Regulation is not met as evidenced by: A. fire alarm system with approved components, devices or equipment is installed and maintained according to NFPA 101, and NFPA 72. Non-functioning equipment may not provide staff proper notification to direct patients and visitors to a means of egress without crossing or entering the area of fire origin. This deficient practice could affect all patients as well as an indeterminate number of staff and visitors.  1 The following documentation was unavailable at the time of this inspection of the fire alarm systems required by NFPA 101, 21.3.4.1:  a. The sensitivity calibration testing, NFPA 72, 1999 7-3.2.1. Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. The facility did not provide any documentation that this test has ever been conducted on the detecting units.  b. Documentation on visual inspections of the control equipment, batteries, heat / smoke detectors, etc. as specified in NFPA 72, 1999 Table 7-3.4 and required weekly, monthly, semi-annually and/or yearly.	L 051	a.  Sensitivity Test will be completed with by Affiliated Customer Services on August 17, 2011. In the future, sensitivity testing will be completed during alternate year annual inspections.  b. & c. Per NFPA 72, 1999, 7-3.1, Exception No. 2, because automatic inspections are performed via a remotely monitored fire alarm control unit by ADT, visual inspection frequency is permitted to be annually. The annual visual inspection is completed Affiliated Customer Service.	8/31/2011

PRINTED: 07/14/2011  
FORM APPROVED

## Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  7001985	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/12/2011
NAME OF PROVIDER OR SUPPLIER  ACU HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 736 YORK RD HINSDALE, IL 60521		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 051	Continued From page 2  c. Documentation of the periodic testing of the battery discharge per NFPA 72, 1999, Table 7-3.2  B. Based on the record review and staff interview, the facility failed to install and maintain the sprinkler system in accordance with NFPA 25, Chapter 2-1. This deficient practice could affect all patients, staff and visitors if the sprinkler system failed to function.  1. Observations determined that the facility failed to maintain the sprinkler system. Per Simplex Grinnell annual inspection on 4/4/11, the testing agent noted the following deficiencies: a. In the supply room there is a 1944 sprinkler head. (NFPA 25, 1995, 2-3.1.1) b. Riser gauge over 5 years old (1994) (NFPA 25, 1995, 2.3.2.) c. No indication of 5 year obstruction inspection (NFPA 25, 1995, Chapter 10) The facility could not provide documentation that these items have been tested or corrected. The facility management requested that the word "recommend" be taken out of the Simplex report, based on their research and not being required by local regulations. Simplex declined to remove the deficiencies cited based on NFPA code requirements. The Simplex report failed to state "why" the obstruction inspection was being recommended, was piping plugged during the flow testing, with pipe scale or calcium carbonate deposits observed? Were there broken public mains in the vicinity of the facility? Clarification as to what was observed during their inspection is required to justify the recommendation of the obstruction test.	L 051	a., b. & c.  All items will be addressed and corrected by SimplexGrinnell within the next 60 days. The recommended items were added to the annual report by SimplexGrinnell due to the age of the system and not due to any observed issues.	9/28/2011

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  7001886	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/12/2011
NAME OF PROVIDER OR SUPPLIER  ACU HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 736 YORK RD HINSDALE, IL 60521		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 051	Continued From page 3  2. In review of the documentation provided to the surveyor, testing of all of the devices as specified in NFPA 25, 1995, Table 2-1 and Chapter 9, could not be determined The following documentation was not available at the time of this inspection:  a. Logs for weekly, monthly, quarterly as well as annual inspections, testing and maintenance requirements for guages, valves, alarm devices, hangers, piping, sprinklers and/or drains as required by NFPA 25, 1995, 1-8.	L 051		9/30/2011
L 064	9.7.4.1 FIRE EXTINGUISHERS  Portable fire extinguishers are provided. 8.7.4.1 and 9.7.4.1  This Regulation is not met as evidenced by: A. Based on record review it was determined that the facility failed to properly maintain portable fire extinguishers in accordance with NFPA 1010 2000 Edition 21.3.5.2 and NFPA 10. This deficient practice could affect patients as well as in indeterminable number of staff and visitors if the fire extinguishers failed.  1. The facility was unable to produce documentation that the extinguishers are visually inspected on a monthly basis (NFPA 10, 1998, 4-3.1).	L 064	a. The Maintenance Manager will work with SimplexGrinnell, our sprinkler company, to create a weekly/monthly/quarterly checklist and teach the center manager how to perform these inspections. SimplexGrinnell will continue to conduct annual inspections.  1. A new Preventative Maintenance/Inspection Log has been created to document the monthly visual inspection of the Fire Extinguishers. All extinguishers have been properly tagged for monthly inspections. The Manager will be responsible for monitoring compliance.	7/30/2011
L 147	Electrical wiring 9.1.2, 20.5.1  Electrical wiring and equipment are in accordance with NFPA 70, National Electrical Code 9.1.2, 20.5.1	L 147		

PRINTED: 07/14/2011  
FORM APPROVED

## Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  7001985	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/12/2011
NAME OF PROVIDER OR SUPPLIER  ACU HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 736 YORK RD HINSDALE, IL 60521		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 147	Continued From page 4  This Regulation is not met as evidenced by: A. Based on the observation and staff interview, the facility failed to install electrical wiring in accordance with NFPA 101, 2000 Edition, Section 9.1.2 and NFPA 70, 1999 Edition, National Electrical Code. This deficient practice could affect staff that would come in contact with deficient electrical wiring and water  1. Observations determined that certain outlets are located within 6 feet of the edge of a sink basin were not GFI manufactured devices and do not appear to be on a GFI circuit as required by NFPA 70, 210-8(a)(7) and 517-20 & 21. This condition was observed in both the clean and soiled utility rooms.	L 147		7/30/2011
L136A	205.1306 a) Examination Room (s)  SECTION 205.1350 CLINICAL FACILITIES  a) Examination rooms  1) Each examination room shall have a minimum clear floor area of 80 square feet, and a minimum dimension of 8 feet, exclusive of vestibule, toilet, closet, and work counter (whether fixed or movable). A minimum clear dimension of 2'6" on each side and at both ends of the examination table shall be provided.  2) A lavatory or sink equipped for handwashing with electronic or knee or foot control shall be provided.  3) A counter or shelf space for writing shall be provided.	L136A		

Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER  ACU HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 738 YORK RD HINSDALE, IL 60521
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L136A	Continued From page 5  (Source: Amended at 24 Ill. Reg. 2691, effective February 18, 2000)  This Regulation is not met as evidenced by: A. Areas designated for patient care, exam rooms, treatment rooms, etc. where patients may be touched, hand washing facilities are required to reduce the risk of infections from patient to staff and from staff to patients. Improper infectious control procedures may affect all patients, staff and visitors.  1. The Examination room contains a hand washing sink, however it was not equipped with hands-free operation hardware as required by ASTC 205.1360(a)(2).	L136A		
L1370	205.1370 Support Services Areas  SECTION 205.1370 SUPPORT SERVICE AREAS A control station shall be located to permit visual surveillance of all traffic that enters the operating suite. Sterilizing facilities with high speed autoclaves conveniently located to serve all procedure rooms shall be provided. Approved alternate provisions may be made for replacement of sterile instruments during surgery. A drug distribution station shall be provided for storage and preparation of medication to be administered to patients. Scrub stations with knee, foot or elbow actuated faucets or with automatic electronic actuated faucets shall be provided near the entrances to, but outside of, the procedure rooms. Scrub facilities shall be arranged to minimize splatter on nearby personnel or supply carts. A soiled workroom for the exclusive use of the	L1370	1. The sink in the examination room is not a scrub sink. Per ASTC 205.1620(c)(1) the sink has been trimmed with blade handles.	7/30/2011

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NAME OF PROVIDER OR SUPPLIER  ACU HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 736 YORK RD HINSDALE, IL 60521		
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L1370	Continued From page 8  surgical suite staff shall be provided. The soiled workroom shall contain a work counter, sink equipped for handwashing, waste receptacle, and linen receptacle. This room may be used for cleaning anesthesia equipment. Fluid waste disposal facilities shall be conveniently located with respect to the general procedure rooms. Clean workroom A clean workroom or a clean supply room is required when clean materials are assembled within the surgical suite prior to use. A clean workroom shall contain a work counter, sink equipped for handwashing, and space for clean and sterile supplies. A clean supply room shall be provided when the narrative program defines a system for the storage and distribution of clean and sterile supplies that would not require the use of a clean workroom. An autoclave shall be incorporated into the clean workroom. Anesthesia storage facilities shall be provided. Flammable anesthetics are prohibited. Medical gas supply storage with space for reserve nitrous oxide and oxygen cylinders shall be provided, with all tanks properly secured. Storage area for equipment and supplies used in the surgical suite shall be provided. Staff and personnel facilities shall be provided for male and female personnel (orderlies, technicians, nurses, and doctors) working within the surgical suite. The areas shall contain lounge, lockers, toilets, lavatories equipped for handwashing, and space for changing clothes. These areas shall be arranged to provide a one-way traffic pattern so that personnel entering from outside the sterile area can change, gown, and move directly into the sterile area. Space for removal of scrub suits and foot covers shall be designed so that	L1370		

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NAME OF PROVIDER OR SUPPLIER  ACU HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 736 YORK RD HINSDALE, IL 60521		
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L1370	Continued From page 7  personnel using it will avoid physical contact with clean personnel. Change areas where patients can change from street clothes into hospital gowns in privacy, and be prepared for surgery, shall be provided. This shall include lockers, toilets, clothing change or gowning areas, and space for the administration of medications. The stretcher storage area shall be out of the direct line of traffic. A janitor's closet containing a floor receptor or service sink, and storage space for housekeeping supplies and equipment, shall be provided exclusively for the surgical suite. (Source: Amended at 24 Ill. Reg. 2691, effective February 18, 2000)  This Regulation is not met as evidenced by: A. Based on observations it was determined that the facility failed to maintain the corridors free of all obstructions to full instant use. This deficient practice could affect staff, visitors and patients in the surgical center.  1. The main OR corridor contained storage of a gurney, wheelchair and privacy screen. Means of egress shall be continuously maintained free of all obstruction or impediments to full instant use in the case of fire or other emergency based on NFPA 101, 7.1.10.1. and . 205.1370(j)& (m)	L1370	1.  The wheelchair and privacy screen have been moved to another location. All corridors are 8 feet wide. The gurney is 2.5' wide and is pushed against the wall with the wheels "locked" and therefore is not movable. There is still 5.5' of corridor space with no obstructions/impediments. There is nowhere else in the facility to store the gurney. (See enclosed Floor Plan)  The manager will be responsible to ensure that the corridors remain clear.	8/31/2011

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

**RECEIVED**  
 JUN 08 2011

ASTC      HA      HMO      HOSPICE      HOSPITAL  
 BY \_\_\_\_\_

*gs 6.6.11*

NAME AND ADDRESS OF FACILITY	ACU Health Center 736 North York Road Hinsdale, Illinois 60521	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.610 (0)	<p><b>Clinical Records</b></p> <p>Accurate and complete clinical records shall be maintained for each patient... The record shall include... post counseling notes.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on clinical record review and staff interview, it was determined that in 5 of 17 records reviewed (Pt. #s1-5), the Facility failed to ensure patients received post operative counseling.</p> <p>Findings include:</p>	See Next Page		

DATE OF SURVEY 5/24/11 BY 07105 \_\_\_\_\_  
 (Surveys) (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 ACU Health Center 735 North York Road Hinsdale Illinois 60521

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
205.610 (0)  Cont.	Clinical Records  1. On 5/23/11 at approximately 10:30AM clinical records for Pts. 1-17 were reviewed. The clinical records for Pt #s 1-5 lacked post operative counseling notes.  2. The above findings were confirmed by the Assistant Administrator during an interview on 5/23/11 at approximately 11:30AM.	Due to the nature of the procedures, many of our patients explicitly express that they do not want to be contacted post procedure for confidentiality reasons. Also, many of our patients return to their own physicians for post op care and/or counseling and some patients are simply non-compliant and do not respond to any type of follow up.  Therefore, with this in mind we have created a "Post Counseling Progress Notes" Form (see enclosure). This Form will be used to document the post counseling status of each patient:  1. Whether or not the patient can be contacted 2. Where the patient will be going for follow up: a. Own Physician, who? b. Our Facility, when? c. No Follow Up/Non-Compliance/Wrong Contact, etc.  Assigned staff will make an attempt to contact the patient regarding post counseling. Notes will be added to the patient's chart. The administrator will monitor compliance.	06/30/2011

DATE OF SURVEY 5/24/11 BY 07105 (Surveys)  
 (Provider's Representative)

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
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 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

ASTC     
  HHA     
  HMO     
  HOSPICE     
  HOSPITAL

NAME AND ADDRESS ACU 736 North York Road Hinsdale, Illinois 60521

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)	<p>Sanitary Facility            The ambulatory surgical treatment center shall insure maintenance of a sanitary facility...</p> <p>This requirement is not met as evidenced by:</p> <p>Based on Facility policy review, observation and staff interview, it was determined that for 2 of 2 operating rooms (OR# 1 and 2) observed, the Facility failed to ensure a sanitary environment.</p> <p>Findings include:</p> <p>1 On 5/23/11 at approximately 2:30PM, Facility policy titled, " Terminal Cleaning of the Operating Suite" was reviewed.</p>	See Next Page	

DATE OF SURVEY 5/23/11 BY 07105 (Surveyor) \_\_\_\_\_ (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    ACU Health Center 736 North York Road, Hinsdale, Illinois 60521

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
<p>205.420 (a) Cont.</p>	<p><b>Sanitary Facility</b></p> <p>The policy included, "...cleaning of the operating suite will occur at the end of every surgery day."</p> <p>2. On 5/23/11 at approximately 2:00PM, OR #1 was inspected. OR #1 contained tape on an IV pole and dust on the suction machine where there was an opened suction catheter. The last surgical day was on 5/21/11.</p> <p>3. On 5/23/11 at approximately 2:15PM, OR #2 was inspected. OR #2 contained tape on an IV pole and brown stains on the suction machine. The last surgical day was on 5/14/11.</p> <p>4. The above findings were confirmed by the Assistant Administrator during an interview on 5/23/11 at approximately 2:45PM</p>	<p>The nurse supervisor has discussed this situation with the staff. Medical Assistants have been trained and assigned to clean equipment at the end of the surgical day prior to terminal cleaning.</p> <p>The nurse supervisor will be responsible for monitoring compliance on a daily basis.</p>	<p>6/30/11</p>

Date of survey 5/24/11      By 07105      (Surveyor)      (Provider's Representative)