

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

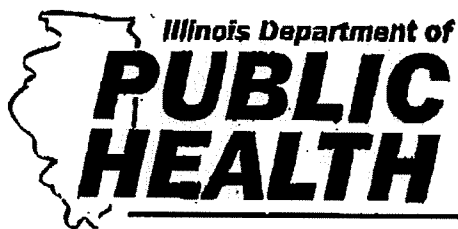
X ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS FOREST VIEW MEDICAL CENTER, LTD 2750 RIVER ROAD DESPLAINES, IL 60018
 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
	Facility has been found to meet the requirements for Licensure as a Pregnancy Termination Specialty Center, on survey date 2/8/05. No deficiencies were cited. #15172		

DATE OF SURVEY 2/8/05 BY 15172 _____
 (Surveyor) (Provider's Representative)

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY _____



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

December 17, 2004

Louis J. Garapolo
Garapolo Maynard
1101 Lake Street
Oak Park, Illinois 60301

Dear Mr. Garapolo:

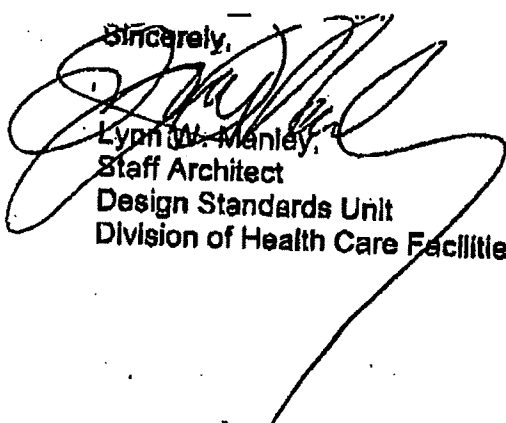
RE: Forest View Medical Center, Ltd. –
Des Plaines
Limited Procedure Specialty Center
IDPH No. 6921

We have received your letter of December 17, 2004, in response to our inspection letter of December 6, 2004. We have reviewed it for compliance with the Illinois Ambulatory Surgical Treatment Center (ASTC) Licensing Act and the 2000 Edition of NFPA 101, the Life Safety Code. Please note the following:

Based upon the inspection and the responses received, we find that the above listed facility is in compliance with the physical environment requirements of the Licensing Act and Codes. It will be necessary for a nursing survey to be conducted prior to receiving the license. This recommendation has been forwarded to the Central Office Operations Section for the scheduling of the nursing survey.

if you have any questions, please call 217-785-4264. The Department's TTY Number is 800/547-0466, for use by the hearing impaired.

Sincerely,


Lynn M. Manley
Staff Architect
Design Standards Unit
Division of Health Care Facilities and Programs

cc: Lisa Shyne
Enrique Unanue
Arch File

Improving public health, one community at a time

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002793	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/03/2011
NAME OF PROVIDER OR SUPPLIER FOREST VIEW MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 RIVER ROAD DES PLAINES, IL 60018		
(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)	<p>Initial Comments</p> <p>The Illinois Department of Public Health (IDPH) conducted an onsite Life Safety Code inspection on 8/10/11. Forest View Medical Center is a Pregnancy Termination Center (PTC) located at 2750 River Road, Des Plaines, IL. Surveyor #12798 met with the facility administrator to identify the purpose of the visit prior to touring the facility.</p> <p>The building is a one story facility, sprinklered building which 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).</p> <p>The following deficiencies were identified by document review, staff interview or direct observation. The findings listed below include the code section(s) of the deficiency for your convenience.</p> <p>On 11/3/11 a follow-up visit was conducted at Forest View Medical Center to verify compliance with their PoC dated 8/31/11. All deficiencies previously sited have now been corrected and no new deficiencies were identified.</p>	(L 000)		

Illinois Department of Public Health

TITLE

(X6) DATE

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

STATE FORM

5899

SEVT12

If continuation sheet 1 of 1

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002793	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2011
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L 000	Initial Comments The Illinois Department of Public Health (IDPH) conducted an onsite Life Safety Code inspection on 8/10/11. Forest View Medical Center is a Pregnancy Termination Center (PTC) located at 2750 River Road, Des Plaines, IL. Surveyor #12798 met with the facility administrator to identify the purpose of the visit prior to touring the facility. The building is a one story facility, sprinklered building which 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. The findings listed below include the code section(s) of the deficiency for your convenience.	L 000	<i>Clear</i> <i>11/3/11</i>	
L 029	38.2.1/39.3.2 HAZARDOUS AREAS 39.3.2.1 Hazardous Areas: Hazardous areas that include, but are not limited to general storage, boiler or furnace rooms, and maintenance shops shall be protected in accordance with Section 8.4. High hazard areas shall comply with 39.3.2.2. This Regulation is not met as evidenced by: A. Based on observation and staff interview, the facility failed to constructed fire resistant walls in accordance with NFPA 101, 2000 Edition, Section 39.3.2 for hazardous areas. This deficient practice could affect patients, as well as an	L 029		

Illinois Department of Public Health

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

TITLE
Mary Nelson Administrator
(X6) DATE
8/31/11

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002793	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2011
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L 029	Continued From page 1 indeterminable number of staff and visitors, if smoke / fire were allowed to move from the room into an exit access corridor. 1. Soiled Utility Room. The walls of this room are not fire rated or smoke tight. The walls contain several specimen pass through doors and the walls do not extend to the roof deck. The door must be fire rated, self closing and latching as specified in NFPA 101, 8.4.and 39.3.2. 2. Soiled linens, Nine bags (32 gal capacity each) were observed in the staff changing room. The amount of soiled linens in this area exceeds the limits specified in NFPA 101, 20.7.5.5 for unenclosed trash / linens.	L 029 <i>OK HK</i>	1. We have determined that the "Soiled Utility Room" is NOT a hazardous area for the following reasons: <ul style="list-style-type: none">This room is actually an instrument cleaning room consisting of a sink and counters only.No combustible/flammable liquids or cleaners are used in this room.No combustible/flammable materials are stored in this room.Regular trash <32 gal.Bio-hazardous trash not stored hereThe area is also sprinkled (See article "From the Chair" NFPA Journal)	8/31/11
L 040	Exit Doors 20.2.3.3, 21.2.3.3 Exit and exit access doors are at least 34 inches wide. 20.2.3.3, 21.2.3.3 This Regulation is not met as evidenced by: Based on observation the facility failed to provide exit access so that all exits are readily accessible at all times in accordance with NFPA 101 Sections 7.1 and 7.2.1.5 It is the responsibility of the facility to examine all exit egresses and to maintain them in to operate properly. This deficient practice could affect patients as well as an indeterminable number of staff and visitors, if a person was not able to evacuate rooms with improper locking devices, inoperable exiting devices or be exposed to tripping hazards in the path of egress. A. The doors to the exterior are equipped with locking devices (thumb latch) which require more than one operation in order to exit. These devices	L 040	2. Soiled linen pick-up has now been increased to two times per week instead of once a week to decrease the amount of bags in the facility. Two fire-rated containers will be used to enclose any soiled laundry bags waiting for pick-up. Center Manager will ensure that no area will have >32 gal of soiled linen in one location.	8/31/11

The area is also sprinkled.

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L 040	Continued From page 2 are prohibited based on NFPA 101, 7.2.1.5.4.	L 040	A. The "thumb latch" does NOT have a dead bolt and therefore cannot be used as a locking device. Nevertheless, the "thumb latch" has been removed so not to create any confusion.	8/31/11
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. The emergency light located in OR #3, did not illuminate when tested during the onsite inspection. 2. Exterior lighting at the exit doors and outside along the exit discharge path shall have two (2) lamps or two fixtures to comply with NFPA 101, 7.8.1.1, 7.8.1.4 and NFPA 70 article 700-22. Quartz restrike lamp is not acceptable as the 2nd lamp.	L 046	1. On August 9, 2011 (day before inspection), during the monthly preventative maintenance, staff tested the lights and found the light not working. A note was faxed to our maintenance staff to repair the light. (See enclosure) The light has been repaired.	8/31/11
L 050	21.7.1.2 FIRE DRILLS Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift, using the fire alarm system, except at night. The staff is familiar with procedures and is aware that drills are part of established routine. 21.7.1.2	L 050	2. The exterior lights have been replaced with a 2 bulb fixtures.	8/31/11

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L 050	Continued From page 3 This Regulation is not met as evidenced by: Based on record review it was determined that the facility failed to document fire drills as required. Fire drills are to be held at unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Section 21.7.1.2. This deficient practice could affect staff, visitors as well as patients. 1. The facility provided documentation on the fire drills. The drills are conducted quarterly, and include who participated, but failed to include the time each drill was conducted, for each quarter. (NFPA 101, 2000, 21-7.1.2.)	L 050	1. A memo has been sent out reminding managers that fire drills are to be performed at varying times. (See enclosure) The administrator will be responsible in ensuring that the drills are performed correctly (Fire Drill Evaluation Forms to be reviewed at Quarterly Consulting Meeting)	8/31/11
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 indeterminable number of staff and visitors. 1. The fire alarm control panel : NFPA 72-1-5.2.5 requires that the dedicated branch circuit breaker(s), feeding the fire alarm panel and associated equipment, shall have RED marking as well as being identified as "FIRE	L 051	1. The label on the circuit breaker will be updated by the maintenance manager to state "FIRE ALARM CIRCUIT" and will be marked in red.	10/31/11

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L 051	Continued From page 4 ALARM CIRCUIT". A lock-on device for the circuit breaker was provided. 2. The following documentation was unavailable at the time of this inspection of the fire alarm system as required by NFPA 101, 21.3.4.1: a. Hard-wired smoke detectors will require annual testing with the fire alarm system and sensitivity testing every two years in order to comply with NFPA 72, 1999, 7-3.2.1. No previous Sensitivity Tests could be produced for review. Single station battery-operated smoke detectors require testing, maintenance and battery replacement programs to ensure proper operation. This information is required to confirm that each device was tested and activated within the required manufacture's requirements. b. Documentation of visual inspections of the control equipment, batteries, heat / smoke detectors, etc. are required weekly, monthly, semi-annually and/or yearly as specified in NFPA 72, 1999 Table 7-3.1 and 7-3.2 c. The fire alarm system had been inspected by an outside testing company on 9/8/10. Based on this report, we request clarification and or correction of the following items: The test contained devices tested on the Summary test results, "VSIG visual only signal = 1", under detail test results the area listed as "Qty 16". The location of the 16 devices was not included in the report. All locations for each device shall be included in the testing report. B. SPRINKLER SYSTEM, Based on the record review and staff interview, the facility failed to	L 051	a. Sensitivity Test will be completed with the annual fire alarm system inspection by SimplexGrinnell. In the future, sensitivity testing will be completed during alternate year annual inspections. b. 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 also completed by SimplexGrinnell. c. SimplexGrinnell, the provider of the yearly inspection of the fire system, will be informed that the locations of the visuals must be noted in the report during each annual inspection. The annual inspection will be performed in September 2011 and the maintenance manager will ensure that the visuals' locations will be noted in the report.	10/31/11 8/31/11 9/30/11

Illinois Department of Public Health

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L 051	Continued From page 5 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. 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 Table 2-1 / 9-1.	L 051	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.	10/31/2011	

**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: Forest View Medical Center 2750 S. River Road Des Plaines Illinois 60018

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.240	<p>Policies and Procedures Manual</p> <p>The ...ambulatory surgical treatment center shall formulate a written policies and procedures manual. This manual shall be followed by (staff) at all times in the performance of their duties.</p> <p>This requirement is not met as evidenced by</p> <p>Based on policy review, clinical record review, Rhogam Administration Record review and staff interview, it was determined, for 1 of 2 patients (Pt. #3) who were RH negative, staff failed to maintain a log for administration of Rhogam (sensitization prophylaxis) in accordance with policy.</p> <p>Findings include:</p>	See Next Page	

6/28/11 *SL*

DATE OF SURVEY 6/1/11 BY 07105 *Nancy Nelson*

RECEIVED

JUN 23 2011

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

Forest View Medical Center 2750 S. River Road Des Plaines Illinois 60018

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.240 Cont.	<p>Policies and Procedures Manual</p> <p>1. On 6/1/11 at approximately 10:00AM, Facility policy titled, "Rhogam Administration" was reviewed. The policy included, "... a daily log of patients receiving treatment of a sensitization prophylaxis will be maintained ... on the Rhogam Administration Record."</p> <p>2. On 5/31/11 at approximately 11:00AM, the clinical record for Pt. #3 was reviewed. Pt. #3, a 39 year old female, had a surgical procedure performed on 6/3/10. The clinical record "flow sheet" contained documentation that Pt. #3 was RH negative and received Rhogam as ordered. However, the medication was not documented in the Rhogam administration Record in accordance with policy.</p> <p>3. The above finding was confirmed by the Administrator during an interview on 5/31/11</p>	<p>Pt. 3 did not have a surgical procedure but rather a medical AB. Nevertheless, the Rhogam injection should have been documented on the "Rhogam Administration Record".</p> <p>As a reminder to the staff, Administration sent out a memo regarding this matter (See Enclosure). The Nursing Supervisor also had an inservice with the staff. To further investigate compliance, the Administrator performed an audit of all Rh Neg patients for this year (6 months). This study verified that documentation was performed (See Enclosure). The Administrator will continue to monitor compliance quarterly.</p>	6/30/2011

DATE OF SURVEY 6/1/11

BY 07105

NA/AB

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 Forest View Medical Center 2750 S. River Road Des Plaines Illinois 60018

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG.	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.310 (b)	<p>Personnel Policies</p> <p>The ambulatory surgical treatment center shall check the status of all applicants with the Health Care Worker Registry prior to hiring.</p> <p>This requirement is not met as evidenced by</p> <p>Based on personnel file review and staff interview, it was determined that for 5 of 5 employee files reviewed (E#1-5), the Facility failed to ensure background checks with the Health Care Registry prior to hiring.</p> <p>Findings include:</p>	See Next Page	

DATE OF SURVEY 6/11/11 BY MM/MS

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

ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS

Fair View Medical Center 2750 S. River Road Des Plaines Illinois 60018

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.310 (b) Cont.	<p>Personnel Policies</p> <p>1. On 6/1/11 at approximately 11:00AM, 5 personnel files (E#1-5) were reviewed. The files for employee #s 1- 5 failed to contain Health Care Worker Registry background checks:</p> <p>E#1 Medical Assistant, Ultra Sound Tech date of hire 10/31/08. E#2 Ultra Sound Tech date of hire 1/17/11. E#3 Medical Assistant date of hire 10/11/11. E#4 Medical Assistant date of hire 9/7/11. E#5 Medical Assistant date of hire 1/17/11.</p> <p>2. The above findings were confirmed by the Administrator during an interview on 6/1/11 at approximately 1:00PM.</p>	<p>Since we do not hire Nurse Aides and do not fit the definition of a "long-term care facility" (See Enclosures) we did feel that we were not required to check the status of our staff with the Nurse Aide Registry.</p> <p>We have contacted Jonna Veach, Division Chief of the Nurse Aide Registry IDPH and she also verified that we are not required to participate in the Registry (See Enclosure).</p>	6/30/2011

DATE OF SURVEY 6/1/11

BY 07105
(Surveyor)

NA/MB
(Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

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NAME AND ADDRESS OF FACILITY: Forest View Medical Center 2750 S. River Road Des Plaines Illinois 60018

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205.310	<p>Personnel Policies</p> <p>Each ambulatory surgical treatment center shall have ...job descriptions for each staff position...there shall be a documented procedure for orientation of new employees...</p> <p>This requirement is not met as evidenced by:</p> <p>Based on personnel file review for 2 of 2 Ultra Sound Technicians (E#1 and #2), job description review, performance review and staff interview, it was determined that the Facility failed to ensure E#1 and #2 had training by completing 50 pelvic ultra sounds in accordance with their job description requirements.</p>	See Next Page	

DATE OF SURVEY 6/1/11 BY 07105 11/1/05
(Surveyor) (Provider's Representative)

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ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS Forest View Medical Center 2750 S. River Road Des Plaines Illinois 60018

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205.310 Cont.	<p>Personnel Policies</p> <p>Findings include:</p> <p>1. The personnel files for Ultra Sound Technicians E#1 and 2 were reviewed on 6/1/11 at approximately 1:00PM. The files contained job descriptions that read, "Verification of In-House training consisting of demonstrating fifty pelvic ultra sounds". The file also contained undated performance reviews indicating that each technician performed over 30 ultra sounds. The required 50 ultra sounds performed was not documented.</p> <p>2. The above findings were confirmed by the Administrator during an interview on 6/1/11 at approximately 1:30PM.</p>	<p>Our certification document for Ultrasound Technicians has always stated "30 ultrasounds". Recently, in the process of updating our job description, somehow "50 ultrasounds" was inadvertently entered into the document.</p> <p>The Consulting Committee has approved the correction of the Ultrasound Technician Job Description to "30 ultrasounds". All Ultrasound Technicians have signed the revised job description and the new document has been added to the Policy & Procedure Manual.</p>	6/30/2011

DATE OF SURVEY 6/1/11 BY 07105 (Surveyor)

MM/06
(Provider's Representative)

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X **A** STC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS
OF FACILITY

Forest View Medical Center, Ltd. 2750 S. River Road, Des Plaines, Illinois 60018-4103

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)	<p>Clinical Records</p> <p>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 2 of 11 records reviewed (Pt. #s1-2), the Facility failed to ensure patients received post operative counseling.</p> <p>Findings include:</p>	See Next Page	

DATE OF SURVEY 6/1/11

BY 07105
(Surveyor)

11/1/08
(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


<p>NAME AND ADDRESS OF FACILITY Forest View Medical Center, Ltd 2750 S. River Road Des Plaines, Illinois 60018-4103</p>	<p>ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG</p>	<p>PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED</p>	<p>COMPLETION DATE</p>
<p>205.610 (0) Cont.</p>	<p>Clinical Records</p> <p>1. On 5/31/11, clinical records for Pt. # 1-11 were reviewed between 10:00AM and 12:30PM. The clinical records for Pt #s 1 and 2 lacked post operative counseling notes.</p> <p>2. Pt. #1, a 23 year old female, had a surgical procedure performed on 2/3/11. The clinical record lacked a post operative counseling note.</p> <p>3. Pt. #2, a 39 year old female, had a surgical procedure performed on 2/17/11. The record lacked a post operative counseling note.</p> <p>4. The above findings were confirmed by the Administrator during an interview on 5/31/11 at approximately 12:30PM.</p>	<p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 1. Whether or not the patient can be contacted 2. Where the patient will be going for follow up: <ol style="list-style-type: none"> a. Own Physician, who? b. Our Facility, when? c. No Follow Up/Non-Compliance/Wrong Contact, etc. <p>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.</p>	<p>06/30/2011</p>

DATE OF SURVEY 6/1/11 BY MM/DB 07105 (Surveyor) (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

Memo

RE: 205.240

To: All RN's
From: Administration 
Date: June 7, 2011
Re: Rhogam Administration Record

Please ensure that all Rhogam injections are documented on the "Rhogam Administration Record".

This also applies to Medical AB procedures that are performed during non-surgical times.

Patient Rhogam Study Jan 2011- June 2011

DOS	ACCT #	RHOGAM GIVEN	ON RHOGAM LOG
01/06/11	[REDACTED]	✓	✓
01/06/11	[REDACTED]	✓	✓
01/08/11	[REDACTED]	✓	✓
01/08/11	[REDACTED]	✓	✓
01/20/11	[REDACTED]	✓	✓
01/20/11	[REDACTED]	✓	✓
01/22/11	[REDACTED]	✓	✓
01/29/11	[REDACTED]	✓	✓
02/12/11	[REDACTED]	✓	✓
02/17/11	[REDACTED]	✓	✓
03/05/11	[REDACTED]	✓	✓
03/19/11	[REDACTED]	✓	✓
03/26/11	[REDACTED]	✓	✓
03/31/11	[REDACTED]	✓	✓
04/04/11	[REDACTED]	✓	✓
04/07/11	[REDACTED]	✓	✓
04/09/11	[REDACTED]	Received rhogam	At hospital
04/14/11	[REDACTED]	✓	✓
04/21/11	[REDACTED]	✓	✓
05/12/11	[REDACTED]	✓	✓
05/12/11	[REDACTED]	✓	✓
05/26/11	[REDACTED]	✓	✓
06/04/11	[REDACTED]	✓	✓

RE: 205,240

RE: 205.310 (b)

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER b: HOSPITAL AND AMBULATORY CARE FACILITIES
PART 205 AMBULATORY SURGICAL TREATMENT CENTER LICENSING
REQUIREMENTS
SECTION 205.310 PERSONNEL POLICIES

Section 205.310 Personnel Policies

- a) Each ambulatory surgical treatment center shall have written personnel policies including job descriptions for each staff position, which shall include minimum qualifications required for the position. There shall be a 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.
- b) Prior to employing any individual in a position that requires a State license, the ambulatory surgical treatment center shall contact the Illinois Department of Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.
- c) The ambulatory surgical treatment center shall check the status of all applicants with the Nurse Aide Registry prior to hiring.

(Source: Amended at 27 Ill. Reg. 13457, effective July 25, 2003)



We do not hire Nurse Aides

Illinois Compiled Statutes

RE : 205. 310 (b)

Information maintained by the Legislative Reference Bureau

Updating the database of the Illinois Compiled Statutes (ILCS) is an ongoing process. Recent laws may not yet be included in the ILCS database, but they are found on this site as Public Acts soon after they become law. For information concerning the relationship between statutes and Public Acts, refer to the Guide.

Because the statute database is maintained primarily for legislative drafting purposes, statutory changes are sometimes included in the statute database before they take effect. If the source note at the end of a Section of the statutes includes a Public Act that has not yet taken effect, the version of the law that is currently in effect may have already been removed from the database and you should refer to that Public Act to see the changes made to the current law.

PROFESSIONS AND OCCUPATIONS
(225 ILCS 46/) Health Care Worker Background Check Act.

(225 ILCS 46/1)

Sec. 1. Short title. This Act may be cited as the Health Care Worker Background Check Act.

(Source: P.A. 89-197, eff. 7-21-95.)

(225 ILCS 46/5)

Sec. 5. Purpose. The General Assembly finds that it is in the public interest to protect the most frail and disabled citizens of the State of Illinois from possible harm through a criminal background check of certain health care workers and all employees of licensed and certified long-term care facilities who have or may have contact with residents or have access to the living quarters or the financial, medical, or personal records of residents.

(Source: P.A. 94-665, eff. 1-1-06.)

Does not apply to ASTC

(225 ILCS 46/10)

Sec. 10. Applicability. This Act applies to all individuals employed or retained by a health care employer as home health care aides, nurse aides, personal care assistants, private duty nurse aides, day training personnel, or an individual working in any similar health-related occupation where he or she provides direct care or has access to long-term care residents or the living quarters or financial, medical, or personal records of long-term care residents. This Act also applies to all employees of licensed or certified long-term care facilities who have or may have contact with residents or access to the living quarters or the financial, medical, or personal records of residents.

(Source: P.A. 94-665, eff. 1-1-06.)

(225 ILCS 46/15)

Sec. 15. Definitions. In this Act:

"Applicant" means an individual seeking employment with a health care employer who has received a bona fide conditional offer of employment.

Vera Schmidt

RE: 205.310 (b)

From: Jessica Bridgewater [jessicab@networkgci.net]
Sent: Friday, June 03, 2011 11:10 AM
To: veras@networkgci.net
Subject: FW: Health Care Worker Background Check Registry Questions

From: Veach, Jonna [mailto:Jonna.Veach@Illinois.gov]
Sent: Friday, June 03, 2011 9:37 AM
To: Jessica Bridgewater
Subject: RE: Health Care Worker Background Check Registry Questions

ASTCs are not required to participate under the Health Care Worker Background Check Act. However, some are choosing to participate due to the ongoing nature of the fingerprint background check done through the Registry.

Why a FEE APP

Under the provisions of the Health Care Worker Background Check Act you are required to do the fingerprint background check initiated through the Registry's web application. Any other background check is conducted under the UCIA law and is just for that specific point in time where our FEE_APP background check is ongoing. The Illinois State Police retain the fingerprints submitted under this Registry's system and will send a notification to IDPH if there are any convictions in the future that are associated to these fingerprints. By entering the employment information our computer system knows what facility the individual is working for and will send an email notification to that facility. If the convictions are disqualifying, the facility will be required to terminate the individual. This is why you do not need to initiate a fingerprint background check through the registry if the individual already has a FEE_APP background check, as it is ongoing. This is also why a UCIA name or UCIA fingerprint background check is no longer allowed.

The Health Care Worker Background Check Act is at the following link:
http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1303&ChapAct=225%26nbsp%3BILCS%26nbsp%3B46%2F&ChapterID=24&ChapterName=PROFESSIONS+AND+OCCUPATIONS&ActName=Health+Care+Worker

Following is a link to the Health Care Worker Background Check Code:
http://ilga.gov/commission/icar/admincode/077/07700955sections.html The rules allow for an implementation period.

Link to Disqualifying Offenses:
http://www.idph.state.il.us/nar/disconvictions.htm

Who is Required to have a background check under the Health Care Worker Background Check Act?

Those facilities governed by the Health Care Worker Background check must do the fingerprint background check on the following:

- LONG-TERM CARE FACILITIES - all unlicensed individuals that have access or may have access to the resident, the resident's living quarters or the resident's financial, medical or personal records.
OTHER HEALTH CARE EMPLOYERS LISTED IN THE ACT - all unlicensed individuals that provide direct care.

DIRECT CARE - is defined as the provision of nursing care or assistance with feeding, dressing,

We are an ASTC We do not do the following

RE: 205.310(b)

movement, bathing, toileting, or other personal needs, including home services as defined in the Home Health, Home Services, and Home Nursing Agency Licensing Act.

You may choose to use fingerprint background check for your current employees, licensed individuals and volunteers but you are not required to by law. Only newly hired individuals or contracted individuals that fit in the above category are required to have a fingerprint background check. However, if you choose to get the new fingerprint background check on any employee remember the Illinois State Police keeps it up-to-date on an ongoing basis by notifying us if that individual has a new conviction.

Jonna Veach, AIAF
Division Chief of Admin. Rules and Procedures
Office of Health Care Regulation
525 West Jefferson 5th Floor
Springfield, IL 62761
Phone: (217) 785-9165
Fax: (217) 524-6292
Email: JONNA.VEACH@illinois.gov

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From: Jessica Bridgewater [mailto:jessicab@networkgci.net]
Sent: Wednesday, June 01, 2011 2:53 PM
To: Veach, Jonna
Subject: Health Care Worker Background Check Registry Questions

Ms. Veach,

I am reviewing the information online regarding the Health Care Worker Background Check Registry and trying to see if my health group needs to participate. Do ambulatory surgical centers need to do background checks on surgical technicians, medical assistants, ultrasound technicians, etc?

Can you please help clarify what type of employees need to be processed through the Registry?

Thank you in advance for your assistance.

Jessica Bridgewater
Tel: 847-255-7400
Fax: 847-398-4585
JessicaB@networkgci.net

6/6/2011

RE : 205,310

ULTRASOUND TECHNICIAN

POSITION SUMMARY:

Performs and interprets pelvic ultrasounds for gestational age. Assists laboratory when not doing ultrasounds.

SUPERVISION:

Received: Laboratory Supervisor
Given: None

QUALIFICATIONS:

1. Must have completed high school or equivalent.
2. Verification of completion from an Accredited Ultrasonography course and/or completion of in house training provided by experienced staff member.
3. In-House training consisting of demonstration of thirty pelvic ultrasounds in determining gestational age.
4. Appropriate documentation of this in employee's file
5. Good command of the English language, both verbal and written

WORKING CONDITIONS:

1. Requires extensive mobility (walking and standing) while performing duties.
2. Periodic pushing, pulling and lifting of patients and/or equipment.
3. May have exposure to patients with communicable diseases.

RESPONSIBILITIES:

1. Maintains and stocks equipment in the ultrasound room.
2. Notes results in patient's charts and ultrasound log sheets.
3. Aids the physician in reviewing patient's ultrasound results.
4. Prepares and performs ultrasounds in surgical suites, if necessary.
5. Responsible for laboratory back-up in performing and interpreting tests as well as reporting, recording and logging results.
6. Responsible for all information in the lab protocols and manuals.

The above statements reflect the general outline considered necessary to describe the principle functions of this job. It shall not be constructed as a detailed description of all work requirements of the job.

Date

Employee Signature

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS

FOREST VIEW MEDICAL CENTER LTD.
2750 RIVER RD
DES PLAINES, IL 60018

CLIA ID NUMBER

14D1024691

EFFECTIVE DATE

04/01/2011

LABORATORY DIRECTOR

SAMPATH K CHENNAMANENI M D

EXPIRATION DATE

03/31/2013

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Judith A. Yost

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

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If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
ABO & RH GROUP (510)	04/01/2005		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CLIA