

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

X ASTC HHA HMO HOSPICE HOSPITAL

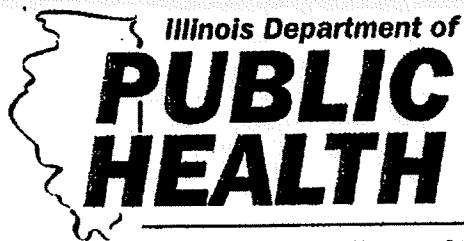
NAME AND ADDRESS OF FACILITY A Michigan Ave Medical Center, LTD
 2415 South Michigan Ave Chicago, Illinois 60616

LIST RULES VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
	As of survey date 7/19/04, The ASTC was in compliance with all requirements for initial licensure of an Ambulatory Surgical Treatment Center. No deficiencies were cited.		

DATE OF SURVEY 7/19/04 BY 15168
 (Surveyor) _____
 (Provider's Representative)

JUL 27 2004

17002777



Pat Quinn, Governor

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

January 24, 2012

Aimee Dillard, Administrator
Michigan Avenue Center for Health, Ltd.
2415 Michigan Ave
Chicago, IL 60616-

Re: Michigan Avenue Center for Health, Ltd.
Chicago
Licensure survey

Dear Aimee Dillard:

On 11/4/11 a follow-up life safety code 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. Based on 1/24/12 documentation, 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

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002777	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/24/2012
NAME OF PROVIDER OR SUPPLIER MICHIGAN AVENUE CENTER FOR HEALTH LT		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 MICHIGAN AVENUE CHICAGO, IL 60616		
(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 8/12/11. Michigan Ave. Center for Health, Ltd. is a Pregnancy Termination Center (PTC) located at 2415 Michigan Ave., Chicago, IL. Surveyor #12798 met with the facility representative 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 V (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 11/4/11 a followup visit was conducted at the above mentioned facility. All items have been corrected except part of K51. The facility had the Sprinkler system tested as required, however the contractor failed to include the location of each device. The facility will get a revised report and submit it to the Department.</p> <p>On 1/24/12 a copy of the report was received and found to be acceptable. We now find the facility in compliance.</p>	(L 000)		

Illinois Department of Public Health

TITLE

(X6) DATE

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

STATE FORM

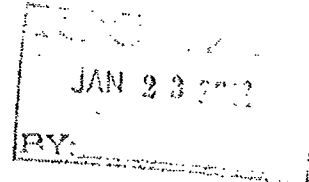
6899

N11T12

If continuation sheet 1 of 1

Fire Alarm and Life Safety System Inspection Certificate

For



Michigan Avenue Center for
Health,LTD.
2415 South Michigan Avenue
Chicago, IL 60616

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

Inspection Date
Jan 19, 2012

Building: Michigan Avenue Center for Health,LTD.
Contact: Jessica Bridgewater
Title: contact

Company: LaMarco Systems Inc.
Contact: Aleksandr Lozovaty
Title: inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information

Building: Michigan Avenue Center for Health,LTD.	Contact: Jessica Bridgewater
Address: 2415 South Michigan Avenue	Phone: 1-312-328-1200
Address:	Fax:
City/State/Zip: Chicago, IL 60616	Mobile:
Country: United States of America	Email:

Inspection Performed By

Company: LaMarco Systems Inc.	Inspector: Aleksandr Lozovaty
Address: 475 Lindberg Lane	Phone: 1-847-815-8576
Address:	Fax:
City/State/Zip: Northbrook, IL 60062	Mobile:
Country: United States of America	Email: alexi@lamarcosystems.com

System Control Unit

Manufacturer: Mirtone	Inspection Date: 01/19/2012	IDC Style:
Model Number:	Install Date: 01/19/2012	SLC Style:
Software Version:	Version Date: 01/19/2012	NAC Style:
Location: 1st Main Entrance AC EL.RM. EL.PAN.5 CB	Current Protection: Breaker	

Monitoring

Type:	Mfg:	Model #:
Test Time/Date:	Restore Time:	

Inspection Summary

Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Supervisory	2	11.11%	2	100.00%	2	100.00%	0	0%
Initiating	13	72.22%	13	100.00%	13	100.00%	0	0%
Control	3	16.67%	3	100.00%	3	100.00%	0	0%
Totals	18	100%	18	100.00%	18	100.00%	0	0%

Certification

Building: Michigan Avenue Center for Health,LTD.	Company: LaMarco Systems Inc.
Contact: Jessica Bridgewater	Inspector: Aleksandr Lozovaty

Signed: _____ Signed: _____

Inspection & Testing

Generated by: BuildingReports.com

Device Type	Location	Status	Time	Date
Passed				
Control				
Battery	1st Main Entrance FACP	Tested	12:23:41 PM	01/19/2012
Battery	1st Main Entrance FACP	Tested	12:24:35 PM	01/19/2012
Control Panel	1st Main Entrance AC EL.RM. EL.PAN.5 CB 35	Tested	12:14:19 PM	01/19/2012
Initiating				
Duct Detector	1st Center Corridor RTU-1 Test station.	Tested	12:00:12 PM	01/19/2012
Duct Detector	1st Corridor by specimen lab. RTU-2 Test station.	Tested	12:00:39 PM	01/19/2012
Pull Station	1st Waiting area	Tested	11:55:54 AM	01/19/2012
Pull Station	1st Back door	Tested	11:58:27 AM	01/19/2012
Pull Station	1st Corridor	Tested	12:13:02 PM	01/19/2012
Smoke Detector	1st Center Corridor	Tested/Cleaned	12:00:52 PM	01/19/2012
Smoke Detector	1st Corridor Back door	Tested/Cleaned	12:01:02 PM	01/19/2012
Smoke Detector	1st FACP	Tested/Cleaned	12:01:18 PM	01/19/2012
Smoke Detector	1st Waiting area	Tested/Cleaned	12:01:34 PM	01/19/2012
Smoke Detector	1st Waiting area Entrance	Tested/Cleaned	12:01:44 PM	01/19/2012
Smoke Detector	1st Corridor	Tested/Cleaned	12:01:54 PM	01/19/2012
Smoke Detector	1st West Corridor	Tested/Cleaned	12:02:02 PM	01/19/2012
Waterflow Switch	1st North Sprinkler Room	Tested	12:12:01 PM	01/19/2012
Supervisory				
Tamper Switch	1st North Sprinkler Room	Tested	12:03:47 PM	01/19/2012
Tamper Switch	1st North Sprinkler Room	Tested	12:04:08 PM	01/19/2012

Service Summary

Generated by: BuildingReports.com

Building: Michigan Avenue Center for Health, LTD

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
	<i>Passed</i>	
Battery	Tested	2
Control Panel	Tested	1
Duct Detector	Tested	2
Pull Station	Tested	3
Smoke Detector	Tested/Cleaned	7
Tamper Switch	Tested	2
Waterflow Switch	Tested	1
Total:		18

Sensitivity Testing

Generated by: BuildingReports.com

Building: Michigan Avenue Center for Health, LLC		Control Panel: 1 - Mirrone			
<i>The Sensitivity Testing section details the sensitivity test ranges and acceptable readings for each type of device. Items are grouped by Passed or Failed/Other. Normally, Devices that perform outside the acceptable range of sensitivity are listed in Failed/Other.</i>					
Location	Address	Model #	Range	%	ScanID
Passed					
Duct Detector					
1st Center Corridor RTU-1 Test station.	1-101	GSA		0%	05450841
1st Corridor by specimen lab. RTU-2 Test station.	1-102	GSA		0%	05450845
Smoke Detector					
1st Center Corridor	1-103	GSA-PS		0%	11507969
1st Corridor Back door	1-104	GSA-PS		0%	05450837
1st FACP	1-105	GSA-PS		0%	05450834
1st Waiting area	1-106	GSA-PS		4%	05450833
1st Waiting area Entrance	1-107	GSA-PS		0%	05450832
1st Corridor	1-108	GSA-PS		0%	05450835
1st West Corridor	1-109	GSA-PS		0%	05450836

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: Michigan Avenue Center for Family LTD.		Control Panel: 1 - Mirtone				
<i>The Control & Power Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>						
Type	Location	Comment	Amps	Volts	Pre Test	Post Test
Passed						
Battery						
Sealed Lead Acid	1st Main Entrance FACP	Passed	7	12		100 %
Sealed Lead Acid	1st Main Entrance FACP	Passed	7	12		100 %

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Michigan Avenue Center for Health LTD		Control Panel: 1 - Mirrone		
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device or Item	Category	% of Inventory	Quantity	
Pull Station	Initiating	16.67%	3	
Duct Detector	Initiating	11.11%	2	
Smoke Detector	Initiating	38.89%	7	
Tamper Switch	Supervisory	11.11%	2	
Waterflow Switch	Initiating	5.56%	1	
Control Panel	Control	5.56%	1	
Battery	Control	11.11%	2	
Type	Qty	Model #	Description	Install Date
<i>New (under 90 days)</i>				
Mirrone				
Control Panel	1			01/19/2012
Duct Detector	2	GSA	Photoelectric	01/19/2012
Pull Station	3	GSA-270	Single Action	01/19/2012
Smoke Detector	7	GSA-PS	Photoelectric	01/19/2012
Potter Electric				
Tamper Switch	2			01/19/2012
Waterflow Switch	1			01/19/2012
Ultra Tech				
Battery	2		Sealed Lead Acid	01/19/2012

Zone Address Report

Generated by: BuildingReports.com

Building: Michigan Avenue Center Box **Control Panel:** 1 - Miritone

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location, and description are included for your reference.

Address	Device Type	Location	Description	Serial ID
1	Battery	1st Main Entrance FACP	Sealed Lead Acid	11507967
101	Duct Detector	1st Center Corridor RTU-1 Test station.	Photoelectric	05450841
102	Duct Detector	1st Corridor by specimen lab. RTU-2 Test station.	Photoelectric	05450845
103	Smoke Detector	1st Center Corridor	Photoelectric	11507969
104	Smoke Detector	1st Corridor Back door	Photoelectric	05450837
105	Smoke Detector	1st FACP	Photoelectric	05450834
106	Smoke Detector	1st Waiting area	Photoelectric	05450833
107	Smoke Detector	1st Waiting area Entrance	Photoelectric	05450832
108	Smoke Detector	1st Corridor	Photoelectric	05450835
109	Smoke Detector	1st West Corridor	Photoelectric	05450836
2	Battery	1st Main Entrance FACP	Sealed Lead Acid	11507968
207	Waterflow Switch	1st North Sprinkler Room		11507970
208	Tamper Switch	1st North Sprinkler Room		05450843
208	Tamper Switch	1st North Sprinkler Room		05450844
209	Pull Station	1st Corridor	Single Action	05450839
210	Pull Station	1st Back door	Single Action	05450838
211	Pull Station	1st Waiting area	Single Action	05450840

Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER MICHIGAN AVENUE CENTER FOR HEALTH LT		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 MICHIGAN AVENUE CHICAGO, IL 60616		
(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 8/12/11. Michigan Ave. Center for Health, Ltd. is a Pregnancy Termination Center (PTC) located at 2415 Michigan Ave., Chicago, IL. Surveyor #12798 met with the facility representative 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 V (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		
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 This Regulation is not met as evidenced by: Based on record review it was determined that the facility failed to maintain provide 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.	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)	9/1/11

Illinois Department of Public Health

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

TITLE
Aimee Dillard Administrator 8/31/11
 (X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002777	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2011
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NAME OF PROVIDER OR SUPPLIER MICHIGAN AVENUE CENTER FOR HEALTH LT	STREET ADDRESS, CITY, STATE, ZIP CODE 2415 MICHIGAN AVENUE CHICAGO, IL 60616
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L 050	Continued From page 1 This deficient practice could affect staff, visitors as well as patients. 1. The facility was conducting fire drills quarterly as required, however all tests are being conducted between 1-2:00 pm. The times need to vary more then what is currently being done based on NFPA 101, 2000, 21-7.1.2.	L 050		
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 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. 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.	L 051	a. Sensitivity Test will be completed with the annual fire alarm system inspection by LaMarCo Systems. In the future, sensitivity testing will be completed during alternate year annual inspections.	10/31/11

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002777	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2011
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NAME OF PROVIDER OR SUPPLIER MICHIGAN AVENUE CENTER FOR HEALTH LT	STREET ADDRESS, CITY, STATE, ZIP CODE 2415 MICHIGAN AVENUE CHICAGO, IL 60616
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L 051	<p>Continued From page 2</p> <p>b. Documentation on visual inspections of the control equipment, batteries, heat / smoke detectors, etc. as specified in NFPA 72, 1999 Table 7-3.1 and required weekly, monthly, semi-annually and/or yearly.</p> <p>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.</p> <p>2. Observations determined that the facility failed to maintain the sprinkler system. Per C.L. Doucette, Inc. annual inspection on 8/30/10, the testing agent reported the following:</p> <p>a. The devices and locations were listed as "Horns - all" and "Strobes - all". The number and location for each device was not specified.</p> <p>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:</p> <p>a. Logs for weekly, monthly, quarterly as well as annual inspections, testing and maintenance requirements for gauges, valves, alarm devices, hangers, piping, sprinklers and/or drains as required by NFPA 25, 1995, 1-8.</p>	L 051	<p>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 LaMarCo Systems, visual inspection frequency is permitted to be annually. The annual visual inspection is also completed by LaMarCo Systems.</p> <p>a. The annual inspection cited in L051 B.2.a., done by C.L. Doucette, Inc. on August 30, 2010, does not include any reference to "Horns-all" or "Strobes-all". A reference to horns and strobes would be found in a fire alarm inspection not on a sprinkler system inspection. Perhaps this was an oversight by the surveyor. No corrections needed.</p> <p>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.</p>	<p>9/1/11</p> <p>9/1/11</p> <p>10/31/2011</p>
L 147	<p>Electrical wiring 9.1.2, 20.5.1</p> <p>Electrical wiring and equipment are in accordance with NFPA 70, National Electrical Code 9.1.2, 20.5.1</p>	L 147		

Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER MICHIGAN AVENUE CENTER FOR HEALTH LT		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 MICHIGAN AVENUE CHICAGO, IL 60616		
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L 147	Continued From page 3 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 not be able to access the panels in an emergency. 1. The electrical panels are located in a closet. The closet also contained a ladder and other stored items. The clear working space and access to the panels was not being maintained as required by the NEC 110-26.	L 147	1. A memo has been sent out advising all staff of this requirement. A brightly colored notice has been created and posted on the electrical panel to remind staff to keep the area clear. (See enclosure) Also, this requirement has been added to the monthly preventative maintenance checklist. (See enclosure) The manager of the center will be responsible for compliance.	9/1/2011

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

RECEIVED
AUG 05 2011

DE ASTC
 SUB ACUTE
 HHA
 HMO
 HOSPICE
 HOSPITAL

NAME AND ADDRESS OF FACILITY: Michigan Avenue Center for Health, Ltd. 2415 S. Michigan Avenue Chicago Illinois 60616
 PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED: _____
 ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG: _____

205.420 (a)	Sanitary Facility The ambulatory surgical treatment center shall insure maintenance of a sanitary facility... This requirement was not met as evidenced by: Based on an observational tour of 2 of 2 operating rooms (#1 and #2) and one recovery room, it was determined that the Facility failed to ensure equipment was maintained in a sanitary manner. Findings include: On 6/22/11 at approximately 11:35AM Operating rooms #1 and #2 and the recovery room was inspected with the following observations: 1. Three (3) of 4 metal carts in OR #1 contained rust like stains, residue and dust. The Anesthesia Machine in OR#1 was dusty. Suction tubing in OR #1, identified by staff as clean, was suspended over a biohazard container. The lid of the container when opened touched the clean tubing.	<p>A meeting was held with the center managers, nurse supervisors, staff RNs and medical assistants to discuss the following plan of action:</p> <ol style="list-style-type: none"> 1. The "brown substance" is betadine which can be very difficult to remove from certain surfaces. A new betadine stain remover will be evaluated by the center. 2. The nurse supervisor has discussed our cleaning protocol with the terminal cleaning staff. (See In-Service Training Record) 3. Medical assistants will be responsible for dusting/cleaning of medical equipment, carts, etc. as well as "spot cleaning" between cases. (See D.R. Checklist) 4. The biohazard container has been moved to another location. Staff have been instructed to keep this area clear. (See D.R. Checklist) <p>The Nurse Supervisor will be responsible for monitoring compliance of the cleaning protocols.</p>	COMPLETION DATE 7/30/2011 -6/30/2011
205.420 (a)	Sanitary Facility The ambulatory surgical treatment center shall insure maintenance of a sanitary facility... This requirement was not met as evidenced by: Based on an observational tour of 2 of 2 operating rooms (#1 and #2) and one recovery room, it was determined that the Facility failed to ensure equipment was maintained in a sanitary manner. Findings include: On 6/22/11 at approximately 11:35AM Operating rooms #1 and #2 and the recovery room was inspected with the following observations: 1. Three (3) of 4 metal carts in OR #1 contained rust like stains, residue and dust. The Anesthesia Machine in OR#1 was dusty. Suction tubing in OR #1, identified by staff as clean, was suspended over a biohazard container. The lid of the container when opened touched the clean tubing.	A meeting was held with the center managers, nurse supervisors, staff RNs and medical assistants to discuss the following plan of action: 1. The "brown substance" is betadine which can be very difficult to remove from certain surfaces. A new betadine stain remover will be evaluated by the center. 2. The nurse supervisor has discussed our cleaning protocol with the terminal cleaning staff. (See In-Service Training Record) 3. Medical assistants will be responsible for dusting/cleaning of medical equipment, carts, etc. as well as "spot cleaning" between cases. (See D.R. Checklist) 4. The biohazard container has been moved to another location. Staff have been instructed to keep this area clear. (See D.R. Checklist) The Nurse Supervisor will be responsible for monitoring compliance of the cleaning protocols.	COMPLETION DATE 7/30/2011 -6/30/2011

DATE OF SURVEY: 6/23/11 BY: 07105 (Surveyor)
 NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____
 PROVIDER'S REPRESENTATIVE: Aimee Dillwood/ps
 SURVEYOR: Aimee Dillwood/ps 7/15/11

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

ASTC HHA HMO HOSPICE HOSPITAL

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

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.420 (a) Cont.	<p>Sanitary Facility</p> <p>2. Two of 5 metal carts in OR #2 contained rust like stains and dust.</p> <p>Or #2 contained an ambu bag with a brown substance. rust like stains and dust.</p> <p>3. Two of 2 metal carts in the Recovery room contained rust like stains and dust.</p> <p>4. The above findings were confirmed by the Office Manager and Consultant during an interview on 6/22/11 at approximately 11:45AM</p>	<p align="center"><i>See Previous Page</i></p>	

DATE OF SURVEY 6/23/11

BY 07105
(Surveyor)

AD/B
(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** **SUB ACUTE** **HHA** **HMO** **HOSPICE** **HOSPITAL**

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

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

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

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY _____

AD/B
 (Provider's Representative)

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

XASTC HHA HMO HOSPICE HOSPITAL

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

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.510 (b) Cont'd.	<p align="center">Emergency Care</p> <p>2. The "Crash Cart Checklist" was reviewed on 6/23/11 at approximately 12:10pm. The checklist included a list of medications that were in the crash cart and the expiration date for each medication. The checklist lacked documentation of 3 bags of intravenous fluids that were found in the crash cart, including 2 bags of Normal Saline (NS) 250 ml and one bag of Lactated Ringers (LR) 1L, and therefore also lacked documentation of expiration dates for these outdated supplies.</p> <p>3. The Facility policy entitled, "Check of Emergency Equipment," was reviewed on 6/22/11 at approximately 1:00 PM. The policy required "....1. The stat kit (or cart) contents and list shall be examined for completeness and readiness for every surgery day...2. A log shall be maintained on the cart to include the following: a. Date and time all items were checked..."</p> <p>4. The above findings were verified with Facility's Office Manager on 6/22/11 at approximately 3:00 PM.</p>	<p>A meeting was held with the nurse supervisor and RNs. A memo has also been released to address Crash Cart issues. (See enclosure)</p> <p>Our current "crash cart checklist" is a 2 page document. Page 1 list medications, Page 2 lists other supplies. The expired I.V. solutions that have been missed were listed on Page 2. The checklist has been reviewed and modified. I.V. solutions have now been moved to Page 1 with other medications. Items that never expire will be moved to the bottom of Page 2 and will be pre-printed as "NA" in the expiration column. We expect that this new checklist will be more user-friendly for the RNs. (See enclosure)</p> <p>The nurse supervisor will be responsible to check the daily checklist monthly for compliance.</p>	7/30 -5/30/2011

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

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY

ADD
(Provider's Representative)

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

XASTC HHA HMO HOSPICE HOSPITAL

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

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

DATE OF SURVEY 6/23/11 BY 15168 (Surveyor) A.D./P.B. A.D/P.B. (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: Michigan Avenue Center for Health, Ltd.
2415 South Michigan Avenue, Chicago, Illinois 60616

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

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

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

AD/AB
(Provider's Representative)

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

X **ASTC** **HHA** **HMO** **HOSPICE** **HOSPITAL**

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

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

DATE OF SURVEY 6/23/11 BY 15168 (Surveyor)
AD/03
 (Provider's Representative)

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY _____

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

XASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS OF FACILITY: MICHIGAN AVENUE CENTER FOR HEALTH, LTD 2415 SOUTH MICHIGAN CHICAGO, IL 60616-2034

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 (o)	<p>Clinical Records</p> <p>Accurate and complete clinical records shall be maintained for each patient... The record shall include the following... post counseling notes.</p> <p>Based on clinical record review and staff interview, the Facility failed to ensure for 2 of 17 clinical records reviewed (Pt. #1 and #2) the records contained a post counseling note.</p> <p>This requirement is not met as evidenced by:</p> <p>Findings include:</p> <p>1. On survey date 6/22/2011 at 9:00 AM, the clinical record of Pt. #1 was reviewed. Pt. #1, a 22yr. old, had a surgical procedure on 10/15/2010. The clinical record lacked a post counseling note.</p>	<p>→ See enclosure for new form</p> <p>As of June 1, 2011, we have started using a new form for Post-Counseling Notes documentation. The 2 non-compliant patient records were from before the new documentation was implemented. An audit has been performed on all surgical charts since 6/1/2011 and found them to be compliant with Post-Counseling Notes.</p> <p>The Center's manager will be responsible to ensure compliance by the staff making the Post-Op calls. Also, the Post-Counseling Notes will be added to the quarterly Medical Record Review form to be reviewed by the Consulting Committee.</p>	7/30 -6/30/2011

DATE OF SURVEY: 6/23/2011

BY: 07105 (Surveyor)

A.P. D'Barja
(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

HMO

CHHA

XASTC

NAME AND ADDRESS
OF FACILITY

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

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

DATE OF SURVEY 6/23/2011

BY 07105
(Surveyor)

AD/OB WMB
(Provider's Representative)

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY _____

IN-SERVICE TRAINING RECORD

205.610

DATE: 5-28-11

TIME: 2pm

PRESENTOR: Laura K, Center Manager

TOPIC: Post-op Progress notes

OUTLINE:

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

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

VERIFIED BY: [Signature]

MEMORANDUM

To: Managers, Nurse Supervisor, RN's

From: Administration 

205.510

Date: 7/6/2011

Re: Crash Cart Checklist

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

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

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

CRASH CART CHECKLIST - MEDS

All crash cart equipment is non-latex

205.510

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

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

L139 - July 2011

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CRASH CART CHECKLIST - SUPPLIES

205.510

All crash cart equipment is non-latex

Center: _____ Starting Date: _____

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

MEMORANDUM

To: All Surgeons, Anesthesia Providers, RN's

From: Administration 

Date: 7/5/2011

Re: Patient Transfer Documentation

205.540

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

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

Month/Year _____

End of Day O.R. Checklist

Staff Initial Box when completed, RN verify all work.

205. 420 (or)

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

IN-SERVICE TRAINING RECORD

DATE: 7.15.11

TIME: 1254

PRESENTOR: Laura

TOPIC: End Of Day O.R. Checklist

OUTLINE:

Responsibilities:

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

ATTENDEES:

[REDACTED]

VERIFIED BY: [Signature]