

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>14C0001185</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>06/20/2023</b>	
NAME OF PROVIDER OR SUPPLIER <b>WESTERN DIVERSEY SURGICAL CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2744 N WESTERN AVE , CHICAGO, Illinois, 60647</b>			
(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) COMPLETION DATE	
Q0000	INITIAL COMMENTS		Q0000				
	An investigation was conducted on 6/20/2023 for Complaint #97821. The Facility was not in compliance with Standards for Ambulatory Surgical Centers, 42 CFR 416, as evidenced by:						
Q0109	EMERGENCY EQUIPMENT		Q0109				
	CFR(s): 416.44(d)						
	(d) Standard: Emergency equipment. The ASC medical staff and governing body of the ASC coordinates, develops, and revises ASC policies and procedures to specify the types of emergency equipment required for use in the ASC's operating room. The equipment must meet the following requirements:						
	(1) Be immediately available for use during emergency situations.						
	(2) Be appropriate for the facility's patient population.						
	(3) Be maintained by appropriate personnel.						
	This STANDARD is NOT MET as evidenced by:						
	Based on document review, observation, and interview, it was determined that for 1 of 1 emergency cart, the Facility failed to ensure that emergency equipment and supplies were maintained as required.						
	Findings include:						
	1. The Facility's policy titled, "Care of Anesthesia Supplies, Drugs and Medications" (dated 3/2008), was reviewed and required, "...At beginning of each surgical day, emergency equipment will checked to ensure it is in place and in working order. 1. Equipment checks includes check of defibrillator, defibrillator paddles, cardiac monitor, pulse oximeter,			Q0109  RN IN CHARGE SHOULD HAVE TESTED AND CHECKED EMERGENCY CART AND EQUIPMENT PRIOR TO PATIENT CARE. THERE IS A CHECK LIST FORM THAT SHOULD BE FILLED OUT DAILY PRIOR TO PATIENT CARE. NURSE WAS REMINDED THAT IT MUST BE DONE AT THE START OF EVERY DAY AND BE RECORDED ON THE FORMS. THE 2 MEDICATIONS THAT WERE EXPIRED WERE ORDERED AND WE WERE WAITING ON ARRIVAL WHICH THEY CAME THAT AFTERNOON WHEN THE INSPECTOR WAS THERE AND WAS CORRECTED. THE LIST IS NOW AVAILABLE ON THE CART OF WHAT MEDICATIONS SHOULD BE AVAILABLE IN THE CART AND HOW MANY. THAT LIST WAS GIVEN TO THE INSPECTOR DURING THE VISIT. THE CHARGE NURSE WILL BE RESPONSIBLE FOR MAKING SURE THIS IS CHECKED DAILY AND SIGNED OFF. THIS WILL ALSO BE FOLLOWED BY THE ADMINISTRATOR.		7/6/2023	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  JULIE SWANSON	TITLE FACILITY ADMINISTRATOR	(X6) DATE JULY 6, 2023
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Q0109	<p>Continued from page 1 suction machine, and oxygen. 2. Emergency medications are available and remain same as previous check. 3. Document inspection by placing initials on the appropriate log... Monthly the emergency medications cart and emergency kit are checked for outdated medications..."</p> <p>2. The Facility's Emergency Cart Log Binder for 2023 was reviewed and only contained a log for March 2023 (Facility was closed in April 2023). The logs also lacked documentation of monthly medication checks.</p> <p>3. During a tour of the Surgical (OR) Area on 6/14/2023, between approximately 10:00 AM and 12:00 PM, an emergency cart was observed in the hallway/corridor outside of the OR suites. The cart contained 2 medications with an expiration date of 5/2023. There was no logs/records present on the cart to indicate when the cart and equipment were last checked and what the contents of the cart should be.</p> <p>4. An interview was conducted with the Registered Nurse (E#3) on 6/14/2023 during the tour. E#3 stated the cart should be checked daily (when open) at the beginning of the day. E#3 was not able to find a list indicating what supplies/medications should be in the cart.</p>		Q0109				