STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14C0001185	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN DIVERSEY SURGICAL CENTER	**2744 N WESTERN AVE , CHICAGO, Illinois, 60647**

(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 A second post complaint visit (PCV) to determine removal of the Immediate Jeopardy (IJ) cited at 42 CFR 416.51 Infection Control for Complaint #97108 was conducted on 07/19/2023. The IJ was removed on 07/19/2023 and the Condition is back in compliance based on document review, observations, and interviews as follows: 1. An In-Service for Guidelines for Sterilization, dated 06/19/2023, was reviewed and indicated all staff were trained on AORN (Association of Perioperative Registered Nurses) Guidelines for Sterile Technique and Sterilization. 2. Audits of Sterilizations from 07/12/2023 (first day of continued procedures since previous survey on 06/20/2023) and 07/19/2023 were reviewed and indicated that SPD (Sterile Processing Department) staff, the Facility Administrator (E#1), and the Nurse Practitioner (E#7) were checking for appropriate sterilization processes which included ensuring that peel packs were packed appropriately, and chemical indicators were present/passed. 3. A tour of the Surgical (OR) Area was conducted on 07/19/2023 at approximately 9:20 AM. OR Room #2 had instruments prepared for the first case of the day. All the instruments were placed on a sterile drape and the internal chemical indicators were left on the field and indicated that all instruments passed (met sterilization criteria). The Surgical Technician (E#2) was present in the room to monitor the instruments. There were unopened packs of instruments on the surgical cart and in the cabinet within OR#2. The instruments were packed individually (one instrument per peel pack) and each had an internal chemical indicator strip that indicated sterilization parameters were met (Passed). Hinged instruments were kept open with an instrument protection card to ensure that all surfaces were able to contact the steam during the sterilization process. 4. A second tour was conducted at 10:30 AM, after the	Q0000		

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	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14C0001185	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/19/2023

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Q0000	Continued from page 1 first surgical procedure was completed. After the room was disinfected, E#2 was observed setting up the sterile field and instruments for the next procedure. E#2 used a sterile drape and maintained sterile technique when placing instruments and supplies on the sterile field by dropping the instruments/supplies on the field without direct contact with non-sterile items. The surgeon (MD#1) was observed donning sterile gloves prior to handling the instruments on the sterile field. A Medical Assistant (E#3) was observed introducing new instruments to the field during the procedure and was observed to maintain sterile technique. 5. An interview was conducted with the Surgical Technician (E#2) during the tour. E#2 stated that instruments must be placed on a sterile drape. E#2 was able to point out where sterile drapes and supplies were kept. E#2 stated that instruments are dropped onto the field without letting the peel pack touch the drape and without touching the instruments themselves. E#2 stated that if instruments need to be touched, they should only be touched with sterile gloves on. E#2 stated that only sterile supplies/materials should be placed on the field. 6. Interviews were conducted with two Medical Assistants (E#3 and E#4) who also perform setup for procedures. Both were able to verbalize the use of sterile supplies and sterile technique when setting up the instruments and were able to demonstrate where to obtain the necessary sterile supplies. 7. An interview was conducted with the Sterile Processing Technician (E#5). E#5 stated that after each cycle, internal indicators will be checked to make sure that they passed before the instruments even leave the sterilization room. E#5 stated that all instruments are placed individually in its own peel pack and are placed on edge so that no instruments are overlapping or sitting on top of another. E#5 stated that protector cards are used to keep any hinged instruments open during the sterilization process. 8. An interview was conducted with the Facility Administrator (E#1) on 07/19/2023, at approximately 11:30 AM. E#1 stated that between her (E#1), the Nurse Manager (E#6), and the Nurse Practitioner (E#7), they monitor staff every procedure day (Wednesdays) periodically throughout the day to ensure they are using proper technique and supplies to setup instruments.	Q0000		