

Pat Quinn, Governor

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

August 20, 2012

Renlin Xia, Administrator
Western Diversey Surgical Center
110 S. River Road, Suite 7
Des Plaines, IL 60016-

Re: Western Diversey Surgical Center
Des Plaines
Licensure survey

Dear Renlin Xia:

On 8/16/12 a 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 the monitoring visit conducted on 8/16/12, 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, Acting Division Chief
Division of Life Safety and Construction

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

Dimensions Medical Center, Ltd.

P.O. Box 1025
Arlington Heights, IL 60006-1025

TEL: 1-800-553-3939

December 22, 2011

**CERTIFIED MAIL/RETURN RECEIPT
ELECTRONIC MAIL**

Karen Senger
Supervisor
Illinois Department of Public Health
Health Care Facilities and Programs
525 West Jefferson Street, 4th Floor
Springfield, Illinois 62761

RECEIVED QHCR HCF&P
2011 DEC 27 A 11:13

Re: Dimensions Medical Center, Ltd. - Notice of Discontinuation

Dear Ms. Senger:

I am writing to notify the Illinois Department of Public Health of the discontinuation of Dimensions Medical Center, Ltd. ("Dimensions"). On December 6, 2011, the Illinois Health Facilities and Services Review Board issued a permit to Dimensions for the discontinuation, in its entirety, of its multi-specialty ambulatory surgical treatment center located at 1455 Golf Road, Suite 108, Des Plaines, Illinois 60016 (the "Surgery Center").

For the foreseeable future, Dimensions will store medical records at 1650 North Maple Avenue, Lisle, Illinois 60532. Notices on how patients can access their medical records were posted at the Surgery Center as well as in the local newspaper. Additionally, patients can continue to contact Dimensions' at 1-800-553-3939 or P.O. Box 1025, Arlington Heights, Illinois 60004-1025 for information on accessing their medical records.

Thank you for your time and attention to this matter. If you have any questions or need any additional information regarding the discontinuation of the Surgery Center, please feel free to contact me 1-800-553-3939 or P.O. Box 1025, Arlington Heights, Illinois 60004-1025.

Sincerely,



Nancy Nelson
Administrator

CMS Certification Number: 14C0001051

March 21, 2012

Nancy Nelson, Secretary
Dimensions Medical Center, LTD
P.O. Box 3985
Arlington Heights, IL 60004

Re: Dimensions Medical Center
1455 Golf Rd Suite 108
Des Plaines, IL 60016

Dear Ms. Nelson:

We have been notified that Dimensions Medical Center withdrew its participation from the Medicare program effective December 6, 2011. Under the provisions of 42 CFR section 489.52(b)(3), your Medicare provider agreement with the Secretary of Health and Human Services terminated effective on that date. No payment can be made under the Medicare program for services rendered on or after December 6, 2011.

In accordance with your Health Insurance Benefits Agreement, public notice of termination of the agreement is necessary. Please publish a notice in the local newspaper with the widest circulation as soon as possible. The notice should read as follows:

"Dimensions Medical Center, 1455 Golf Rd Suite 108, Des Plaines, IL 60016 will no longer participate in the Medicare program (Title XVIII of the Social Security Act) effective December 6, 2011. The agreement between Dimensions Medical Center and the Secretary of Health and Human Services has been terminated December 6, 2011 in accordance with the provisions of the Social Security Act."

(Name of authorized official)
(Name of institution)

You should be in touch with your fiscal intermediary or Medicare administrative contractor to make arrangements for completion of a final cost report and to make provision for the return of any outstanding current financing or accelerated emergency payments.

If, in the future, you wish to participate as a provider of services in the Medicare program, you should contact the Illinois Department of Public Health. They will assist you in filing a new application and taking other necessary actions. Please contact Leontyne Blake at (312) 353-3256 or by email at Leontyne.blake@cms.hhs.gov if you have any questions.

Sincerely,

Mai Le-Yuen
Principal Program Representative
Non-Long Term Care Certification & Enforcement Branch

cc: Illinois Department of Public Health
Illinois Department of Healthcare & Family Services
Wisconsin Physician Services (WPS)

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

E ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS OF FACILITY Hope Clinic for Women, LTD.
 1602 21st Street, Granite City, IL 62040

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
	<p>A Post Licensure Visit to survey date 3/9/12 was conducted on survey date 7/27/12. Hope Clinic for Women, LTD. is back in compliance with the Ambulatory Surgical Treatment Center Licensing Requirements at 77 Illinois Administrative Code 205. Recommend continued licensure.</p>		

DATE OF SURVEY 7/27/12

BY J5162, 11384
 (Surveyor)

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY 3/9/12

(Provider's Representative)

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

E ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS Hope Clinic for Women, LTD.
 OF FACILITY 1602 21st Street, Granite City, IL 62040

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
	<p>An onsite licensure complaint investigation was conducted on survey date 7/27/12 to CO#121291. The complaint was unsubstantiated. No deficient practice noted. Recommend no further action.</p>		

DATE OF SURVEY 7/27/12 BY J1384
 (Surveyor)

 (Provider's Representative)



Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director

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

August 24, 2012

Vera Schmidt
Advantage Health Care Ltd.
203 E. Irving Park Road
Wood Dale, IL 60191

Re: License # 7002140

Dear Ms, Schmidt:

The Department has reviewed your plan of correction and requests the following items be submitted to support your plan of correction.

- Meeting minutes of the governing board approval to make Vinod Goyal, MD the Acting Associate Medical Director.
- Copies of a letter from Lutheran General Hospital stating that Vinod Goyal, MD has admitting and practicing privileges.
- You listed Nisha Patel also as a physician with admitting and practice privileges at Alexian Brothers Medical Center. Is she a practicing Surgeon at the Ambulatory Surgical Treatment Center? I did not see her name on your last ASTC license renewal for August 2012 received on July 24, 2012.
- Timeframe or potential completion date to obtain a transfer agreement with a local hospital

The Department will be conducting an unannounced re-visit upon the receipt of the above items to ensure compliance with the regulations and your plan of correction.

The Department stands by its decision to enforce the fine as listed below, the fine can be paid over a 6 month period.

Pursuant to Section 5/10d of the Act and Section 205.850 of the Code, the Department hereby assesses a fine of \$1000 for the following violations (as set for the more fully above and in the attached statement of deficiencies).

Violation of 77 Ill. Admin. Code 205.410 (b)	\$500
Violation of 77 Ill. Admin. Code 205.540 (d)	\$500

Total \$1000

Improving public health, one community at a time

printed on recycled paper

Notice of Opportunity for Hearing

The license has a right to a hearing to contest this action pursuant to, without limitation, Section(s) 5/10c, 5/10d, 5/10e and 5/10g of the Act and section 205.860 of the Code. A written request for hearing must be sent within ten (10) days of receipt of this Notice. Such request for a hearing must be sent to the Illinois Department of Public Health, Division of Health Facilities and Programs, 525 West Jefferson Street, Fourth Floor, Springfield Illinois 62761.

Failure to request the Hearing as specified herein shall constitute a waiver of the right to such Hearing.

Should you have any questions regarding this notification, please address your concerns immediately to Karen Senger, Nurse Supervisor, at the Illinois Department of Public Health, Division of Health Care Facilities and Programs, 525 West Jefferson Street, 4th Floor, Springfield, IL 62761, or 217-782-7412. The Illinois Department of Public Health's TTY number, for hearing impaired use only, is 800-547-0466. The Springfield Division's office fax number is 217-782-0382.

Sincerely,



William A. Bell
Assistant Deputy Director
Bureau of Hospitals and Ambulatory Services

Advantage Health Care, Ltd.

Administrative Office
1640 N. Arlington Heights Rd. #110
Arlington Heights, IL 60004
Tel: 847-255-7400
Fax 847-398 4585

RECEIVED CHCR HCF & P

2012 AUG 30 A 11: 24

August 28, 2012

Karen Senger, R.N., Supervisor
Division of Health Care Facilities and Programs
Illinois Department of Public Health
525 West Jefferson St. 4th Floor
Springfield, Illinois 62761-0001

Overnight Delivery

Re: Advantage Health Care, Ltd., Wood Dale, IL

Dear Karen,

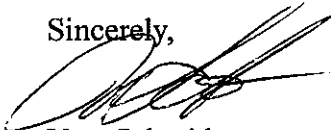
I am in receipt of your letter dated August 24, 2012 requesting support items for our Plan Correction. Accordingly, enclosed please find:

- Board of Directors Meeting Minutes (Special Meeting and Quarterly) approving Vinod Goyal M.D. as Acting Associate Medical Director;
- A letter from Lutheran General Hospital stating admitting and practicing privileges;
- Revised Supplement I of the ASTC application with Dr. Nisha Patel listed;
- A Check in the amount of \$500 made out to the Illinois Department of Public Health; a second check to follow.

Lastly, we are unable to estimate a potential completion date for the transfer agreement. Therefore, we would like to withdraw it from our plan of correction.

Please do not hesitate to contact me if you have any questions.

Sincerely,



Vera Schmidt
Chief of Operations
Advantage Health Care, Ltd.

Enclosures (4)

Quality Assurance/Quality Improvement

Special Meeting of the Board of Directors
August 20, 2012
Advantage Health Care, Ltd.
203 E. Irving Park Rd.
Wood Dale, IL 60191

Present: Vera Schmidt Chief of Operations, Sampath Chennamaneni, M.D. Medical Director,
Vijay Goyal, M.D., Vinod Goyal, M.D.

This Special Meeting of the Board of Directors was called to order on: 8/20/2012

Vinod K. Goyal, M.D. has been appointed to Acting Associate Medical Director. Dr. Goyal has admitting and practicing privileges at Lutheran General Hospital. He has signed an agreement to assume responsibility for the facilities' patients requiring hospitalization and his privileges at Lutheran General Hospital have been verified. Dr. Goyal's re-credentialing documents are complete and awaiting Consulting Committee approval at the Quarterly Meeting scheduled for August 22, 2012.

Having no further business, the meeting is adjourned.



Vera Schmidt, Chief of Operations

Ch. Sampath Kumar, M.D.
Sampath Chennamaneni, M.D., Medical Director

Quality Assurance/Quality Improvement

Quarterly Minutes of the Board of Directors

August 22, 2012

Advantage Health Care, Ltd.

203 E. Irving Park Rd.

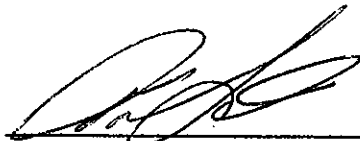
Wood Dale, IL 60191

2nd Quarter 2012

Present: Vera Schmidt Chief of Operations, Sampath Chennamaneni, M.D. Medical Director,
Vijay Goyal, M.D., Vinod Goyal, M.D.

1. Meeting is called to order by Vera Schmidt, Chief of Operations on August 22, 2012.
2. Approval of the consulting committee minutes of May 2012 and minutes of the August 20, 2012 Special Meeting of the Board of Directors.
3. The following Re-credentialing has been approved:
 - a. Nisha Patel, M.D.
 - b. Vinod K. Goyal, M.D.
4. On August 20, 2012, Vinod K. Goyal, M.D. was appointed to Acting Associate Medical Director.

Having no further business, the meeting is adjourned.



Vera Schmidt, Chief of Operations

ch. Sampath Kumar, M.D.
Sampath Chennamaneni, M.D., Medical Director

 **Advocate**
Lutheran General Hospital
Lutheran General Children's Hospital

Medical Staff Services || 1775 Dempster Street - 1 south || Park Ridge, IL 60068 || P: 847.723.5098 || F: 847.723.5096

March 15, 2011

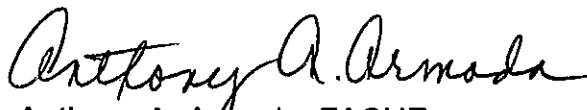
Vinod Goyal, MD
1640 North Arlington Heights Road
Suite 210
Arlington Heights, IL 60001

Dear Dr. Goyal:

On behalf of the Governing Council of Lutheran General Hospital, it is my privilege to inform you that your reappointment to the Medical Staff has been approved. Your reappointment to the Attending staff in the Department of Obstetrics & Gynecology was granted on March 14, 2011, upon the recommendation of the Medical Staff Executive Committee. A copy of your privileges as delineated by your Department Chair and approved by the Governing Council is enclosed. Your appointment is from 04/01/2011 to 3/31/2013.

We thank you for your continued interest and support of the hospital and its programs. If we can ever assist you, please feel free to contact the Medical Staff Office at 847 723-5098.

Sincerely,



Anthony A. Armada, FACHE
President

enclosure(s)

Privilege Details
for

Vinod Kumar Goyal, MD

Lutheran General Hospital

18-Mar-11

23.00 Obstetrics & Gynecology

23.04 Major Gynecology Core

Admit, evaluate, diagnose, treat and provide consultation, pre-, intra- and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and non-surgically treat disorders and injuries of the mammary glands. (Minor gynecology core is included) **See the procedure list which reflects the scope of practice included in this core.

Detail Codes: x-f

23.60

Use of Laser - NOT A PRIVILEGE- DESCRIPTOR ONLY FOR THOSE BELOW

23.62

Lower genital tract laser procedures

Detail Codes: x-f



Ambulatory Surgical Treatment Center Renewal Licensure

SUPPLEMENT I

Medical Staff: List specialty, name, and license number of each physician, podiatrist, or dentist granted privileges to perform surgical procedures in the center.

SPECIALTY	NAME	LICENSE NO.
Anesthesia	Sampath Chennamaneni, M.D.	036-070672
Anesthesia	Julian Paskov, M.D.	036-099008
Surgeon	Vinod Goyal, M.D.	036-049046
Surgeon	Jesse Chandler, M.D.	039-054703
Family Practice	Vijay Goyal, M.D.	036-062651
Family Practice	Nisha Patel, M.D.	036-124169

Advantage Health Care, Ltd.

Administrative Office
1640 N. Arlington Heights Rd. #110
Arlington Heights, IL 60004
Tel: 847-255-7400
Fax: 847-398-4585

RECEIVED OHCR HCF & P
2012 AUG 22 A 10:59

August 21, 2012

Karen Senger, R.N., Supervisor
Division of Health Care Facilities and Programs
Illinois Department of Public Health
525 West Jefferson St. 4TH Floor
Springfield, IL 62761-0001

Sent Via Overnight Delivery

Re: Follow-up - Advantage Health Care, Ltd., Wood Dale, IL

Dear Karen,

Enclosed please find our Plan of Correction in response to the Statement of Deficiencies that we received on August 17, 2012.

I would like to address two of the conditions that your department considered a compromise to patient safety.

1: (Admin. Code 205.410) Sterilization of Surgical Instruments:

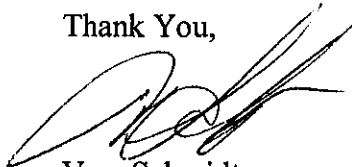
As the POC described, we have taken measures to ensure and monitor that all staff are following proper protocols. However, the finding of the three inappropriately processed sets occurred only on that one day, by a new staff member and is not a reoccurring event. Upon opening the packs, we noted that the internal and external indicators verified proper sterilization, the autoclave tapes from that day verified proper time, temperature, pressure and the biological indications also passed testing. The two packs with the instruments poking through would have never been used per our policy. They were in a basket next to the autoclave, to be shelved. At that time, the integrity of the packaging would have been noted and would have been re-wrapped and re-sterilized at that time.

2: (Admin. Code 205.540) Availability of follow-up at licensed hospital:
The main GYN physician of the facility has admitting privileges at a local hospital. We also have another physician on staff that has agreed to admit and assume care of any patients that need to be transferred to a hospital. (See Exhibit V)

We will continue with the Plan of Correction enclosed however, feel the above measures and policies have always ensured patient safety at the facility. Therefore, patient safety has never been compromised and as a result, we have had no adverse outcomes and no infections. We request that you would reconsider waiving the assessed fines. As I mentioned in my previous letter dated August 20, 2012, our facility functions on a very tight budget and we serve a large population of financially hard-shipped and indigent patients. Alternatively, please reconsider the idea that we could offer charity care to some of our patients in lieu of the fines.

We await your response.

Thank You,

A handwritten signature in black ink, appearing to read 'Vera Schmidt', with a large, sweeping flourish at the end.

Vera Schmidt
Chief of Operations

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

ASTC
 HHA
 HMO
 HOSPICE

NAME AND ADDRESS OF FACILITY : Advantage Health Care, Ltd., 203 E. Irving Park Rd. Wood Dale, IL 60191

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
<p>Section 205.230 Standards of Professional Work</p>	<p>(b) A qualified physician shall be designated "Medical Director."</p> <p>(2) The Medical Director shall be responsible for the implementation of medical policies and procedures contained in the facility's policies and procedures manual (Section 205.240) governing the professional personnel involved directly in the care of patients undergoing surgical procedures..."</p> <p>Based on review of Facility policy, clinical records, narcotic count report, and staff interview, it was determined for 1 of 10 clinical records reviewed (Pt. #16), for patients receiving Versed, the Facility failed to ensure the narcotic count report was correct.</p>	<p><i>[Signature]</i> (Provider's Representative)</p>	<p>2012 AUG 22 A 10:59</p> <p>RECEIVED CHCR HCF & P</p>

DATE OF SURVEY 8-7-12 BY 19843 (Surveyor)

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**

ASTC HHA HMO HOSPICE

NAME AND ADDRESS OF FACILITY : Advantage Health Care, Ltd., 203 E. Irving Park Rd. Wood Dale, IL 60191

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.230 Standards of Professional Work	<p>Findings include:</p> <ol style="list-style-type: none"> 1. Facility policy, dated 5-09, titled, "Narcotics Counts / Access" required, "In the event the count is not accurate, efforts will be made to find the discrepancy..." 2. Pt. #16's clinical record included, Pt. #16 was a 31 year old female, having a tubal ligation on 7/27/12. Pt. #16's operative record included administration of 2.5 mg (0.5ml) of Versed during the procedure. 3. The Narcotic Count Report dated 7/27/12, included Pt. #16 received "0.4 + 0.5 ml of Versed. 	<p>205.230</p> <p>This case has been discussed with the Anesthesiologist and he remembers it well. Pt #16 had Post Op delusions and agitation upon entering the Recovery Room. He gave her 0.4 ml of Versed to sedate and calm the patient. The nurse in the Recovery Room forgot to note this on the patient's chart. A memo has been released reminding the nursing staff, surgeons, and anesthesiologist to document all medication given and to give special attention when unexpected medications are given. (See Exhibit D) The Nursing Supervisor will be responsible for monitoring the documentation of medication. Any discrepancies are to be reported to the Medical Director.</p>	8/22/2012

DATE OF SURVEY 8-7-12 BY 19843 (Surveyor) (1)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

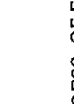
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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

ASTC HHA HMO HOSPICE

NAME AND ADDRESS OF FACILITY : Advantage Health Care, Ltd., 203 E. Irving Park Rd. Wood Dale, IL 60191

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.230 Standards of Professional Work	4. An interview was conducted with the Chief of Operations on 8/7/12 at 11:30 AM. The Chief stated that she did not know how the discrepancy occurred but would look into it.		

DATE OF SURVEY 8-7-12 BY 19843 (Provider's Representative) 
(Surveyor)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____
Page 3 of 11

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

E ASTC HHA HMO HOSPICE

NAME AND ADDRESS OF FACILITY : Advantage Health Care, Ltd., 203 E. Irving Park Rd. Wood Dale, IL 60191

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.410 Equipment	<p>(b) There shall be written procedures governing the care, use, sterilization, storage and disposal of all materials to insure that an adequate supply of sterile equipment is available for each procedure. The section on "Sterilization and Disinfection" from "Infection Control in the Hospital," most recent edition, American Hospital Association, shall be used as the guideline.</p> <p>A. Based on review of Manufacturer's guidelines, observational tour, and staff interview, it was determined, that for all patients (approximately 6 to 16 procedures per week) receiving surgical procedures, the Facility failed to ensure surgical instruments were not too heavy for the sterilizer to function properly.</p>		

DATE OF SURVEY 8-7-12 BY 19843 (Surveyor) _____ (Provider's Representative)

NOTE: IF PLV. INDICATE DATE OF PRIOR SURVEY _____
Page 4 of 11

Page 4 of 13

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

E ASTC HHA HMO HOSPICE

NAME AND ADDRESS OF FACILITY : Advantage Health Care, Ltd., 203 E. Irving Park Rd. Wood Dale, IL 60191

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
<p>Section 205.410 Equipment</p>	<p>Findings include:</p> <ol style="list-style-type: none"> The Pelton & Crain Sterilizer guidelines included, "The following are recommended maximum loading configurations: Wrapped/Unwrapped Cycle... [single package] Total weight not to exceed 2 lbs... Pack a Cycle... [more than 1 package] Total weight not to exceed 2.5 lbs..." On 8/6/12 at approximately 11:00 AM, an observational tour was conducted in the sterilization room. One of 2 steam sterilizers (Pelton & Crane) contained 3 packages of instruments sterilized on 8/3/12. Two packages each weighed 4 pounds. The total weight for the 3 packages was 8 pounds. 	<p>205.410</p> <p>The equipment processing staff have been re-trained on the proper protocols for sterilization. Enclosed is our sterilization policies. (See Exhibit II) A memo has also been issued reminding staff of the specific deficiency issues. (See Exhibit III) The Nurse Supervisor will be responsible for checking the integrity of the wrapped packs prior to storage and for any "closed" hinged instruments upon opening the packs. The Center's manager will periodically check open autoclaves (after drying cycle) to ensure that they are not being overloaded. Any issues will be reported to the Center's Administrator.</p>	<p>8/22/2012</p>

DATE OF SURVEY 8-7-12 BY 19843 (Surveyor) _____ (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

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

E ASTC HHA HMO HOSPICE

NAME AND ADDRESS OF FACILITY : Advantage Health Care, Ltd., 203 E. Irving Park Rd. Wood Dale, IL 60191

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
<p>Section 205.410 Equipment</p>	<p>3. A basket in the sterilization room contained 6 of 9 sterilized packages that weighed 4 pounds or greater.</p> <p>4. An interview was conducted with the Chief of Operations on 8/6/12 at 11:30 AM. The Chief stated that she would speak with the person who packed the instruments.</p>		

DATE OF SURVEY 8-7-12 BY 19843 (Surveyor) _____ (Provider's Representative)

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY _____
Page 6 of 11

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

E ASTC HHA HMO HOSPICE

NAME AND ADDRESS OF FACILITY : Advantage Health Care, Ltd., 203 E. Irving Park Rd. Wood Dale, IL 60191

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
<p>Section 205.410 Equipment</p>	<p>B. Based on review of policy, Association of periOperative Registered Nurses (AORN) Recommended Practices, observational tour, and staff interview, it was determined that for 3 of 3 sterilized packages, the Facility failed to ensure, instruments were open when sterilized and did not poke through the wrapper after sterilization, affecting approximately 6 to 16 surgical procedures per week.</p> <p>Findings include:</p> <p>1. The Facility's sterilization policies were reviewed. The policies did not include instruction regarding opening hinged instruments for sterilization, to permit sterilization of the instrument surface.</p>	<p><i>[Signature]</i></p>	

DATE OF SURVEY 8-7-12 BY 19843 (Surveyor) (Provider's Representative)

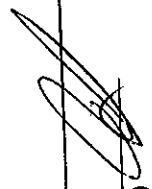
NOTE: IF PL.V. INDICATE DATE OF PRIOR SURVEY _____
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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
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ASTC HHA HMO HOSPICE

NAME AND ADDRESS OF FACILITY: Advantage Health Care, Ltd., 203 E. Irving Park Rd. Wood Dale, IL 60191

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.410 Equipment	2. AORN's 2012 Recommended Practices for Sterilization in the Perioperative Practice Setting included, "Recommendation V - Items to be sterilized should be packaged in a manner that promotes successful sterilization. Items should be packaged in accordance with AORN's 'Recommended practices for selection and use of packaging systems for sterilization' ... Hinged instruments are to be opened..."		



DATE OF SURVEY 8-7-12 BY 19843 (Surveyor) _____ (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____
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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

ASTC HHA HMO HOSPICE

NAME AND ADDRESS OF FACILITY: Advantage Health Care, Ltd., 203 E. Irving Park Rd. Wood Dale, IL 60191

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.410 Equipment	<p>3. On 8/6/12 at approximately 11:00 AM, an observational tour was conducted in the sterilization room. One of 2 steam sterilizers (Pelton & Crane) contained 3 packages of instruments sterilized on 8/3/12. Two of the packages had instruments poking through the wrapping. When the 3 packages were unwrapped, all 3 packages contained closed hinged instruments.</p> <p>4. An interview was conducted with the Chief of Operations on 8/6/12 at 11:30 AM. The Chief stated that the Facility follows AORN Standards and that the Surgeon would be upset because not having instruments open during sterilization shortens the instrument's life.</p>		

(Provider's Representative)

DATE OF SURVEY 8-7-12 BY 19843 (Surveyor)

NOTE: IF PLY. INDICATE DATE OF PRIOR SURVEY _____
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**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 Advantage Health Care, LTD
203 E. Irving Park Rd.
Wood Dale, IL 60191

OF FACILITY LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (d)	<p>Postoperative Care (d) To ensure availability of follow-up care at a licensed hospital, the ambulatory surgical treatment center shall provide written documentation of one of the following: (1) A transfer agreement with a licensed hospital within approximately fifteen (15) minutes travel time of the facility. (2) A statement that the medical director of the facility has full admitting privileges at a licensed hospital within approximately fifteen (15) minutes travel time and that he/she will assume responsibility for all facility patients requiring such follow-up care. (3) A statement that each staff physician, dentist, or podiatrist has admitting privileges in a licensed hospital within fifteen (15) minutes travel time of the facility.</p>		

BY 30195
(Surveyor)


(Provider's Representative)

DATE OF SURVEY 8-7-12

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**

ASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS Advantage Health Care, LTD
203 E. Irving Park Rd.
Wood Dale, IL 60191

OF FACILITY LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (d) (cont'd)	Based on review of the Facility's contracts, the Medical Staff's personnel files, the Medical Director's personnel file and staff interview, it was determined that for one of one (MD3) Medical Director, the Facility failed to ensure that the Medical Director had admitting privileges at a hospital within fifteen (15) minutes of the Facility. Findings include: 1. The Facility's contracts were reviewed and lacked a transfer agreement with a licensed hospital within approximately fifteen (15) minutes of the facility.	205.540 One of the physicians on staff, who has admitting privileges at a local hospital, has agreed to become the Acting Associate Medical Director. (See Exhibit IV) We will also pursue a Transfer Agreement with a local hospital.	8/22/2012

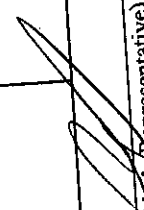
DATE OF SURVEY 8-7-12 BY 30195 (Surveyor)
 _____ (Provider's Representative)

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**

EASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS Advantage Health Care, LTD
203 E. Irving Park Rd.
Wood Dale, IL 60191

OF FACILITY LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (d) (cont'd)	2. The personnel file for MD3 was reviewed and lacked documentation of admitting privileges at a hospital within fifteen (15) minutes of the Facility. 3. The Medical Staff 's personnel files were reviewed and lacked documentation that each physician had admitting privileges in a licensed hospital within fifteen (15) minutes of the facility.	 (Provider representative)	

BY 30195
(Surveyor)

DATE OF SURVEY 8-7-12
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**

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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
205.540 (d) (cont'd)	4. During an interview with the Chief of Operations (E #1) on 8/6/12 at approximately 2:00 PM, E #1 stated that the Medical Director was an anesthesiologist, and that the Facility specifically had a Family Practice Physician on the Medical Staff that would be the physician who would admit and assume the care of the patient if a patient needed to be admitted to the hospital.		

DATE OF SURVEY 8-7-12 BY 30195 (Surveyor) _____ (Provider Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

Exhibit I

Memo

To: Anesthesia Providers, Surgeons, RN's
From: Administration
Date: 8/21/12
RE: Medication Documentation

Please make sure that any and all medications given to a patient are documented in the patients chart as well as any other logs as required (i.e. Narcotic log, RH log, etc.).

Special care should be taken to document any medications that were given in an unexpected department. For example, sedation medication given either pre-op or post-op, reversal and/or antiemetic medication given in RR, emergency medication, etc.

It is imperative that the medical staff communicate and collaborate with one another to ensure proper documentation of medication across departments. Any discrepancies will be reported to the Medical Director and Administration.

ASEPTIC TECHNIQUE TO BE USED DURING SURGICAL INTERVENTION

POLICY:

Current principles of aseptic technique shall be maintained throughout each operative procedure to prevent contamination by microorganisms.

RATIONALE:

Any break in the skin or mucous membrane, such as surgical incision, results in a potential port of entry for microorganisms. Therefore, any item that comes in contact with the surgical incision must be sterile. An item is considered to be sterile when there is an absence of living microorganisms.

PROCEUDRE:

A. All items used within a sterile field must be sterile.

1. A sterile field is created by placing a sterile towel or sheet over an unsterile surface. The sterile field is maintained by never allowing an unsterile item to come in contact with that field. Once a sterile drape is placed in position, it cannot be moved or shifted.
2. Sterile items are stored in clean areas free from moisture and must remain sterile until they are opened for use. Before opening a sterile package, the circulator must check the integrity of the package, the expiration date, and the appearance of the sterilizer-indicating tape.
3. Before removing items from the autoclave, the graph must be checked to ascertain that the proper temperature was achieved for the appropriate amount of time.
4. If there is any doubt about the sterility of an item, the item is considered unsterile.

B. The edges of sterile containers are not considered sterile once the package is opened.

1. The boundaries between sterile and unsterile are often not easily identified, and the preoperative nurse must exercise professional judgment in making these determinations.
2. When opening large items such as a linen pack, the item should be placed on a flat surface with the end flaps extended. The outer wrapper is then cuffed so the circulating personnel avoids contact with the sterile contents by keeping all fingers under the cuff. To open the opposite side of the pack, the circulator must move to the other side of the table. If the wrapper is used to drape the table, the margin begins at the table edge.
3. In opening smaller items the ends of the flaps are secured in the hand so they do not flip back and contaminate the contents or the sterile individual. A 1-inch safety edge is considered standard on package wrappers.
4. On peel-back packages the inner edge of the heat seal is the sterile boundary. The scrub tech must remove items from these packages by lifting them straight up and not allowing the contents to slide over the edge. For this reason sterile items must not be "flipped" onto the sterile field from peel-back packages as sterility cannot be guaranteed.



SHELF LIFE FOR STERILE SUPPLIES

POLICY:

To avoid use of contaminated materials.

PROCEDURE:

- A. All instruments that have been paper, cloth or plastic wrapped and have been autoclaved are sterile indefinitely as long as the package containing them is intact.
- B. For commercial packages look for the expiration date printed on the package. If no date is printed then the package is sterile as long as the package is intact.

NOTE:

Previously instruments wrapped in cloth and paper were considered to be sterile for 30 days. All plastic wrapped instruments were considered sterile for a period of 6 months. According to new guidelines all such wrapped instruments are sterile indefinitely as long as the package containing the instruments is intact.

STERILIZATION POLICY

POLICY:

Sterilization is the process of the absolute destruction of all microorganisms, including spores by chemical or physical means. There are three factors involved in sterilization: Time – Temperature – Pressure.

STEAM AUTOCLAVE (see manufacturer's instructions)

The criterion for steam sterilization is temperature plus length of exposure (time period) to steam. Pressure is not a valid criterion; pressure is necessary to obtain desired high temperature of steam in the article. The policy of the center is to autoclave at 270° F ± 5° for 3 – 15 minutes for wrapped articles.

WRAPPED INSTRUMENT PROCEDURE (first and second tri specifics)

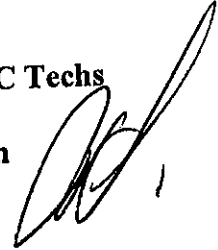
Daily Cleaning

- A. After cleaning instruments, place them on draining rack.
- B. Spray instrument lubricant / instrument "milk" on all instruments paying close attention to movable joints and leaving them open.
- C. Air dry or pat with towel. Do not wipe the lubricant off.
- D. Lay instruments on to center of wrap in this order:
 - 1. Dilators and Curette side by side
 - 2. Tenaculum / Forceps
 - 3. Indicator strip
 - 4. 7 pieces 4x4 gauze.
 - 5. Speculum
- E. Wrap instruments in the following manner:
 - 1. Fold up bottom to completely cover enclosed articles. Tuck in behind instruments slightly but leave point accessible.
 - 2. Fold in sides adequately to retain complete coverage and maintain total protection of instruments.
 - 3. Fold in sides again.
 - 4. Fold down top until point touches edges of instruments.
 - 5. Last fold should come to bottom of set.
 - 6. Secure with 1 strip of autoclave tape.

Exhibit III

Memo

To: RN's, Medical Assistants, POC Techs
From: Vera Schmidt, Administration
Date: 08/08/2012
RE: Autoclave Issues (3)



Please be advised that our steam autoclaves may not work properly if they are overloaded with items. Per manufacturers recommendations, the maximum weight of items in the chamber cannot exceed 1300g (2.87 lbs). Limit wrapped packs to approximately 1-2/cycle or a maximum of 5 paper peel pouches.

All "hinged" instruments must be in the open position to be properly sterilized. Also, when instruments are autoclaved in a closed or tight fulcrum, they can break or crack in that stressed area.

All packs must be labeled with date and which autoclave unit/cycle indentified. Lastly, any autoclaved packs that are loose and/or torn must be re-wrapped and re-processed.

Exhibit IV

AGREEMENT

I, Vinod Goyal, M.D., am a physician licensed in the State of Illinois.

I hereby assume the role as Acting Associate Medical Director for Advantage Health Care, Ltd.

I hereby state that I have admitting and practicing privileges at Lutheran General Hospital at 1775 Dempster Street, Park Ridge, Illinois 60068.

By entering into this agreement with the medical facility located at 203 East Irving Park Road, Wood Dale, Illinois, 60191, I hereby agree that I will assume responsibility for the facility patients requiring hospitalization.

Signature [Handwritten Signature]

Date 8/20/12



[Handwritten Signature]
8/21/12

Exhibit II

AGREEMENT

I, Nisha Patel, M.D., am a physician licensed in the State of Illinois.

I hereby state that I have admitting and practice privileges at Alexian Brothers Medical Center at 800 Biesterfield Road, Elk Grove Village, Illinois 60007.

By entering into this agreement with the medical facility located at 203 E. Irving Park Road, Wood Dale, Illinois 60191, I hereby agree that I will assume responsibility for the facility patients requiring hospitalization.

Signature [Handwritten Signature] Date 1/10/11



Jessica Bridgewater
1/10/11