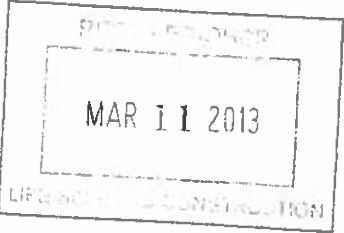


Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  7002140	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/20/2013
NAME OF PROVIDER OR SUPPLIER  ADVANTAGE HEALTH CARE LTD		STREET ADDRESS, CITY, STATE, ZIP CODE 203 EAST IRVING WOOD DALE, IL 60191		
(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 Life Safety Code portion of a Licensure Survey was conducted at Advantage Health Care, Ltd. located at 203 E. Irving Park Road in Wood Dale, IL on the afternoon of 6/19/12 by surveyor 13755.</p> <p>The survey was conducted in the company of the facility receptionist and the Executive Director.</p> <p>The ASTC facility is the occupant in a single story building of Type V (000) construction with partial sprinkler system for selected rooms fed from the domestic water service.</p> <p>The survey was conducted under the 2000 edition of the NFPA 101 Life Safety Code, Chapter 21 Existing Ambulatory Care Center classification, Chapter 39 Existing Business and referenced codes therein. Unless otherwise noted, those code sections listed herein that do not include a reference to a specific NFPA code and year of issue (such as NFPA 70 1999) are taken from the 2000 Edition of the NFPA 101 Life Safety Code.</p> <p>Unless otherwise noted, all deficiencies cited herein were found through random observation during the survey walk-through, staff interview, or document review.</p> <p>The requirements of the Ambulatory Surgical Treatment Center Licensing Requirements (77 IL Administrative Code 205) are NOT MET as evidenced by the deficiencies cited under the following K-Tags.</p> <p>Surveyor 12798</p>	{L 000}		

Illinois Department of Public Health

**7(1)(b)**

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

TITLE: *Chief of Operations* (X6) DATE: *3/6/13*

STATE FORM

6500

OEY622

If continuation sheet 1 of 4

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  7002140	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/20/2013
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{L 000}	Continued From page 1  On 2/20/13, the Life Safety portion of a Licensure Survey for an Ambulatory Surgical Treatment Center was conducted at the above facility by Surveyor 12798.  Unless otherwise noted, all deficiencies cited herein were found through random observation during the survey walk-through, staff interview, or document review.	{L 000}		
{L 029}	38.2.1/39.3.2 HAZARDOUS AREAS  39.3.2.1 Hazardous Areas: Hazardous areas that include, but are not limited to general storage, boiler or furnace rooms, and maintenance shops shall be protected in accordance with Section 8.4.  High hazard areas shall comply with 39.3.2.2.  This Regulation is not met as evidenced by: Hazardous areas are not separated from other parts of the building in accordance with NFPA 101-2000, 21.3.2, 39.3.2 and 8.4. Conditions observed include:  A. Cleared 2/20/13  B. The File room door was not self-closing to comply with 8.4.1.2 and 8.2.4.3.5. UPDATE 2/20/13, a door closer was installed, but failed to pull the door closed to a latched position.	{L 029}	L 029 B  The self-closing device for the File Room door has been adjusted so that it pulls the door closed to a "latched position."  "Doors" are currently listed on our monthly maintenance/inspection form. To prevent reoccurrence of this deficiency, the maintenance and the center's staff have been educated on how to properly inspect self-closing doors and a memo has been issued. (Memo enclosed) The center's manager will be responsible for reporting any doors that do not close to the Maintenance Department.	03/06/2013
{L 130}	as indicated OTHER REFERENCED REQUIREMENTS  Other Referenced Requirements:	{L 130}		

Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER  ADVANTAGE HEALTH CARE LTD	STREET ADDRESS, CITY, STATE, ZIP CODE 203 EAST IRVING WOOD DALE, IL 60191
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{L 130}	<p>Continued From page 2</p> <p>NFPA 70 - 2002 NFPA 13 -1999 NFPA 25 - 1998 Illinois State Plumbing Code Illinois Accessibility Code</p> <p>As Indicate below: This Regulation is not met as evidenced by: Based on random observation during the survey walk-through, document review, and staff interview on the afternoon of June 19, 2012, the facility is not in compliance with a series of Life Safety Code and other code requirements that are not documented under other K-Tags.</p> <p>Findings include:</p> <p>A. Due to the number, variety, and severity of the life safety deficiencies observed during the survey walk-through, the provider shall institute appropriate interim life safety measures until all cited deficiencies are corrected. The provider shall include, as an attachment to its Plan of Correction (PoC) and referenced therein, a detailed narrative and proposed schedule for all such measures. The narrative shall describe all measures to be implemented, as well as the frequency with which they are to be conducted, and shall indicate the manner in which the measures are to be documented. The narrative shall also include comments related to changes in the interim life safety measures to remain in place as work toward the completion of its PoC progresses.</p> <p>B. During the document review, records indicated that sprinkler flow switch was tested as operational but it could not be determined that actual waterflow was conducted as part of the quarterly testing in accordance with NFPA 25-</p>	{L 130}  L 130 B	<p>Enclosed, please find documentation of the timed water flow test. Our maintenance staff has been performing this test, but they were not leaving the documentation at the center. The maintenance staff perform this test on days when the center is closed, claiming that they could not find the log book and therefore documented their results on a new sheet which they brought to the business office where it is kept in a log there. The center's staff performs the weekly inspection/documentation and maintenance staff performs the monthly/quarterly testing. The enclosed log sheets demonstrate this. In some instances the timed water flow test was performed more frequently than quarterly because they did not have the previous sheet to compare dates. The maintenance staff have been instructed to document all inspections and testing on the existing form at the center. The original form is to be left in the log book at the center and a copy faxed to the business office. The center's manger will be responsible to monitor compliance.</p>	03/06/2013
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{L 130}	Continued From page 3  1998, 2-3.3. No records were available to confirm the sprinkler system activated the fire alarm system within 90 seconds of water flow to comply with NFPA 72-1999, 2-6.2.  UPDATE 2/20/13: The report provided to the surveyor was dated 7/23/13, and was the Annual Fire Sprinkler Inspection conducted by Fox Valley. It was noted in this report that "zone 6, riser room, no guage, time 21, passed". The report failed to identify the other zones on this domestic sprinkler system. The report indicated that they were "unable to get pressure for main drain tst due to no gauge". The current installation of the sprinkler system does not meet the minimum requirements of NFPA 13,(1999) 4-1.1 which requires the guage to be installed. Reports for the 4th quarter of 2012 and the 1st quarter of 2013 were not available. It can not be determined if the system activates within 90 seconds or if the guage has been installed as required.  C. Corrected 2/20/13	{L 130}	L 130 B Cont.  Gauge: This is a new deficiency not cited on the previous Statement of Deficiencies.  We were unaware that a gauge is required for our small "domestic" sprinkler system. We have contracted with Fox Valley to install a gauge within the next 30 days. (See Attached Proposal)	04/06/2013