

Illinois Department of Public Health

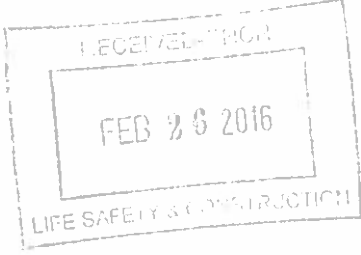
LM *Alplace City*

PRINTED: 02/11/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH CARE CENTER LTD	STREET ADDRESS, CITY, STATE, ZIP CODE 110 SOUTH RIVER ROAD SUITE 7 DES PLAINES, IL 60016
---	--

(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>Surveyor: 07113</p> <p>The Illinois Department of Public Health (IDPH) conducted an onsite Life Safety Code Licensure Periodic inspection on February 9, 2016. Access Health Cre Center, Ltd. is a Pregnancy Termination Center (PTC) located at 110 S. River Road, Suite 7, Des Plaines, IL. The surveyor met with and toured the facility with two office managers of the facility.</p> <p>The center is located in the southwest corner of a one story, non-sprinklered building which is Type II (000) construction. The PTC is a tenant occupant with other business tenant space and vacant tenant spaces. It has a smoke barrier and a one hour tenant separation wall. It has a fire alarm system which is independent of other tenant spaces. There is no emergency generator and no piped in medical gases. The center was apparently relocated to this location in 2004.</p> <p>The facility was surveyed as an existing ambulatory health care occupancy under the 2000 Edition of the NFPA 101 Life Safety Code, including Chapter 21, and Chapter 39, as an existing Ambulatory Surgical Treatment Center under 77 Illinois Administrative Code 205, as amended by Section 205.710.</p> <p>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>The requirements of 77 Illinois Administrative Code 205 are NOT MET as evidenced by the deficiencies cited under the following L-Tags.</p>	L 000		
-------	--	-------	---	--

Illinois Department of Public Health LABORATORY

7(1)(b) [REDACTED] REPRESENTATIVE'S SIGNATURE

ADMINISTRATOR TITLE

2/23/16 (X6) DATE

STATE FORM 0000 3LN421 If continuation sheet 1 of 5

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER
ACCESS HEALTH CARE CENTER LTD

STREET ADDRESS, CITY, STATE, ZIP CODE
**110 SOUTH RIVER ROAD SUITE 7
DES PLAINES, IL 60016**

(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 046	<p>20.2.9.1/21.2.9.1 Emergency Illumination</p> <p>Emergency lighting shall be provided in accordance with 7.9 and 21.2.9.2. This Regulation is not met as evidenced by: Surveyor: 07113</p> <p>The surveyor finds that monthly and annual testing of emergency lighting with battery back up is preformed; however the documentation is incomplete</p> <p>Findings include:</p> <p>1) On February 8, 2016, at 11:30AM, with both office managers present, the surveyor reviewed the documentation of testing for the previous 12 months. The surveyor finds the the documentation of testing does comply with 9.7.3 of NFPA 101.</p> <p>a) The documentation for monthly testing does not identify testing of devices location by location and/or does not include the total number of device vs the number of devices tested.</p> <p>b) The documentation for annual testing lists every device tested along with a "pass" notification. The documentation fails to indicate that the devices were tested for 90 minutes and fails to identify what the pass/fail criteria is .</p>	L 046	<p>L046</p> <p>1(a) We will comply and will correct this deficiency and forward the full Report with the proper documentation. Shown all the emergency light devises with there location. The work will be done by our electrical/Fire protection consultant "Direct Fire Company"</p> <p>1(b) We will test all the emergency light devises for the 90 minute test then recharge them check and report if they are fully charged. Those that fail will be identified and be replaced.</p>	<p>03-03-16</p> <p>03-03-16</p>
L 050	<p>21.7.1.2 FIRE DRILLS</p> <p>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</p>	L 050		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH CARE CENTER LTD	STREET ADDRESS, CITY, STATE, ZIP CODE 110 SOUTH RIVER ROAD SUITE 7 DES PLAINES, IL 60016
---	--

(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 050	<p>Continued From page 2</p> <p>established routine. 21.7.1.2</p> <p>This Regulation is not met as evidenced by: Surveyor: 07113</p> <p>Based on a document review of fire drill testing, the surveyor finds that fire drills are not conducted and documented in properly</p> <p>On February 8, 2016, at 11:00AM, with both office managers present, the surveyor reviewed fire alarm documents for the previous twelve months. The surveyor determined that fire drills are not conducted in accordance with 21.7.1.2 of NFPA 101.</p> <p>Findings include:</p> <p>1) Although the provider indicates that the activated the fire alarm for all fire drills, the documentation does not support this. The fire drill documentation does not clearly indicate that the fire alarm was activated and/or that staff heard the fire alarm system.</p> <p>2) The education fails to document confirmation that the fire alarm monitoring company received that alarm signal created from each fire drill.</p>	L 050	<p>L050</p> <p>1) We will comply and will revise Our Fire Plan in our Policy Manual Our Fire Drill Report will be Revised showing activation and Indicating that staff heard the fire Alarm.</p> <p>2) We will comply and retain Conformation from The Fire Alarm Co. "Tyco" They will document the fire alarm signal has been received by the fire alarm Co.</p>	<p>03-03-16</p> <p>03-03-16</p>
L 051	<p>20.3.4/21.3.2 FIRE ALARM SYSTEM</p> <p>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:</p>	L 051		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH CARE CENTER LTD	STREET ADDRESS, CITY, STATE, ZIP CODE 110 SOUTH RIVER ROAD SUITE 7 DES PLAINES, IL 60016
---	--

(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 051	<p>Continued From page 3</p> <p>Surveyor: 07113</p> <p>The surveyor finds that documentation of testing of the fire alarm system is incomplete</p> <p>Findings include:</p> <p>1) On February 8, 2016, at 11:30AM, with both office managers present, the surveyor reviewed the documentation of testing of the fire alarm system for the previous 12 months. The surveyor finds the testing does comply with NFPA 72 - 1999. The surveyor finds that documentation of testing of the fire alarm batteries is incomplete and does not include discharge testing.</p>	L 051	<p>L051 1. Tyco Fire Alarm Co. is scheduled to perform an annual fire alarm Test and will be provide us with documentation that is required along with documentation regarding the Fire alarm battery and will include discharge testing.</p>	03-03-16
L 077	<p>21.3.2.2 MEDICAL GASSES</p> <p>By reference: Locations for the supply and storage of medical gases are installed and protected in accordance with NFPA 99-2002.</p> <p>This Regulation is not met as evidenced by: Surveyor: 07113</p> <p>Based on direct observation, the surveyor finds that oxygen tanks are not store properly. The surveyor notes that this is a repeat deficiency which did not occur in the same room as previously cited.</p> <p>On February 8, 2016, at 2:00PM, with both office managers present the surveyor observed 8 oxygen E tanks store in a room full of cardboard boxes (supplies?) and cardboard waste. The oxygen tanks were not stored at least 20' from all combustibles (in an unsprinklered room) in</p>	L 077	<p>L 077 We will comply. We are making sure this room will be dedicated to oxygen tank storage only. We will educate the staff and will do visual inspections of the room frequently. Also will be placing an eight by eleven inch signs " The Room is for Oxygen Tank Storage Only"</p>	02-26-16

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002850	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH CARE CENTER LTD	STREET ADDRESS, CITY, STATE, ZIP CODE 110 SOUTH RIVER ROAD SUITE 7 DES PLAINES, IL 60016
---	--

(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 077	Continued From page 4 accordance with NFPA 19-1999	L 077		