

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL1084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING: _____	(X3) DATE SURVEY COMPLETED 03/21/2018
NAME OF PROVIDER OR SUPPLIER HOPE CLINIC FOR WOMEN LTD THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1602 - 21ST STREET GRANITE CITY, IL 62040	
(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)
L 000	Initial Comments	L 000	
	<p>The Illinois Department of Public Health (IDPH) conducted a Life Safety Code inspection on 3/21/18. The facility is an Ambulatory Surgery Center (ASTC) located at 1602 21st Street, Granite City, IL. The following facility staff accompanied the surveyor during the walk through.</p> <p>Purchasing Coordinator (PC)</p> <p>The building was built in approximately 1998 and is a two story facility. The facility is fully sprinkler protected and is a Type II (000) construction. The Surgery Center is located on the ground floor of the building and was inspected under the Illinois ASTC Licensing Requirements and the Life Safety Code (2012). The upstairs of the building contains a waiting room, business offices and outpatient exam rooms.</p> <p>The following deficiencies were identified by document review, staff interview or direct observation.</p>		
L 021	Doors/Firewalls 20.2.2.3, 21.2.2.3	L 021	
	<p>Any door with a required fire protection rating, such as stairways, exit passageways, horizontal exits, smoke barriers, or hazardous area enclosures, if held open, is arranged to close automatically by the actuation of the manual fire alarm system and either smoke detectors arranged to detect smoke on either side of the opening or a complete automatic sprinkler system. 20.2.2.3, 21.2.2.3</p> <p>This Regulation is not met as evidenced by: Based on an observation the facility failed to</p>		

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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

Goin King

7(1)(b)

Executive Director 3/27/18

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L 021	Continued From page 1 maintain hazardous content separations. This deficient practice could affect patients, staff and visitors if fire and smoke from a hazardous area were allowed to impede exiting from the facility. Finding include: On 3/21/18 at 1:30 PM while in the company of PC it was determined that the door to the Dirty Linen room failed to close and latch to the frame when tested. This does not comply with NFPA 101, 2012 Edition, Section 21.3.2 and 39.3.2.	L 021	20.2.2.3, 21.2.2.3 Self closing mechanism of the cired door to the soiled linen storage will be adjusted to close completely without assistance after being released. This door and others with a required fire protection rating will be adjusted immediately if not closing appropriately. Completion estimated by 4/15/18	
L 046	20.2.9.1/21.2.9.1 Emergency Illumination Emergency lighting shall be provided in accordance with 7.9 and 21.2.9.2. This Regulation is not met as evidenced by: Based on document review the facility failed to test and properly document the battery operated emergency lighting. This deficient practice could affect patients, staff and visitors if during a fire event the system failed to operate properly and the exit pathway was not illuminated. Finding include: On 3/21/18 at 11:30 AM it was determined during document review that the facility failed to test and document the battery operated emergency lighting for 90 minutes over the last 12 months. This does not comply with NFPA 101, 2012 Edition, Section 7.9.3.1.1 (3).	L 046	COMPLETED 4/2/18 20.2.9.1/21.2.9.1 Emergency lighting will be tested for at least 90 minutes annually. Testing will be documented including date, time performed and number of minutes of testing. Completion estimated by 4/15/18	
L 130	as indicated OTHER REFERENCED REQUIREMENTS Other Referenced Requirements: NFPA 70 - 2002 NFPA 13 -1999 NFPA 25 - 1998	L 130	COMPLETED 5/1/18 see appendix A	

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L 130	<p>Continued From page 2</p> <p>Illinois State Plumbing Code Illinois Accessibility Code</p> <p>As Indicate below: This Regulation is not met as evidenced by: Based on direct observations during the survey walk through and document review the facility failed to test and properly document the fire sprinkler system. Failure to install and maintain the system could result in the failure of the fire suppression system. This deficient practice could affect patients, staff and visitors if during a fire event the system failed to operate properly.</p> <p>Findings include:</p> <p>A. On 3/21/18 at 11:50 AM during document review it was determined that the facility conducted only one sprinkler inspection within the last 12 months. Per NFPA 25, 2011 Edition, Section 5.2.5 waterflow alarm and supervisory alarm devices shall be inspected quarterly.</p> <p>B. On 3/21/18 at 1:20 PM during a facility walkthrough with the PC it was determined that the sprinkler system was installed with gauge that was not identified with a date of installation. Further document review could not identify when the guage was last replaced or recalibrated. This does not comply with NFPA 25, 2011 Edition, Section 5.3.2.</p>	L 130	<p>5.2.5 Sprinkler inspection will be completed quarterly. Inspections will be documented. Completion estimated by 5/1/18 COMPLETED 4/23/18 see appendix B</p> <p>5.3.2 Sprinkler system maintenance company will evaluate and determine date of installation of gauge. The company will calibrate and/or replace the gauge and provide documentation of these actions. Completion estimated by 5/1/18 COMPLETED 4/23/18 see appendix C</p>
L 178	<p>205.1780 Emergency Power</p> <p>205.1780 Emergency Electrical Service</p> <p>a) An emergency source of electricity shall be provided.</p>	L 178	

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L 178	Continued From page 3	L 178		
	<p>b) Ambulatory surgical treatment centers that do not administer inhalation anesthetics in any concentration, or that have no patients requiring electrical life-support equipment, shall be permitted to use a battery system for emergency power.</p> <p>The following is required:</p> <ol style="list-style-type: none"> 1) Illumination of means of egress as required in the NFPA Life Safety Code. 2) Illumination of procedure and recovery rooms. 3) Illumination of exit and exit directional signs. 4) Fire alarm and alarms required for nonflammable medical gas systems, if nonflammable medical gas systems are installed. <p>c) Ambulatory surgical treatment centers in which inhalation anesthetics are administered in any concentration to patients or that have patients requiring electrically operated or mechanical life support devices must be provided with an emergency generator. This generator must supply a limited amount of lighting and power service that is essential for life safety and orderly cessation of a procedure during the time normal service is interrupted for any reason. The maximum time of automatic transfer is 10 seconds. The following is required:</p>			

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L 178	<p>Continued From page 4</p> <ol style="list-style-type: none"> 1) Task illumination that is related to the safety of life and that is necessary for the safe cessation of procedures in progress. 2) All anesthesia and resuscitative equipment used in areas where inhalation anesthetics are administered to patients must include alarms and alerting devices. 3) Illumination of means of egress as required in the NFPA Life Safety Code. 4) Illumination of exit and directional signs. 5) Fire alarm and nonflammable medical gas system alarms, if nonflammable medical gas systems are installed. 6) General illumination and selected receptacles in the vicinity of the generator set. <p>(Source: Amended at 18 Ill. Reg. 17250, effective December 1, 1994)</p> <p>This Regulation is not met as evidenced by: Based on direct observations, record review and interview, the facility failed to provide proper normal electrical power outlets in treatment locations. This deficient practice could affect patients, staff and visitors if the emergency generator failed to transfer power to the listed areas and normal power outlets were not provided.</p>	L 178	<p>205.1780 Electrical outlets in operating rooms will be evaluated. If normal power outlets are identified already in existence, they will be clearly marked with a different color outlet or some equally obvious method. If none are identified, the power outlets will be reconfigured so that at least one normal power outlet will be available in each operating room and be clearly marked/identifiable. Completion estimated by 5/1/18 COMPLETED 4/11/18 see appendix D</p>

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L 178	Continued From page 5	L 178	
<p>Findings include: On 3/21/2018 at 1:45 PM while accompanied by PC an observation determined that the following treatment locations did not contain a normal electrical power outlet.</p> <ol style="list-style-type: none"> 1. Operating room 1 2. Operating Room 2 <p>This does not comply with NFPA 70, 2011 Edition, Section 517.18.</p>			