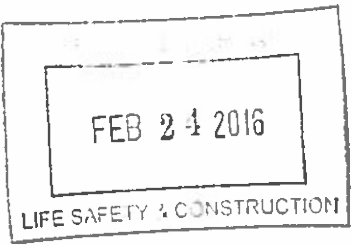


Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002447	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2016
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NAME OF PROVIDER OR SUPPLIER AANCHOR HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1186 ROOSEVLET ROAD GLEN ELLYN, IL 60137
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(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
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L 000	<p>Initial Comments</p> <p>On 02/03/2016 the life safety code portion of a Pregnancy Termination Center Licensure Survey was conducted. The surveyor was accompanied during the survey walk through by the following provider representatives:</p> <p>Administrator Assistant Administrator Facility Manager</p> <p>The facility is the single tenant in a nonsprinklered 1 story building that was observed to be of Type II unprotected construction. The building is approximately 3,780 sq ft in area. The facility was indicated to have occupied the building since 1992.</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 under Part 205, Ambulatory Surgical Treatment Center Licensing Requirements, as amended by Subpart G, 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>Unless otherwise noted, all deficiencies cited herein were found through direct observation, staff interview, or document review.</p> <p>The life safety code requirements of licensure are NOT MET as evidenced by the deficiencies cited under the following L-tags:</p>	L 000		
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Illinois Department of Public Health LABORATORY DIRECTOR	 PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: _____ SIGNATURE	TITLE <i>Chief of Operations</i>	(X8) DATE 2/19/16
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002447	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2016
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L 039	Continued From page 1	L 039		
L 039	Corridors 20.2.3.2, 21.2.3.2 Corridors for exit access are at least 44 inches wide. 20.2.3.2, 21.2.3.2 This Regulation is not met as evidenced by: During the survey walk through it was observed that exit access corridors are not kept free of obstructions and so are not maintained clear for immediate use. This deficiency could affect patients and staff in the event that a building evacuation became necessary. Findings include: On 02/03/2016, accompanied by the Assistant Administrator and Facility Manager, the following exit access corridors were observed to be partially blocked, which is prohibited by 7.1.10.1: A. At 1:12 PM, the corridor leading to the east side exit door was partially blocked by a gurney and a stool. B. At 1:15 PM, the corridor leading to the north east rear exit door was partially blocked by several bags of trash.	L 039	A memo to the staff has been issued and they have been instructed not to leave anything in the exit corridor. 2 signs have been posted in the area to remind staff to keep the exits clear. The manager will be responsible for monitoring these areas.	2/19/2016
L 050	21.7.1.2 FIRE DRILLS 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 established routine. 21.7.1.2 This Regulation is not met as evidenced by:	L 050		

7(1)(b)

Illinois Department of Public Health

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L 050	Continued From page 2 During the document review it was observed that fire drills are not held at varying times and do not include the transmission of a signal. This deficiency could affect patients and visitors if staff is not fully prepared to respond to an emergency. Findings include: On 02/03/2016 at 2:03 PM, accompanied by the Administrator and Assistant Administrator, during document review and staff interview it was learned that while the facility had a fire drill every quarter, the times did not vary from midday and the intercom was used to announce the fire drills rather than sending a signal with the fire alarm as required by 21.7.1.2. Observed times were as follows: A. 03/18/15, Friday, at 2:35 PM B. 06/17/15, Friday, at 1:19 PM C. 09/09/15, Tuesday, at 11:09 AM D. 12/16/15, Tuesday, at 12:30 PM	L 050	The manager has been educated on how to properly perform a Fire Drill with alarm activation. She has also been instructed to perform these drills at different times of the day. A Fire Drill with alarm activation via pull station took place on February 9, 2016. The alarm monitoring company was called to verify the signal. The administration will be responsible, to ensure that alarm activated drills are performed quarterly at different times.	2/19/2016
L136A	205.1306 a) Examination Room (s) SECTION 205.1360 CLINICAL FACILITIES a) Examination rooms 1) Each examination room shall have a minimum clear floor area of 80 square feet, and a minimum dimension of 8 feet, exclusive of vestibule, toilet, closet, and work counter (whether fixed or movable). A minimum clear dimension of 2'6" on each side and at both ends of the examination table shall be provided.	L136A		

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L136A	<p>Continued From page 3</p> <p>2) A lavatory or sink equipped for handwashing with electronic or knee or foot control shall be provided.</p> <p>3) A counter or shelf space for writing shall be provided.</p> <p>(Source: Amended at 24 Ill. Reg. 2691, effective February 18, 2000)</p> <p>This Regulation is not met as evidenced by: During the survey walk through it was observed that the facility is not equipped with hand washing features as required. This deficiency could affect patients if the care givers' hands are not thoroughly clean.</p> <p>Findings include:</p> <p>On 02/03/2016 at 1:20 PM, accompanied by the Assistant Administrator and Facility Manager, the exam room was observed to not be provided with a hand washing sink that is equipped for hands free operation as required by 205.1360a)2).</p>	L136A	We have ordered an electronic hands-free faucet. It will be installed within the next two weeks.	3/4/2016

7(1)(b)