Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7002447	A. BUILDING _____ B. WING _____	07/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AANCHOR HEALTH	1186 ROOSEVLET ROAD GLEN ELLYN, IL 60137

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L 000	Initial Comments The Illinois Department of Public Health (IDPH) conducted an onsite Life Safety Code inspection on 7/13/11. Aanchor Health is a Pregnancy Termination Center (PTC) located at 1186 Roosevelt Road, Glen Ellyn, IL. Surveyor #12798 met with the facility administrator to identify the purpose of the visit prior to touring the facility. The building is a one story facility, non-sprinklered building which appears to be Type II (000) construction. The PTC is the only occupant in the building, and was inspected under the Illinois Ambulatory Surgical Treatment Center (ASTC) Licensing Requirements and the Life Safety Code (2000). The following deficiencies were identified by document review, staff interview or direct observation. We have included the deficient code section(s) for your convenience.	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: A. Based on observation and staff interview, the facility failed to constructed fire resistant walls in accordance with NFPA 101, 2000 Edition, Section 39.3.2 for hazardous areas. This deficient practice could affect patients, as well as an indeterminable number of staff and visitors, if smoke / fire was allowed to move from the room	L 029		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 7(1)(b) [redacted] (X6) DATE 7/28/11

STATE FORM 6899 OXFD11 If continuation sheet 1 of 12

Assist. Administrator

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L 029	Continued From page 1 into an exit access corridor. 1. Storage Room by west entry door. The room contains several shelves of combustible paper products and is considered a hazardous area. Verify compliance with the wall construction (1 hour rated), and the door must be fire rated, self closing and latching as specified in NFPA 101, 8.4.and 39.3.2.2.	L 029	1. The storage room will be fire rated. A fire rated door has been ordered. Maintenance will be checking wall construction for 1 hour rating. Administrator will ensure that storage room will be compliant within 60 days.	9/30/1
L 051	20.3.4/21.3.2 FIRE ALARM SYSTEM 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: A fire alarm system with approved components, devices or equipment is installed and maintained according to NFPA 101, and NFPA 72. Non-functioning equipment may not provide staff proper notification to direct patients and visitors to a means of egress without crossing or entering the area of fire origin. This deficient practice could affect all patients as well as an indeterminable number of staff and visitors. 1. Soiled work room, the smoke detector is located where the airflow may prevent the operation of the detector. The recommended separation between the detector and the air supply is 3'-0" based on NFPA 72-2-3.5.1. 2. The fire alarm control panel : a. Was not permanently identified with the location of the circuit disconnect means based on	L 051	1. Smoke detector will be relocated to more than 3' from the air supply by Affiliated Customer Service on August 18, 2011. Manager will ensure that the relocation is completed properly.	8/31/20

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L 051	Continued From page 2 NFPA 72-1-5.2.5. b. NFPA 72-1-5.2.5 requires that the dedicated branch circuit breaker(s), feeding the fire alarm panel and associated equipment, shall have red marking and shall be identified as "FIRE ALARM CIRCUIT". Provide a lock-on device for the circuit breaker. The directories in the electrical panels do not appear to have been updated or current. 3. The following documentation was unavailable at the time of this inspection of the fire alarm system as required by NFPA 101, 21.3.4.1: a. Since the building is considered "non sprinklered", public areas (corridors, waiting areas, bathrooms, etc) are to be equipped with single station battery-operated smoke detector or smoke detectors tied to the fire alarm system. Battery operated smoke detectors require testing, maintenance and battery replacement programs to ensure proper operation. Hard-wired smoke detectors will require annual testing with the fire alarm system and sensitivity testing every two years in order to comply with NFPA 72, 1999, 7-3.2.1. No previous Sensitivity Tests could be produced for review. This information is required to confirm that each device was tested and activated within the required manufacture's range. b. Documentation of visual inspections of the control equipment, batteries, heat / smoke detectors, etc. are required weekly, monthly, semi-annually and/or yearly as specified in NFPA 72, 1999 Table 7-3.1 c. The fire alarm system had been inspected by an outside testing company on 1-4-11. Based on	L 051	a. & b. The center has 2 electrical panels. Perhaps the surveyor was not looking at the correct panel. Currently there is a lock-on device and the circuit is labeled as "ALARM". The label now states "FIRE ALARM" and the directory has been updated. a. [redacted] Sensitivity Test will be completed with the annual fire alarm system inspection by Affiliated Customer Services on August 18, 2011. In the future, sensitivity testing will be completed during alternate year annual inspections. b. [redacted] Per NFPA 72, 1999, 7-3.1, Exception No. 2, because automatic inspections are performed via a remotely monitored fire alarm control unit by ADT, visual inspection frequency is permitted to be annually. The annual visual inspection is completed Affiliated Customer Service.	7/30/201 9/28/201

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L 051	Continued From page 3 this report, we request clarification and or – correction of the following items: In the comment statement of the report it indicated that they "Tested 100% of all accessible devices per detail. We found no deficiencies at this time". The test contained devices tested (audio/visual, smoke, heat, pull stations, etc.) without including a total number of each device and/or its location . The system contains fire and smoke dampers were these tested or inspected? The report states "circuit breaker locked - NO". NFPA requires the breaker to be locked on, so that the system will not be accidently shut off. (Refer to #2 above) In review of an old (2007) report it indicates the following number of devices: Heat detectors (17), Fixed Heat (1), Smoke detectors (8), pull stations (4) and audio/visual (100%), clarification as to the number of audio/visual device are required as well as the location of each device. In review of the facility drawings (dated 3/30/99), and observation, the facility appears to contain (5) fire and (5)smoke dampers . The report failed to include any information as to the inspecting/ testing / or maintenance of the dampers. It could not be determined if the entire system has been properly inspected in the past 12 months. Failure to properly inspect the fire alarm system could lead to a system failure or a possible malfunction in the event of an emergency situation. Fire alarm system testing in accordance with NFPA 101, 2000 Edition, Section 9.6 as well as NFPA 70 and NFPA 72.	L 051	C. Affiliated Customer Service, the fire alarm testing company, has been made aware that the location and quantity of all fire alarm system devices are to be documented in their report. Affiliated Customer Service confirmed that all devices in the fire alarm system were tested during the annual inspection in January 2011 and for future inspections the location and quantity of each device will be noted. (See Enclosure) Affiliated Customer Service has also been notified that the circuit breaker locked was incorrectly marked as "NO" when, in fact, the breaker is locked on. Both the fire and smoke dampers will be inspected by Affiliated Customer Services in conjunction with our HVAC Company. Going forward the Administrator will ensure that all dampers are inspected and individually documented. The smoke dampers will be inspected yearly by Affiliated Customer Service. The fire dampers will be inspected every four years by our HVAC Company. Affiliated Customer Service and Ram Mechanical (our HVAC Company) are scheduled for August 18, 2011 at 7am to inspect and individually document both smoke and fire dampers.	9/28/2011

7(1)(b)
8/10/11

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L 051	Continued From page 4 e. It is unclear based on the information provided if smoke detection is provided at the main fire alarm panel in accordance with NFPA 101 Section 9.6.1.4 and NFPA 72, 1999, Section 1-4 and 1-5. The report failed to identify the location of each device being inspected or its location.	L 051		
L 147	Electrical wiring 9.1.2, 20.5.1 Electrical wiring and equipment are in accordance with NFPA 70, National Electrical Code 9.1.2, 20.5.1 This Regulation is not met as evidenced by: A. Based on the observation and staff interview, the facility failed to install electrical wiring in accordance with NFPA 101, 2000 Edition, Section 9.1.2 and NFPA 70, 1999 Edition, National Electrical Code. This deficient practice could affect staff that would come in contact with deficient electrical wiring and water or be affected by an electrical fire from overloading electrical circuits, if improper electrical wiring started a fire. 1. Observations determined that certain outlets within 6 feet of the edge of a sink basin were not GFI manufactured devices and were not on a GFI circuit as observed in the the sterile processing room . NFPA 70, 210-8(a)(7) and 517-20 & 21.	L 147	1. All outlets within 6 feet of sink basins have been replaced with GFI devices by an electrician.	7/30/20
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	L136A		

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L136A	Continued From page 5 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. 2) A lavatory or sink equipped for handwashing with electronic or knee or foot control shall be provided. 3) A counter or shelf space for writing shall be provided. (Source: Amended at 24 Ill. Reg. 2691, effective February 18, 2000) This Regulation is not met as evidenced by: A. Areas designated for patient care, exam rooms, treatment rooms, etc. where patients may be touched, hand washing facilities are required to reduce the risk of infections from patient to staff and from staff to patients. Improper infectious control procedures may affect all patients, staff and visitors. 1. The Examination room contains a hand washing sink, however it was not equipped with hands-free operation hardware as required by ASTC 205.1360(a)(2).	L136A	1. The sink in the examination room is not a scrub sink. Per ASTC code 205.1620(c)(1) this exam sink is trimmed with handle blades.	7/30/20
L1370	205.1370 Support Services Areas SECTION 205.1370 SUPPORT SERVICE AREAS A control station shall be located to permit visual surveillance of all traffic that enters the operating suite.	L1370		

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L1370	Continued From page 6 Sterilizing facilities with high speed autoclaves conveniently located to serve all procedure rooms shall be provided. Approved alternate provisions may be made for replacement of sterile instruments during surgery. A drug distribution station shall be provided for storage and preparation of medication to be administered to patients. Scrub stations with knee, foot or elbow actuated faucets or with automatic electronic actuated faucets shall be provided near the entrances to, but outside of, the procedure rooms. Scrub facilities shall be arranged to minimize splatter on nearby personnel or supply carts. A soiled workroom for the exclusive use of the surgical suite staff shall be provided. The soiled workroom shall contain a work counter, sink equipped for handwashing, waste receptacle, and linen receptacle. This room may be used for cleaning anesthesia equipment. Fluid waste disposal facilities shall be conveniently located with respect to the general procedure rooms. Clean workroom A clean workroom or a clean supply room is required when clean materials are assembled within the surgical suite prior to use. A clean workroom shall contain a work counter, sink equipped for handwashing, and space for clean and sterile supplies. A clean supply room shall be provided when the narrative program defines a system for the storage and distribution of clean and sterile supplies that would not require the use of a clean workroom. An autoclave shall be incorporated into the clean workroom. Anesthesia storage facilities shall be provided. Flammable anesthetics are prohibited. Medical gas supply storage with space for reserve nitrous oxide and oxygen cylinders shall	L1370		

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L1370	Continued From page 7 be provided, with all tanks properly secured. Storage area for equipment and supplies used in the surgical suite shall be provided. Staff and personnel facilities shall be provided for male and female personnel (orderlies, technicians, nurses, and doctors) working within the surgical suite. The areas shall contain lounge, lockers, toilets, lavatories equipped for handwashing, and space for changing clothes. These areas shall be arranged to provide a one-way traffic pattern so that personnel entering from outside the sterile area can change, gown, and move directly into the sterile area. Space for removal of scrub suits and foot covers shall be designed so that personnel using it will avoid physical contact with clean personnel. Change areas where patients can change from street clothes into hospital gowns in privacy, and be prepared for surgery, shall be provided. This shall include lockers, toilets, clothing change or gowning areas, and space for the administration of medications. The stretcher storage area shall be out of the direct line of traffic. A janitor's closet containing a floor receptor or service sink, and storage space for housekeeping supplies and equipment, shall be provided exclusively for the surgical suite. (Source: Amended at 24 Ill. Reg. 2691, effective February 18, 2000) This Regulation is not met as evidenced by: A. Based on observations it was determined that the facility failed to maintain the corridors free of all obstructions to full instant use. This deficient practice could affect staff, visitors and patients in the surgical center. 1. The main OR corridor contained storage of a	L1370		

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L1370	Continued From page 8 gurney, desk and chair. Means of egress shall be continuously maintained free of all obstruction or impediments to full instant use in the case of fire or other emergency based on NFPA 101, 7.1.10.1. and . 205.1370(l)& (m)	L1370	1. All corridors are 8 feet wide. The gurney is 2.5' wide and is pushed against the wall with the wheels "locked" and therefore is not movable. There is still 5.5' of corridor space with no obstructions/impediments. There is nowhere else in the facility to store the gurney. (See enclosed Floor Plan) The desk and chair will be removed from the space and a wall-mounted fold up desk/medical chart holder will be installed for physician use.	8/31/20 CK HL
L1540	205.1450 HVAC (General) SECTION 205.1540 AIR CONDITIONING, HEATING AND VENTILATING SYSTEMS a) The systems shall be designed to provide the comfort temperatures and humidities as recommended by ASHRAE Standards. b) Air handling systems shall conform to "Installation of Air Conditioning and Ventilating Systems," NFPA 90A-1976. c) For spaces not exceeding 25,000 cubic feet in volume, heating, air conditioning, and ventilating systems shall conform to "Standard for the Installation of Warm Air Heating and Air Conditioning Systems, NFPA 90-B, 1973, except return ducts shall be constructed of materials equal to that specified for supply ducts, Chap. 2, paragraph 1.1., Duct Materials. d) Outdoor air intakes shall be located as far as practical but not less than 15 feet from exhaust outlets of ventilation systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vent stacks or from areas which may collect vehicular exhaust and other noxious fumes. e) All ventilation air outlets and inlets shall conform to NFPA 90A-Chapter 2, paragraph 3.2. Location of Outlets and Inlets.	L1540		

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L1540	Continued From page 9 f) The ventilation systems shall be designed and balanced to provide the ventilation and pressure relationships as shown in Table A. g) The ventilation air supplied to the procedure rooms shall be delivered at or near the ceiling of the area served, and all exhaust or return air from the area shall be removed near the floor level. At least two exhaust outlets shall be used in each procedure room. h) All central ventilation or air conditioning systems shall be equipped with filters having efficiencies not less than those specified in the following table: FILTER EFFICIENCIES FOR CENTRAL VENTILATION AND AIR CONDITIONING SYSTEMS IN AMBULATORY SURGICAL TREATMENT FACILITIES	L1540		

Area Designation	Minimum Number of Filter Beds	Filter Efficiencies (Percent) Filter Bed No. 1	Filter Bed No. 2
Procedure and Recovery Rooms	2	25	90
All Other Areas	1	25	--

i) All filter efficiencies shall be average atmospheric dust spot efficiencies tested in accordance with the American Society of Refrigeration and Heating, Air

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L1540	Continued From page 10 j) Conditioning Engineers (ASHRAE) Standards 52-68. For systems serving procedure and recovery rooms, filter bed No. 1 shall be located upstream of the conditioning equipment and filter bed No. 2 shall be located downstream of the supply fan and conditioning equipment including humidifiers. k) Filter frames shall be durable and shall provide an airtight fit with the enclosing duct work. All joints between filter segments and enclosing duct work shall be gasketed or sealed to provide a positive seal against air leakage. l) A manometer shall be installed across each filter bed serving procedure and recovery rooms. m) Fire and smoke dampers shall be constructed, located and installed in accordance with the requirements of NFPA 90A. n) All systems, regardless of size, which serve more than one smoke or fire zone, shall be equipped with smoke detectors to shut down fans automatically as specified in paragraph 4-3.1 of NFPA 90A. o) The ventilation system for anesthesia storage rooms shall conform to the requirements of "Standard for p) Inhalation Anesthetics" NFPA 56A, including the gravity option ventilation system. q) Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and limit temperatures in working stations to 97 F Effective Temperature as defined by ASHRAE Handbook of Fundamentals. Rooms containing heat-producing equipment,	L1540		

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L1540	Continued From page 11 such as boiler rooms and heater rooms, shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 100 F. (Source: Amended at 6 Ill. Reg. 6220, effective May 17, 1982) This Regulation is not met as evidenced by: A. Based on record review and observations it was determined that the facility failed to maintain fire and smoke dampers in accordance with NFPA 101, Section 8.3.5 and NFPA 90A Section 3-4.6.7. This deficient practice could affect staff, visitors and patients in this facility. 1. During record review and staff interview it was determined that the facility had not maintained the dampers or created a damper maintenance log. All dampers are to receive maintenance at least every 4 years, fusible links shall be removed ; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. 2. Fire dampers installed between the mechanical / electrical room and the corridor were not installed in accordance with the manufacturers standards. The ducts are not supported and the gap between the duct and the wall was filled with expandable weatherization sealant. This sealant does not provide any fire protection for this enclosure wall.	L1540	1. See response for L051 2. c. 7/30/2011 2. The ducts were reinforced with metal brackets per manufacture's standards by an HVAC technician.	7/30/20 7/30/20