

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002447	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/26/2011
NAME OF PROVIDER OR SUPPLIER AANCHOR HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1186 ROOSEVELT ROAD GLEN ELLYN, IL 60137		
(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)	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. Surveyor 12798: On October 26, 2011 a Monitoring Life Safety Survey was conducted at Aanchor Health in Glen Ellyn, Illinois. The Surveyor monitored the Provider's progress toward completion of their Plan of Correction dated 7/13/2011. Unless otherwise noted, all deficiencies that have been cleared or cited herein were found through observation, staff interview, or document review.	(L 000)	<i>original Red. 11/8/11</i>	
(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.	(L 029)		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

7(1)(b)

TITLE
Assistant Administrator

(X6) DATE
11-7-11

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{L 029}	Continued From page 1 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 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. UPDATE 10/26/11: The Storage room door is now rated. The plaster ceiling contains a recessed supply air grille and return air grille along with unsealed wiring penetrations. It is not clear how the ceiling penetrations meet the requirements for a 1 hour fire rating for this room.	{L 029}	Wire penetrations filled with fire rated caulking. Both air grills will be properly dampered for 1 hour fire rating by the HVAC Company.	1/6/12
{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.	{L 051}		

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(L 051)	<p>Continued From page 2</p> <p>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.</p> <p>1. Corrected 10/26/11 2. Corrected 10/26/11</p> <p>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:</p> <p>a. Corrected 10/26/11 b. Corrected 10/26/11</p> <p>c. The fire alarm system had been inspected by an outside testing company on 1-4-11. Based on this report, we request clarification and or correction of the following items:</p> <p>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?</p> <p>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)</p> <p>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</p>	(L 051)			

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{L 051}	<p>Continued From page 3</p> <p>(100%), clarification as to the number of audio/visual device are required as well as the location of each device.</p> <p>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.</p> <p>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.</p> <p>UPDATE 10/26/11: Pending, identification of dampers for storage room (see K029). Dampers at this location were not included on the list or locations.</p> <p>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.</p> <p>UPDATE 10/26/11: Staff informed the surveyor that parts have been ordered to expand the Fire Alarm panel to tie-in the dampers.</p>	{L 051}	<p>Upon installation of dampers in storage room by west entry door, a complete report of quantities, locations, and functionality of all dampers will be completed.</p> <p>Installation of the ordered part is tentatively scheduled for November 7, 2011. Upon installation of both the part and the dampers in storage room by west entry door, a complete report of quantities, locations, and functionality of all dampers will be completed.</p>	<p>1/6/12</p> <p>1/6/12</p>