ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

☒ ASTC ☐ HHA ☐ HMO ☐ HOSPICE ☐ HOSPITAL

NAME AND ADDRESS OF FACILITY: Access Heath Center 1700 75th Street Downers Grove Il. 60516

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.420 (a)	Sanitary Facility The ambulatory surgical treatment center shall insure maintenance of a sanitary facility… This requirement is not met as evidenced by: Based on Facility policy review, observation and staff interview, it was determined that for 1 of 2 operating rooms (OR2) observed, the Facility failed to ensure a sanitary environment. Findings include: 1 On 5/18/11 at approximately 11:30AM , Facility policy titled," Terminal Cleaning of the Operating Suite" was reviewed.	See Next Page	

DATE OF SURVEY 5/18/11 BY 07105 (Surveyor) (Provider's Representative)

6/6/11

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205.420 (a) Cont	**Sanitary Facility** The policy included, "...cleaning of the operating suite will occur at the end of every surgery day." 2.On 5/18/11 at approximately 11:15AM OR #2 was inspected and observed with loose debris on the floors, a red stain on a wall and standing water in a small bucket. The last surgical day was on 5/16/11. 3.The above findings were confirmed by the Nurse Manager during an interview on 5/18/11 at approximately 11:15AM.	The Administrator has contacted the cleaning company which is responsible for terminal cleaning at the end of the day. Their supervisor has discussed the situation with their cleaning staff. The Nursing Supervisor will be responsible to monitor and ensure compliance by the cleaning company. In addition, they will also assign the medical assistants to do "spot-cleaning" as well as "spot-checks" between patients and at the end of the day prior to terminal cleaning.	06/30/2011

Date of survey 5/18/11 By _07105_____ (Surveyor) (Provider's Representative)_____

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NAME AND ADDRESS OF FACILITY: Access Health Care 1700 75th Street Downers Grove Il, 60519

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.610 (o)	Clinical Records Accurate and complete records shall be maintained…the record shall include…post counseling notes." This requirement was not met as evidenced by: Based on clinical record review and staff interview, it was determined that in 6 of 10 records reviewed (Pt. #s1-6), the Facility failed to ensure patients received post operative counseling . Findings include:	Due to the nature of the procedures, many of our patients explicitly express that they do not want to be contacted post procedure for confidentiality reasons. Also, many of our patients return to their own physicians for pot-op care and/or counseling and some patients are simply non-compliant and do not respond to any type of follow up. Therefore, with this in mind we have created a "Post Counseling Progress Notes" Form (see enclosure). This Form will be used to document the post counseling status of each patient: 1. Whether or not the patient can be contacted 2. Where the patient will be going for follow up: a. Own Physician, who? b. Our Facility, when? c. No Follow Up/Non-Compliance/Wrong Contact, etc. Assigned staff will make an attempt to contact the patient regarding post counseling. Notes will be added to the patient's chart. The administrator will monitor compliance.	06/30/2011

DATE OF SURVEY 5/17/11 BY 07105 (Surveyor) _____ (Provider's Representative)

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205.610 (o) Cont	Clinical Records 1. On 5/17/11 clinical records were reviewed between 10:00AM and 12:30PM. The clinical records for Pt. #s 1-6 lacked post operative counseling notes. 2. The above findings were confirmed by the Chief of Operations during an interview on 5/17/11 at approximately 1:30PM.		

DATE OF SURVEY 5/17/11 BY 07105 (Surveyor) _____ (Provider's Representative)

POST COUNSELING PROGRESS NOTE

Last Name	First Name	PT.#

☐	Patient does not want to be contacted for follow-up.
☐	Patient is going to her own physician.
☐	Patient will be following up at our center.
☐	Patient can be called at the following: _____ _____

Date	

Illinois Department of Public Health

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	7001613	A. BUILDING _____ B. WING _____	07/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCESS HEALTH	1700 - 75TH STREET DOWNERS GROVE, IL 60516

(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 7/12/11. Access Health is a Pregnancy Termination Center (PTC) located at 1700 75th Street, Downers Grove, IL. Surveyor #12798 met with the facility assistant administrator and consultant to identify the purpose of the visit prior to touring the facility. The building is a one story facility, with sprinkler protection of hazardous rooms only, all other areas are equipped with heat and/or smoke detection. The building 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 maintain fire resistant walls or provide sprinkler protecting for hazardous areas in accordance with NFPA 101, 2000 Edition,	L 029		

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

STATE FORM 6899 EP2011 Administrator If continuation sheet 1 of 8

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L 029	Continued From page 1 Section 39.3.2. 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. (see also L-0117, building services) 1. Storage Room, contains shelves of combustible paper products and is considered a hazardous area. The walls to the room extend to the deck above but are not sealed and the door is unrated as required by NFPA 101, 8.4.and 39.3.2.2. This room contains a sprinkler head, however the inspector was informed that it was non-functional. The room either needs to meet the construction requirements OR the sprinkler needs to be functional. 2. Mechanical room off of recovery. The room 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 OR the sprinkler head located in this room needs to be functional.	L 029	1. & 2. Storage Room and Mechanical Room sprinkler heads will be inspected by SimplexGrinnell within the next 30 days and will be functioning within the next 90 days. Annual inspections will continue every year.	10/28/201
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	L 051		

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L 051	Continued From page 2 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. 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 "not fully 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. Documentation of the periodic testing of the battery discharge (90 minute) per NFPA 72, 1999, Table 7-3.2. was not available for review. d. The fire alarm system had been inspected by an outside testing company. The testing document was unclear as to how many devices were tested indicating only "100%". The test	L 051	a. Sensitivity Test will be completed with the annual fire alarm system inspection by Affiliated Customer Services on August 24, 2011. In the future, sensitivity testing will be completed during alternate year annual inspection. b. 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. c. A new Preventive Maintenance/Inspection Log has been created to properly document the annual 90 minute battery discharge. A memo has been sent out informing the manager of the changes and the maintenance staff has been trained on how to perform tests/inspections. The center's manager will be responsible for making sure that the documentation of the tests/inspections is current. (See Enclosure)	8/31/201

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L 051	Continued From page 3 contained devices tested (smoke, heat, pull stations, etc.) without including a total number of each device and location of each tested device. It was impossible to determine 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. 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 of the 14 heat detectors and 4 smoke detectors.	L 051	d. & e. 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 September 2010 and for future inspections the location and quantity of each device will be noted. (See Enclosure)	
L 076	Medical Gas 4.3.1.1.2, 20.3.2.4, 21.3.2.4 Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities, and NFPA 101. (a) Oxygen storage locations of greater than 3,000 cu. ft. are enclosed by a one hour separation. (b) Locations for supply systems of greater than 3,000 cu. ft. are vented to the outside. 4.3.1.1.2, 20.3.2.4, 21.3.2.4 This Regulation is not met as evidenced by: A. Based on observations it was determined that the facility failed to provide proper storage of	L 076		

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L 076	Continued From page 4 portable oxygen containers in accordance with NFPA 99, Section 8-3.11.2. This deficient practice could affect an indeterminable number of patients, staff and visitors. 1. The Recovery Room, contained a portable liquid oxygen container sitting on the vinyl tile floor unsupported. NFPA 99, Section 8-3.11.2 (h). 2. Recovery Room, liquid oxygen containers (3) were less than 20 feet from combustible items such as recovery chairs, trash cans, etc. Based on conversation with the facility staff the liquid oxygen is normally kept at this location. NFPA 99, Section 8-3.1.11.2(c)(1).	L 076	1. & 2. A memo has been released advising the staff of the proper storage of the O2 Tanks. (See Enclosure) The Nurse Supervisor and Manager will be responsible to ensure compliance.	7/28/20
L 117	Building Services 21.5.1, 9.1., NFPA 70, 110 This Regulation is not met as evidenced by: A. Building services including utilities, heating, venting and air conditioning meet the requirements of NFPA 101, 21.5. PLUMBING: 1. All fixtures for use by medical and nursing staff shall be trimmed with valves which can be operated without the use of hands. Improper infectious control procedures may affect all patients, staff and visitors. a. Scrub sinks for surgery shall be trimmed with valves which are aseptically operated (i.e., knee or foot or elbow actuated) without the use of hands. Wrist blade handles are not acceptable based on LSC 205.1620(c)(2). 2. The facility contains 2 sprinkler heads, one serving the storage room and one located in the	L 117	a. We will be replacing the scrub sink faucets with aseptically operated faucets. We are currently obtaining options and quotes from plumbers. The Administrator will be responsible for compliance within 6 months.	1/28/2012

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L 117	Continued From page 5 mechanical room. The facility indicated that the sprinklers were non-functional. No documentation was available as to the servicing of these heads or when they were taken out of service. The sprinklers do not constitute a "system" and appear to be installed off of the domestic water supply and must comply with the Illinois Plumbing Code, 890.1130(d). Identification of the backflow, check valves, air gaps, etc. were unknown by the facility staff. A improperly installed system may contaminate the water supply at this facility.(see also 029, protection of hazardous areas).	L 117	2. Sprinklers will now be functional. (See L 029 1. & 2.)	10/28/20
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 or the POC lab. NFPA 70, 210-8(a)(7) and 517-20 & 21. 2. Observations determined that multi-prong	L 147	1. All outlets within 6 feet of edge of a sink basins have been replaced with GFI manufactured devices by an electrician. 2. A memo has been sent out advising staff not to use multi-plug adaptors.	7/30/2011

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L 147	Continued From page 6 adapters were used in areas of the facility including sterile processing.	L 147		
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. 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	L136A		

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L136A	Continued From page 7 washing sink, however it was not equipped with hands-free operation hardware as required by ASTC 205.1360(a)(2).	L136A	1. See response for L117 1. a.	1/28/201