

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7001613 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____ | (X3) DATE SURVEY COMPLETED 01/28/2016 |
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| NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH | STREET ADDRESS, CITY, STATE, ZIP CODE 1700 - 75TH STREET DOWNERS GROVE, IL 60516 |
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| L 000 | <p>Initial Comments</p> <p>On January 28, 2016, the physical plant portion of a Licensure Survey was conducted at the above facility. The surveyors were accompanied during the survey walk-through by the following provider representatives:</p> <p style="padding-left: 40px;">The Chief of Operations (COO) The Assistant Administrator (AA)</p> <p>The facility was observed to be the sole tenant in a one story building of (apparent) Type V (000) construction. The building was observed to be neither fully covered by an automatic sprinkler system nor fully covered by an automatic smoke detection system.</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 as an existing Ambulatory Surgical Treatment Center under 77 Illinois Administrative Code 205, as amended by 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 observation during the survey walk-through, staff interview, or document review.</p> <p>The requirements of 77 Illinois Administrative Code 205 are NOT MET as evidenced by the deficiencies cited under the following L-Tags.</p> | L 000 | | |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| L 029 | Continued From page 1 | L 029 | | |
| L 029 | <p>38.2.1/39.3.2 HAZARDOUS AREAS</p> <p>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.</p> <p>High hazard areas shall comply with 39.3.2.2.</p> <p>This Regulation is not met as evidenced by: Based on observation during the survey walk-through, not all hazardous areas are protected as required.</p> <p>Findings include:</p> <p>On January 28, 2016 at 10:45 AM, while accompanied by the COO and the AA, the surveyors observed that the File Room is not separated from the remainder of the building by minimum 1 hour fire rated construction as required by 21.3.2, 39.3.2.1, and 8.4.1.1(1).</p> | L 029 | | |
| L 032 | <p>20.2.4/21.2.4 TWO REMOTE EXITS</p> <p>At least two exits, located remote from each other are provided for each floor or fire section of the building. 20.2.4.1,20.2.4.2,20.2.4.3/21.2.4.1, 21.2.4.2 21.2.4.3</p> <p>This Regulation is not met as evidenced by: Based on observation during the survey walk-through, not all exit paths are constructed or maintained to provide at least 2 remote exits from</p> | L 032 | | |

Illinois Department of Public Health

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| L 032 | <p>Continued From page 2</p> <p>each floor or fire section. These deficiencies could affect any patients, staff, or visitors in the building because they could be prevented from exiting the building under emergency conditions.</p> <p>Findings include:</p> <p>On January 28, 2016, while accompanied by the COO and the AA, the surveyors observed exterior egress doors which are equipped with both a latchset and a separate thumbturn deadbolt, thus requiring two operations to exit the building as prohibited by 7.2.1.5.4. Locations observed include:</p> <p>A. 9:40 AM, exterior exit door from the Recovery Room.</p> <p>B. 10:50 AM, exterior exit door from Surgery Corridor.</p> | L 032 | | |
| L 050 | <p>21.7.1.2 FIRE DRILLS</p> <p>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</p> <p>This Regulation is not met as evidenced by: Based on document review and staff interview, fire drills are not held at varying times and varying conditions in accordance with 21.7.1.2.</p> <p>Findings include:</p> <p>A. Based on document review conducted on</p> | L 050 | | |

Illinois Department of Public Health

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| L 050 | Continued From page 3 January 28, 2016 at 10:30 AM, fire drills are not conducted at varying times as required by 21.7.1.2. During the calendar years 2015 and 2016, fire drills did not list the times at which fire drills were conducted. B. During an interview held in the Staff lounge on January 28, 2016 at 10:30 AM, the COO confirmed that fire drills do not include the transmission of a fire alarm signal as required by 21.7.1.2. | L 050 | | |
| 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: Based on observation during the survey walk-through, the facility failed to provide and maintain a compliant fire alarm system. These deficiencies could affect any patients, staff, or visitors in the building because the fire alarm system could fail to operate properly under emergency conditions. Findings include: On January 28, 2016, at 9:55 AM, while accompanied by the COO and the AA, the surveyors observed a smoke detector, in the Surgical Corridor, that is located within 3'-0" of supply air diffusers as prohibited by NFPA 72 1999 2-3.5.1. | L 051 | | |

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| L 115 | Continued From page 4 | L 115 | | |
| L 115 | <p>20.3.7.2/21.3.7.2 SMOKE COMPARTMENTATION</p> <p>Ambulatory health care facilities are divided into at least two smoke compartments with smoke barriers having at least a one-hour fire resistance rating. Doors in smoke barriers be at least 1 3/4 inch solid core and are equipped with closing devices (latch not required). Vision panels are provided and are of fixed wired glass limited to 1,296 sq. in. per panel. (21.3.7.2) (see codes sections for exceptions for size, smoke detection and sprinkler protection)</p> <p>This Regulation is not met as evidenced by: Based on observation during the survey walk-through and document review, smoke barriers are not constructed and maintained as required.</p> <p>Findings include:</p> <p>A. On January 28, 2016 at 9:30 AM, while accompanied by the COO and the AA, the surveyors observed that the smoke barrier wall identified on facility life safety plans could not be determined as being complete to the underside of the roof deck above, as required by 21.3.7.2 and 8.3.2, because there is no access to the attic space through the layer of drywall attached to the underside of the roof trusses.</p> <p>B. On January 28, 2016 at 9:35 AM, while accompanied by the COO and the AA, the surveyors observed that at least two ducts which penetrate the smoke barrier wall identified on facility life safety plans lack smoke dampers required by 21.3.7.3 and 8.3.5.1. The two ducts</p> | L 115 | | |

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| L 115 | <p>Continued From page 5</p> <p>observed were in the wall between the Staff Lounge and the Laboratory.</p> <p>C. On January 28, 2016 at 9:55 AM, while accompanied by the COO and the AA, the surveyors observed multiple pipe or other penetrations, through the smoke barrier wall identified on facility life safety plans, which are not sealed against the passage of smoke as required by 8.3.6.1. Locations observed include:</p> <ol style="list-style-type: none"> 1. 9:55 AM, Cashier's Office, 1 penetration. 2. 10:05 AM, Copy Room, 3 penetrations. <p>D. On January 28, 2016, while accompanied by the COO and the AA, the surveyors observed pass-through windows, in the smoke barrier wall identified on the facility life safety plans, which are not fixed fire window assemblies as required by 21.3.7.4 and 8.2.3.2.2. Locations observed include:</p> <ol style="list-style-type: none"> 1. 9:55 AM, Cashier's Office. 2. 10:05 AM, PoC Room. | L 115 | | |