

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

RECEIVED

ASTC SUB ACUTE HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS OF FACILITY Michigan Avenue Center for Health, Ltd. 2415 S. Michigan Avenue Chicago Illinois 60616

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)	<p style="text-align: center;">Sanitary Facility</p> <p>The ambulatory surgical treatment center shall insure maintenance of a sanitary facility...</p> <p>This requirement was not met as evidenced by:</p> <p>Based on an observational tour of 2 of 2 operating rooms (#1 and #2) and one recovery room, it was determined that the Facility failed to ensure equipment was maintained in a sanitary manner.</p> <p>Findings include:</p> <p>On 6/22/11 at approximately 11:35AM Operating rooms #1 and #2 and the recovery room was inspected with the following observations:</p> <p>1. Three (3) of 4 metal carts in OR #1 contained rust like stains, residue and dust.</p> <p>The Anesthesia Machine in OR#1 was dusty.</p> <p>Suction tubing in OR #1, identified by staff as clean, was suspended over a biohazard container. The lid of the container when opened touched the clean tubing.</p>	<p>A meeting was held with the center managers, nurse supervisors, staff RNs and medical assistants to discuss the following plan of action:</p> <ol style="list-style-type: none"> 1. The "brown substance" is betadine which can be very difficult to remove from certain surfaces. A new betadine stain remover will be evaluated by the center. 2. The nurse supervisor has discussed our cleaning protocol with the terminal cleaning staff. (See In Service Training Record) 3. Medical assistants will be responsible for dusting/cleaning of medical equipment, carts, etc. as well as "spot cleaning" between cases. (See O.R. Checklist) 4. The biohazard container has been moved to another location. Staff have been instructed to keep this area clear. (See O.R. Checklist) <p>The Nurse Supervisor will be responsible for monitoring compliance of the cleaning protocols.</p>	<p>7/30/2011 6/30/2011</p>

8/1/11
OK

DATE OF SURVEY 6/23/11

BY 07105
(Surveyor)

7(1)(b)
(Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

7(1)(b)

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DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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NAME AND ADDRESS OF FACILITY Michigan Avenue Center for Health, Ltd. 2415 S. Michigan Avenue Chicago Illinois 60616

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
<p>205.420 (a)</p> <p>Cont.</p>	<p>Sanitary Facility</p> <p>2. Two of 5 metal carts in OR #2 contained rust like stains and dust.</p> <p>Or #2 contained an ambu bag with a brown substance. rust like stains and dust.</p> <p>3. Two of 2 metal carts in the Recovery room contained rust like stains and dust.</p> <p>4. The above findings were confirmed by the Office Manager and Consultant during an interview on 6/22/11 at approximately 11:45AM</p>	<p align="center"><i>See Previous Page</i></p>	

7(1)(b)

DATE OF SURVEY 6/23/11

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SUB ACUTE HHA

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HOSPITAL

NAME AND ADDRESS
OF FACILITY

Michigan Avenue Center for Health, Ltd.
2415 S. Michigan Avenue, Chicago, IL 60616

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.510 (b)	<p>Emergency Care</p> <p>Each facility shall be prepared to manage those emergencies which may be associated with procedures performed there.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, review of the Crash Cart Checklist, Facility policy, and staff interview, it was determined that for one of one crash cart observed, the Facility failed to ensure emergency supplies were not outdated and failed to maintain a complete supply list on the checklist.</p> <p>Findings include:</p> <p>1. During an observational tour of the Facility's procedure rooms and recovery room on 6/22/11 between 11:15 AM and 12:15 PM, a crash cart was observed in the recovery room. The crash cart was opened by staff. Three (3) of 3 bags of intravenous fluids contained in the cart were outdated with expiration dates ranging from 9/2010 to 5/2011.</p>	<p><i>See next page</i></p>	

7(1)(b)

(Provider's Representative)

DATE OF SURVEY 6/23/11

BY 15168/15166

(Surveyor)

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OF FACILITY

Michigan Avenue Center for Health, Ltd.
2415 S. Michigan Avenue, Chicago, IL 60616

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
<p>205.510 (b) Cont'd.</p>	<p>Emergency Care</p> <p>2. The "Crash Cart Checklist" was reviewed on 6/23/11 at approximately 12:10pm. The checklist included a list of medications that were in the crash cart and the expiration date for each medication. The checklist lacked documentation of 3 bags of intravenous fluids that were found in the crash cart, including 2 bags of Normal Saline (NS) 250 ml and one bag of Lactated Ringers (LR) 1L, and therefore also lacked documentation of expiration dates for these outdated supplies.</p> <p>3. The Facility policy entitled, "Check of Emergency Equipment," was reviewed on 6/22/11 at approximately 1:00 PM. The policy required "...1. The stat kit (or cart) contents and list shall be examined for completeness and readiness for every surgery day...2. A log shall be maintained on the cart to include the following: a. Date and time all items were checked..."</p> <p>4. The above findings were verified with Facility's Office Manager on 6/22/11 at approximately 3:00 PM.</p>	<p>A meeting was held with the nurse supervisor and RNs. A memo has also been released to address Crash Cart Issues. (See enclosure)</p> <p>Our current "crash cart checklist" is a 2 page document. Page 1 list medications, Page 2 lists other supplies. The expired I.V. solutions that have been missed were listed on Page 2. The checklist has been reviewed and modified. I.V. solutions have now been moved to Page 1 with other medications. Items that never expire will be moved to the bottom of Page 2 and will be pre-printed as "NA" in the expiration column. We expect that this new checklist will be more user-friendly for the RNs. (See enclosure)</p> <p>The nurse supervisor will be responsible to check the daily checklist monthly for compliance.</p>	<p>7/30 6/30/2011</p>

7(1)(b)

DATE OF SURVEY 06/23/11 BY 15168/15166
(Surveyor)

(Provider's Representative)

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XASTC HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS: Michigan Avenue Center for Health, Ltd.
OF FACILITY: 2415 South Michigan Avenue, Chicago, Illinois 60616

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (c)	<p>Postoperative Care: Patients in whom a complication is known or suspected to have occurred during or after the performance of a surgical procedure, shall be informed of such condition and arrangements made for treatment of the complication. In the event of admission to an inpatient facility a summary of care given in the ambulatory surgical treatment center concerning the suspected complication shall accompany the patient.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on review of Facility policy, clinical records, and staff interview, it was determined that, in 2 of 7 (Pt #3 and #4) clinical records reviewed of patients transferred to an inpatient facility, the Facility failed to ensure required documentation accompanied the patient.</p> <p>Findings include:</p>	<p align="center"><i>See Next Page</i></p>	

7(1)(b)

DATE OF SURVEY 6/23/11

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OF FACILITY: 2415 South Michigan Avenue, Chicago, Illinois 60616

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205.540 (c) Continued	<p style="text-align: center;">Postoperative Care</p> <p>1. Facility policy entitled, "Transfer of Patient Chart Information," reviewed on 6/22/11 at approximately 2:00 PM, required, "...The surgeon and/or anesthesiologist should communicate with the hospital receiving physician the reason for transfer."</p> <p>2. The clinical record of Pt #3 was reviewed on 6/22/11 at approximately 2:15 PM. Pt #3 was a 30 year old female who presented on 3/23/10 for a D and C (Dilatation and Curettage) procedure. The clinical record included that on 3/23/10, Pt #3 was transferred to an inpatient facility with a diagnosis of Abnormal Heart Rhythm. The clinical record lacked the surgeon's and/or anesthesiologist's documentation regarding the complication(s) leading to the need for transfer.</p>	<p>A memo has been released to all the physicians reminding them of our transfer documentation protocol. (See enclosure)</p> <p>The nurse supervisor will be responsible to ensure complete and proper documentation on the day of the transfer.</p> <p>The Consulting Committee will review all transfers quarterly for completeness.</p>	<p style="text-align: center;">7/30 -6/30/2011</p>

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NAME AND ADDRESS: Michigan Avenue Center for Health, Ltd.
 OF FACILITY: 2415 South Michigan Avenue, Chicago, Illinois 60616

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.540 (c) Continued	<p>Postoperative Care :</p> <p>3. The clinical record of Pt #4 was reviewed on 6/22/11 at approximately 2:30 PM. Pt #4 was a 40 year old female who presented on 12/22/09 for a D and C procedure. Clinical documentation dated 12/22/09 included that on 12/22/09 Pt #4 was transferred to an inpatient facility with a diagnosis of High Blood Pressure. The clinical record lacked the surgeon's and/or anesthesiologist's documentation regarding the event(s) leading to the need for Pt #4's transfer.</p> <p>4. The findings were verified by the Facility's Office Manager during an interview on 6/22/11 at approximately 3:00 PM.</p>	<i>See previous page</i>	

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NAME AND ADDRESS OF FACILITY MICHIGAN AVENUE CENTER FOR HEALTH, LTD 2415 SOUTH MICHIGAN CHICAGO, IL 60616-2034

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)	<p>Clinical Records</p> <p>Accurate and complete clinical records shall be maintained for each patient... The record shall include the following... post counseling notes.</p> <p>Based on clinical record review and staff interview, the Facility failed to ensure for 2 of 17 clinical records reviewed (Pt. #1 and #2) the records contained a post counseling note.</p> <p>This requirement is not met as evidenced by:</p> <p>Findings include:</p> <p>1. On survey date 6/22/2011 at 9:00 AM, the clinical record of Pt. #1 was reviewed. Pt. #1, a 22yr. old, had a surgical procedure on 10/15/2010. The clinical record lacked a post counseling note.</p>	<p><i>→ See enclosure for new form</i></p> <p>As of June 1, 2011, we have started using a new form for Post-Counseling Notes documentation. The 2 non-compliant patient records were from before the new documentation was implemented. An audit has been performed on all surgical charts since 6/1/2011 and found them to be compliant with Post-Counseling Notes.</p> <p>The Center's manager will be responsible to ensure compliance by the staff making the Post-Op calls. Also, the Post-Counseling Notes will be added to the quarterly Medical Record Review form to be reviewed by the Consulting Committee.</p>	<p>7/30 6/30/2011</p>

DATE OF SURVEY 6/23/2011

BY 07105
(Surveyor)

7(1)(b)
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HHA

HMO

HOSPICE

HOSPITAL

NAME AND ADDRESS
OF FACILITY

MICHIGAN AVENUE CENTER FOR HEALTH, LTD 2415 SOUTH MICHIGAN CHICAGO, IL 60616-2034

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG		COMPLETION DATE
205.610(o) Cont'd.	<p>Clinical Records</p> <p>2. On survey date 6/22/2011 at 9:30AM, the clinical record of Pt. #2 was reviewed. Pt. #2, a 22yr. old had a surgical procedure on 3/26/2011. The clinical record lacked a post counseling note.</p> <p>3. On survey date 6/22/2011 at approximately 3:00 PM, in an interview with the Assistant Clinical Manager, these findings were confirmed.</p>	See Previous Page	

7(1)(b)

DATE OF SURVEY 6/23/2011

BY 07105
(Surveyor)

(Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

IN-SERVICE TRAINING RECORD

205.610

DATE: 5-28-11

TIME: 2pm

PRESENTOR: Laura K, Center Manager

TOPIC: Post-op Progress notes

OUTLINE:

- New Forms Post-op Progress notes
- One for each patient's chart
- Document on Each Form if pt wants to be contacted or not. If pt wants to be contacted provide contact #.
- Document follow-up phone call on day after procedure (sat pt's will be called Monday)
- Remind pt of follow-up exam (Date & Time)
- Document all attempts of contact with patient (2 calls made date & Time).
 - Document any other calls/contact from patient

ATTENDEES: - Report any problems/issues to Nurse Supervisor immediately

- Jessica A.
- Lizabeth S.
- Lizbeth Garcia.
- Jessica H.
- Alexandra R.
- Luisa Santiago
- Debbie Roden

7(1)(b)

VERIFIED BY: 7(1)(b)

MEMORANDUM

To: Managers, Nurse Supervisor, RN's

From: Administration

7(1)(b)

205.510

Date: 7/6/2011

Re: Crash Cart Checklist

Please be advised that page 2 of the Crash Cart Checklist has been modified. All items that have expiration dates have been moved up the list. Items that never have an expiration date already have "N/A" pre-printed in the EXP. DATE column.

Also, the IV bags and lactated ringers have been moved from page 2 to the bottom of page 1. Therefore all medications are now on page 1 and supplies are on page 2.

The Crash Cart Checklist needs to be checked at least monthly or when new supplies come in. Please take note that many "non-medication" supplies/instruments, on page 2, may also have expiration dates.

CRASH CART CHECKLIST - MEDS

All crash cart equipment is non-latex

205. 510

Center: _____ Starting Date : _____ Checked by: _____ RN Starting Lock #(s): _____

MEDICATION	AMOUNT NEEDED	AMOUNT ON HAND	EXP. DATE	LOT#	DATE REC'D	EXP. DATE	LOT #	LOCK # (S)
Adenosine (Adenocard) 3mg/ml, 2 ml vial	3 amps							
Albuterol Inhaler 17 gm	1							
Ammonia Inhalant 0.3 ml ampule	5							
Aspirin, chewable tablets 81mg	1 bottle							
Atropine Sulfate 10ml (0.1mg/cc)	3 PF Syr.							
Calcium Chloride 10%, 10ml	2							
Dexamethasone 4mg/ml, 1 ml vial or Dexamethasone 4mg/ml, 5 ml vial	5 1							
Dextrose 50% 25gm/50ml	1 PF Syr.							
Diphenhydramine (Benadryl) H1 50mg vial	1 PF Syr.							
Dopamine 400mg/250ml IV Premix	1							
Ephedrine 50mg/ml, 1 ml amp	2							
Epinephrine 1:1000 (Adrenalin) Amp (1mg/ml)	4							
Epinephrine 1:10,000 1mg/10ml	4 PF Syr.							
Esmolol (Brevibloc) 10mg/ml, 10 ml vial	2							
Furosemide (Lasix) 10mg/ml, 2ml vial	1							
Insulin - Humulin R (RR Refrigerator)	1							
Lidocaine 2% 20mg/ml, 5ml	2 PF Syr.							
Lidocaine 2% 1gm/250ml, IV premix	1							
Magnesium Sulfate 5g/10ml	1 PF Syr.							
Narcan 0.4mg/ml, 1 ml amp	2							
Nitrostat (Nitroglycerin) tab	1 bottle							
Sodium Bicarbonate 8.4% 50ml vial	1 PF Syr.							
Sodium Chloride 0.9% 50 ml vial	1							
Vasopressin 20units/ml vial	2							
0.9% Sodium Chloride (NSS) 250 ml	2							
Lactated Ringers 1000 ml	1							

CRASH CART CHECKLIST - SUPPLIES

205.510

All crash cart equipment is non-latex

Center: _____

Starting Date: _____

DESCRIPTION	AMOUNT NEEDED	AMOUNT ON HAND	EXP. DATE	LOT# (or Make & Model #)	DATE REC'D	EXP. DATE	LOT #	LOCK # (S)
Laryngoscope (Battery Check)	1 large							
	1 medium							
Endotracheal tubes	2 - size 6							
	2 - size 7							
IV Catheter (Angiocath)	G-18 (4)							
	G-20 (4)							
	G-22 (4)							
Foley Size 16F	1							
IV set	3							
Sterile Gloves	Size 6 - 1							
	Size 6 ½ - 1							
	Size 7 - 1							
	Size 8 - 1							
Trachstoma Device	1							
Yankauer Suction Tips	2							
Needles	G-18 (10)							
	G-20(10)							
	G-25 (10)							
O ₂ Cannula	1							
Sutures	4.0 prolene (3)							
	2.0 vicryl							
Adhesive Tape	1 roll		N/A					
Alcohol Wipes	1 box		N/A					
Ambu Bag	1		N/A					
Bandage Scissors	1		N/A					
Disposable Scalpel	Size 10		N/A					
Face masks	1		N/A					
Instrument Set	1		N/A					
Oral airways	2 medium		N/A					
	2 large		N/A					
Stethoscope	1		N/A					
Stylet	1		N/A					
Surgical Connecting Tube	1		N/A					
Syringes	1cc (4)		N/A					
	3cc (4)		N/A					
	5cc (4)		N/A					
	10cc (4)		N/A					
	60cc (1)		N/A					
Tourniquets	2		N/A					

MEMORANDUM

To: All Surgeons, Anesthesia Providers, RN's

From: Administration 7(1)(b)

Date: 7/5/2011

Re: Patient Transfer Documentation

205.540

Please be advised that in the event a patient is transferred, all documentation in the medical record must be complete. The reason for the transfer, as well as any and all events leading to the need of a patient transfer must be documented.

Also, all communication with the hospital staff should be documented.

Month/Year _____

End of Day O.R. Checklist

205. 420 (w)

Staff Initial Box when completed, RN verify all work.

	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Daily Duties															
Check Floor for Debris															
Carts & Tables Cleaned with disinfectant															
Medical Equipment cleaned with disinfectant															
Spot Clean Walls, Floors for visible stains															
Lock Carts & Cabinets															
Check O ₂ Tanks (off & secured)															
Stock Room O. R.															
Empty Wastebaskets															
Remove Biohazardous Waste															
Check Hoses (area clear)															
Check Suction Filter (Replace if necessary)															
Equipment Turned OFF															
Lights OFF															
Manager Initials															

IN-SERVICE TRAINING RECORD

DATE: 7.15.11

TIME: 1254

PRESENTER: Laura

TOPIC: End Of Day O.R. Checklist

OUTLINE:

Responsibilities:

1. Medical Assistants will spot clean between cases and clean the O.R. at the end of the day following the new checklist.
2. Housekeeping crew will perform terminal cleaning per protocol at the end of the day (Mopping, Walls, Vents, Dusting, etc.)
3. It is the responsibility of the O.R. Staff to clean the medical equipment. Housekeeping Staff have been instructed not to touch critical medical equipment (Monitors, Ambu-bag, etc)
4. O.R.s to be checked by staff in the morning prior to surgery for cleanliness.
5. Damp dusting to be performed if needed.
6. Nurse Supervisor will monitor Medical Assistant daily cleaning and housekeeping terminal cleaning.
7. Nurse Supervisor will act on any non-compliant issue and report such problems to the Consulting Committee to be advised in the next Infection Control Meeting. Urgent matters will be addressed immediately with the Medical Director & Administration.
8. Staff has been advised that Administration has purchased the "Glogerm" (UV simulated germ system) and will be using this to monitor compliance

ATTENDEES:

Alexandra Rodriguez

Annette Corchado

Lizeth Garcia

7(1)(b)

Lizbeth Salgado

Denise Garcia

Bambiz Ponce

7(1)(b)

7(1)(b)

VERIFIED BY: 7(1)(b)

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002777	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2011
NAME OF PROVIDER OR SUPPLIER MICHIGAN AVENUE CENTER FOR HEALTH LT		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 MICHIGAN AVENUE CHICAGO, IL 60616	
(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)
L 000	<p>Initial Comments</p> <p>The Illinois Department of Public Health (IDPH) conducted an onsite Life Safety Code inspection on 8/12/11. Michigan Ave. Center for Health, Ltd. is a Pregnancy Termination Center (PTC) located at 2415 Michigan Ave., Chicago, IL. Surveyor #12798 met with the facility representative to identify the purpose of the visit prior to touring the facility.</p> <p>The building is a one story facility, sprinklered building which appears to be Type V (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).</p> <p>The following deficiencies were identified by document review, staff interview or direct observation. The findings listed below include the code section(s) of the deficiency for your convenience.</p>	L 000	
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 record review it was determined that the facility failed to maintain provide fire drills as required. Fire drills are to be held at unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Section 21.7.1.2.</p>	L 050	<p>1. A memo has been sent out reminding managers that fire drills are to be performed at varying times. (See enclosure) The administrator will be responsible in ensuring that the drills are performed correctly (Fire Drill Evaluation Forms to be reviewed at Quarterly Consulting Meeting)</p>

9/1/11

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

7(1)(b)

(X8) DATE
Administrator 9/31/11

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002777	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2011
NAME OF PROVIDER OR SUPPLIER MICHIGAN AVENUE CENTER FOR HEALTH LT		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 MICHIGAN AVENUE CHICAGO, IL 60616		
(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 050	Continued From page 1 This deficient practice could affect staff, visitors as well as patients. 1. The facility was conducting fire drills quarterly as required, however all tests are being conducted between 1-2:00 pm. The times need to vary more then what is currently being done based on NFPA 101, 2000, 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: 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. 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. The sensitivity calibration testing, NFPA 72, 1999, 7-3.2.1. Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. The facility did not provide any documentation that this test has ever been conducted on the detecting units.	L 051	a. Sensitivity Test will be completed with the annual fire alarm system inspection by LaMarCo Systems. In the future, sensitivity testing will be completed during alternate year annual inspections.	10/31/11

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002777	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2011
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NAME OF PROVIDER OR SUPPLIER MICHIGAN AVENUE CENTER FOR HEALTH LT	STREET ADDRESS, CITY, STATE, ZIP CODE 2415 MICHIGAN AVENUE CHICAGO, IL 60616
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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 051	<p>Continued From page 2</p> <p>b. Documentation on visual inspections of the control equipment, batteries, heat / smoke detectors, etc. as specified in NFPA 72, 1999 Table 7-3.1 and required weekly, monthly, semi-annually and/or yearly.</p> <p>B. Based on the record review and staff interview, the facility failed to install and maintain the sprinkler system in accordance with NFPA 25, Chapter 2-1. This deficient practice could affect all patients, staff and visitors if the sprinkler system failed to function.</p> <p>2. Observations determined that the facility failed to maintain the sprinkler system. Per C.L. Doucette, Inc. annual inspection on 8/30/10, the testing agent reported the following:</p> <p>a. The devices and locations were listed as "Horns - all" and "Strobes - all". The number and location for each device was not specified.</p> <p>2. In review of the documentation provided to the surveyor, testing of all of the devices as specified in NFPA 25, 1995, Table 2-1 and Chapter 9, could not be determined The following documentation was not available at the time of this inspection:</p> <p>a. Logs for weekly, monthly, quarterly as well as annual inspections, testing and maintenance requirements for guages, valves, alarm devices, hangers, piping, sprinklers and/or drains as required by NFPA 25, 1995, 1-8.</p>	L 051	<p>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 LaMarCo Systems, visual inspection frequency is permitted to be annually. The annual visual inspection is also completed by LaMarCo Systems.</p> <p>a. The annual inspection cited in L051 B.2.a., done by C.L. Doucette, Inc. on August 30, 2010, does not include any reference to "Horns-all" or "Strobes-all". A reference to horns and strobes would be found in a fire alarm inspection not on a sprinkler system inspection. Perhaps this was an oversight by the surveyor. No corrections needed.</p> <p>a. The Maintenance Manager will work with SimplexGrinnell, our sprinkler company, to create a weekly/monthly/quarterly checklist and teach the center manager how to perform these inspections. SimplexGrinnell will continue to conduct annual inspections.</p>	9/1/11 9/1/11 10/31/20
L 147	<p>Electrical wiring 9.1.2, 20.5.1</p> <p>Electrical wiring and equipment are in accordance with NFPA 70, National Electrical Code 9.1.2, 20.5.1</p>	L 147		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002777	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2011
NAME OF PROVIDER OR SUPPLIER MICHIGAN AVENUE CENTER FOR HEALTH LT		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 MICHIGAN AVENUE CHICAGO, IL 60616		
(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 147	Continued From page 3 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 not be able to access the panels in an emergency. 1. The electrical panels are located in a closet. The closet also contained a ladder and other stored items. The clear working space and access to the panels was not being maintained as required by the NEC 110-26.	L 147	1. A memo has been sent out advising all staff of this requirement. A brightly colored notice has been created and posted on the electrical panel to remind staff to keep the area clear. (See enclosure) Also, this requirement has been added to the monthly preventative maintenance checklist. (See enclosure) The manager of the center will be responsible for compliance.	9/1/2011

Memo


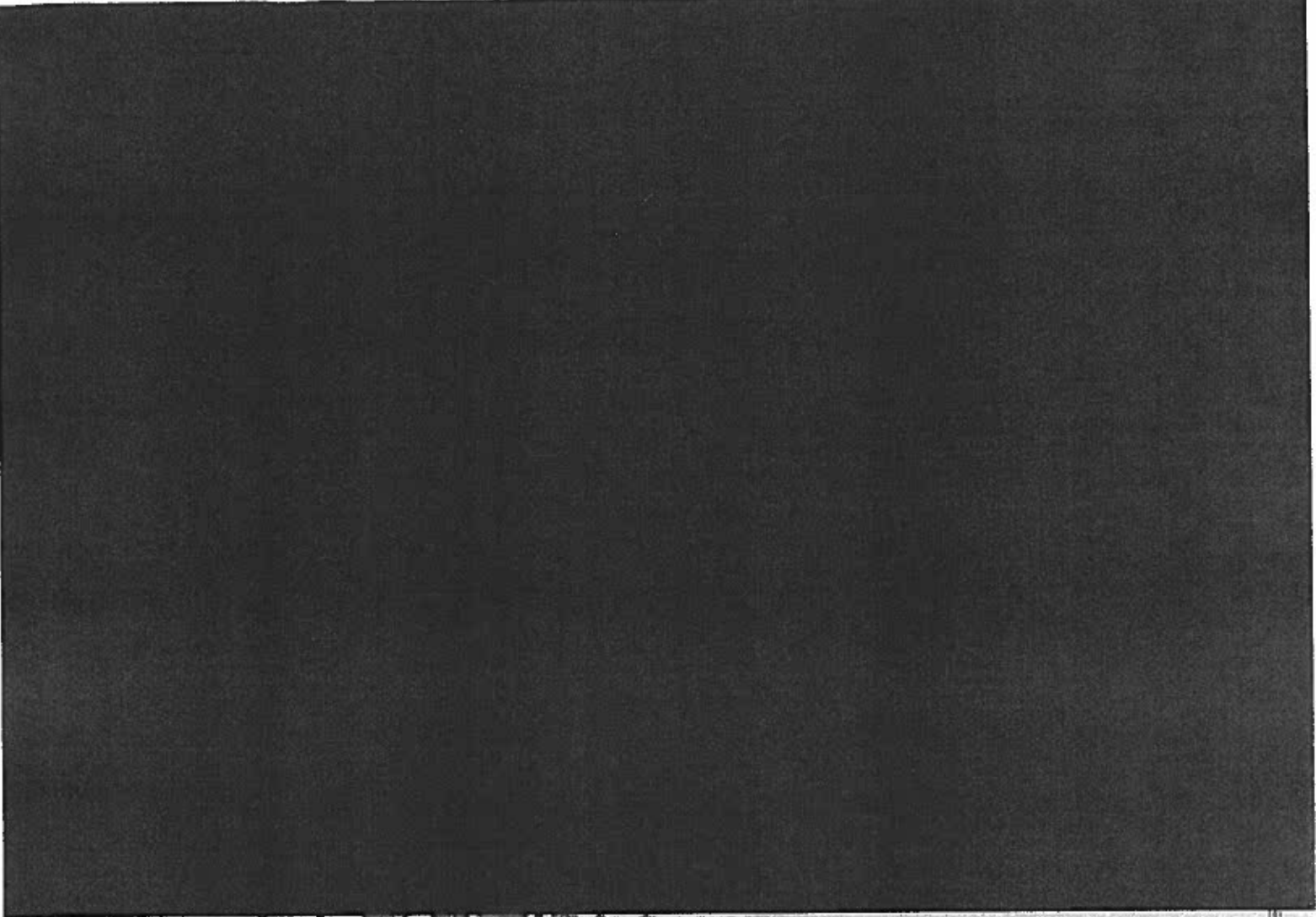
L 147

To: Center Managers
From: Administration 7(1)(b)
Date: August 23, 2011
Re: Electrical Panels

Please advise all staff there needs to be at least 3 square feet of clear working space in front of electrical panels. Do not store items in this space. Enclosed, is a bright colored notice to be posted on the panel to remind staff of this requirement.

Also enclosed is a revised monthly Preventative Maintenance Checklist with the Electrical Panel requirements added to it.

L 147



ELECTRICAL PANEL

Keep 3 square feet of clear
working space in front of panel.

Memo

L 050

To: Center Managers
From: Administration 7(1)(b)
Date: August 23, 2011
Re: Fire Drills

When performing fire drills, please remember to stage them at different times of the day (early morning, mid day, late afternoon). Drills must be held under unexpected times and under varying conditions.

Also, make sure to mark the time of day of the drill as well as all of the participants on the Fire Drill Evaluation Form.

MONTHLY PREVENTIVE MAINTENANCE AND INSPECTION CHECKLIST

L 147

MONTH: _____

CENTER: _____

	Checked By	Date Checked	Comments / Repair Needs
Lighting - General	_____	_____	_____
Outlet & Covers / Switch Plates	_____	_____	_____
Electrical Cords	_____	_____	_____
Electrical Panel (Clear)	_____	_____	_____
Walls	_____	_____	_____
Ceilings	_____	_____	_____
Floors/Baseboards	_____	_____	_____
Exit Signs/Emergency Lights	_____	_____	_____
Fire Extinguishers (Tags)	_____	_____	_____
All Doors	_____	_____	_____
Self Closing Devices	_____	_____	_____
Bathroom	_____	_____	_____
Panic Hardware	_____	_____	_____
Intercom System	_____	_____	_____
Surgical Tables	_____	_____	_____
Mayo Stands	_____	_____	_____
Surgical Cabinets	_____	_____	_____
Carts	_____	_____	_____
O ₂ Carts	_____	_____	_____
Refrigerators	_____	_____	_____
Plumbing	_____	_____	_____
Wheel Chairs	_____	_____	_____
Sewer Drains	_____	_____	_____
Entrances/Exits/Hallways	_____	_____	_____
Parking Lot	_____	_____	_____
*Manometer	_____	_____	_____
*Transfer Switch testing	_____	_____	_____
*Emergency Generator (Load Test)	_____	_____	_____

*If Applicable



Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

January 24, 2012

Aimee Dillard, Administrator
Michigan Avenue Center for Health, Ltd.
2415 Michigan Ave
Chicago, IL 60616-

Re: Michigan Avenue Center for Health, Ltd.
Chicago
Licensure survey

Dear Aimee Dillard:

On 11/4/11 a follow-up life safety code inspection was conducted for the purpose of determining compliance with the requirements of the "Ambulatory Surgical Treatment Center Licensing Requirements" (77 Ill. Adm. Code 205) and the 2000 Edition of NFPA 101, Life Safety Code. Based on 1/24/12 documentation, we find that the previously cited deficiencies have been corrected and the facility is no longer under monitoring for physical environment.

If you have any questions about this approval, please do not hesitate to call us at 217-785-4264. The Department's TTY number is 800/547-0466, for use by the hearing impaired.

Sincerely,

7(1)(b)

Henry Kowalenko, Supervisor
Design Standards Unit
Division of Health Care Facilities & Programs

Cc: Karen Senger, Supervisor
Central Office Operations Section, IDPH

Improving public health, one community at a time

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002777	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/24/2012
NAME OF PROVIDER OR SUPPLIER MICHIGAN AVENUE CENTER FOR HEALTH LT		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 MICHIGAN AVENUE CHICAGO, IL 60616		
(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}	<p>Initial Comments</p> <p>The Illinois Department of Public Health (IDPH) conducted an onsite Life Safety Code inspection on 8/12/11. Michigan Ave. Center for Health, Ltd. is a Pregnancy Termination Center (PTC) located at 2415 Michigan Ave., Chicago, IL. Surveyor #12798 met with the facility representative to identify the purpose of the visit prior to touring the facility.</p> <p>The building is a one story facility, sprinklered building which appears to be Type V (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).</p> <p>The following deficiencies were identified by document review, staff interview or direct observation. The findings listed below include the code section(s) of the deficiency for your convenience.</p> <p>On 11/4/11 a followup visit was conducted at the above mentioned facility. All items have been corrected except part of K51. The facility had the Sprinkler system tested as required, however the contractor failed to include the location of each device. The facility will get a revised report and submit it to the Department.</p> <p>On 1/24/12 a copy of the report was received and found to be acceptable. We now find the facility in compliance.</p>	{L 000}		

Illinois Department of Public Health

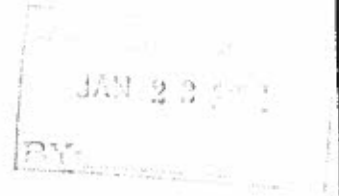
TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Fire Alarm and Life Safety System Inspection Certificate

For



Michigan Avenue Center for
Health,LTD.
2415 South Michigan Avenue
Chicago, IL 60616

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

Inspection Date
Jan 19, 2012

Building: Michigan Avenue Center for Health,LTD.
Contact: Jessica Bridgewater
Title: contact

Company: LaMarco Systems Inc.
Contact: Aleksandr Lozovaty
Title: inspector

Executive Summary

Generated by: BuildingReports.com

Building Information								
Building: Michigan Avenue Center for Health,LTD. Address: 2415 South Michigan Avenue Address: City/State/Zip: Chicago, IL 60616 Country: United States of America	Contact: Jessica Bridgewater Phone: 1-312-328-1200 Fax: Mobile: Email:							
Inspection Performed By								
Company: LaMarco Systems Inc. Address: 475 Lindberg Lane Address: City/State/Zip: Northbrook, IL 60062 Country: United States of America	Inspector: Aleksandr Lozovaty Phone: 1-847-815-8576 Fax: Mobile: Email: alexl@lamarcosystems.com							
System Control Unit								
Manufacturer: Mirtone Model Number: Software Version: Location: 1st Main Entrance AC EL.RM. EL.PAN.5 CB 35	Inspection Date: 01/19/2012 Install Date: 01/19/2012 Version Date: 01/19/2012 Current Protection: Breaker							
IDC Style: SLC Style: NAC Style:								
Monitoring								
Type: Test Time/Date:	Mfg: Restore Time:							
	Model #:							
Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Supervisory	2	11.11%	2	100.00%	2	100.00%	0	0%
Initiating	13	72.22%	13	100.00%	13	100.00%	0	0%
Control	3	16.67%	3	100.00%	3	100.00%	0	0%
Totals	18	100%	18	100.00%	18	100.00%	0	0%
Certification								
Building: Michigan Avenue Center for Health,LTD. Contact: Jessica Bridgewater	Company: LaMarco Systems Inc. Inspector: Aleksandr Lozovaty							
Signed:	Signed:							

Inspection & Testing

Generated by: BuildingReports.com

1st Floor Michigan Avenue Center for Health LTD

Control Panel: I - Miratone

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Category	Item	Service	Time	Date
Passed				
Control				
Battery	1st Main Entrance FACP	Tested	12:23:41 PM	01/19/2012
Battery	1st Main Entrance FACP	Tested	12:24:35 PM	01/19/2012
Control Panel	1st Main Entrance AC EL.RM. EL.PAN.5 CB 35	Tested	12:14:19 PM	01/19/2012
Initiating				
Duct Detector	1st Center Corridor RTU-1 Test station.	Tested	12:00:12 PM	01/19/2012
Duct Detector	1st Corridor by specimen lab. RTU-2 Test station.	Tested	12:00:39 PM	01/19/2012
Pull Station	1st Waiting area	Tested	11:55:54 AM	01/19/2012
Pull Station	1st Back door	Tested	11:58:27 AM	01/19/2012
Pull Station	1st Corridor	Tested	12:13:02 PM	01/19/2012
Smoke Detector	1st Center Corridor	Tested/Cleaned	12:00:52 PM	01/19/2012
Smoke Detector	1st Corridor Back door	Tested/Cleaned	12:01:02 PM	01/19/2012
Smoke Detector	1st FACP	Tested/Cleaned	12:01:18 PM	01/19/2012
Smoke Detector	1st Waiting area	Tested/Cleaned	12:01:34 PM	01/19/2012
Smoke Detector	1st Waiting area Entrance	Tested/Cleaned	12:01:44 PM	01/19/2012
Smoke Detector	1st Corridor	Tested/Cleaned	12:01:54 PM	01/19/2012
Smoke Detector	1st West Corridor	Tested/Cleaned	12:02:02 PM	01/19/2012
Waterflow Switch	1st North Sprinkler Room	Tested	12:12:01 PM	01/19/2012
Supervisory				
Tamper Switch	1st North Sprinkler Room	Tested	12:03:47 PM	01/19/2012
Tamper Switch	1st North Sprinkler Room	Tested	12:04:08 PM	01/19/2012

Service Summary

Generated by: BuildingReports.com

Dillon Health Care Center for Health LTD.		
<i>The Service Summary section provides an overview of the services performed in this report.</i>		
Device Type	Service	Quantity
	Passed	
Battery	Tested	2
Control Panel	Tested	1
Duct Detector	Tested	2
Pull Station	Tested	3
Smoke Detector	Tested/Cleaned	7
Tamper Switch	Tested	2
Waterflow Switch	Tested	1
Total		18

Sensitivity Testing

Generated by: BuildingReports.com

Michigan Avenue Center for Control Panel: 1 - Mirtone

The Sensitivity Testing section details the sensitivity test ranges and acceptable readings for each type of device. Items are grouped by Passed or Failed/Other. Normally, Devices that perform outside the acceptable range of sensitivity are listed in Failed/Other.

	Address	Model #	Range	%	ScanID
Passed					
Duct Detector					
1st Center Corridor RTU-1 Test station.	1-101	GSA		0%	05450841
1st Corridor by specimen lab. RTU-2 Test station.	1-102	GSA		0%	05450845
Smoke Detector					
1st Center Corridor	1-103	GSA-PS		0%	11507969
1st Corridor Back door	1-104	GSA-PS		0%	05450837
1st FACP	1-105	GSA-PS		0%	05450834
1st Waiting area	1-106	GSA-PS		4%	05450833
1st Waiting area Entrance	1-107	GSA-PS		0%	05450832
1st Corridor	1-108	GSA-PS		0%	05450835
1st West Corridor	1-109	GSA-PS		0%	05450836

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: Michigan Avenue Center for Health LTD.		Control Panel: 1 - Mitron				
<i>The Control & Power Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.</i>						
Date	Location	Countdown	Amps	Volts	Pre Test	Post Test
Passed						
Battery						
Sealed Lead Acid	1st Main Entrance FACP	Passed	7	12		100 %
Sealed Lead Acid	1st Main Entrance FACP	Passed	7	12		100 %

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Michigan Avenue Center for Health, LTD.		Control Panel: 1 - Mirtone		
<p><i>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</i></p>				
Device Name	Category	%	%	Quantity
Pull Station	Initiating	16.67%		3
Duct Detector	Initiating	11.11%		2
Smoke Detector	Initiating	38.89%		7
Tamper Switch	Supervisory	11.11%		2
Waterflow Switch	Initiating	5.56%		1
Control Panel	Control	5.56%		1
Battery	Control	11.11%		2
Type	Qty	Model #	Description	Install Date
<i>New (under 90 days)</i>				
Mirtone				
Control Panel	1			01/19/2012
Duct Detector	2	GSA	Photoelectric	01/19/2012
Pull Station	3	GSA-270	Single Action	01/19/2012
Smoke Detector	7	GSA-PS	Photoelectric	01/19/2012
Potter Electric				
Tamper Switch	2			01/19/2012
Waterflow Switch	1			01/19/2012
Ultra Tech				
Battery	2		Sealed Lead Acid	01/19/2012

Zone Address Report

Generated by: BuildingReports.com

Building Address: Center for		Control Panel: 1 - Milton		
<i>The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location, and description are included for your reference.</i>				
Address	Device Type	Location	Description	Serial
1	Battery	1st Main Entrance FACP	Sealed Lead Acid	11507967
101	Duct Detector	1st Center Corridor RTU-1 Test station.	Photoelectric	05450841
102	Duct Detector	1st Corridor by specimen lab. RTU-2 Test station.	Photoelectric	05450845
103	Smoke Detector	1st Center Corridor	Photoelectric	11507969
104	Smoke Detector	1st Corridor Back door	Photoelectric	05450837
105	Smoke Detector	1st FACP	Photoelectric	05450834
106	Smoke Detector	1st Waiting area	Photoelectric	05450833
107	Smoke Detector	1st Waiting area Entrance	Photoelectric	05450832
108	Smoke Detector	1st Corridor	Photoelectric	05450835
109	Smoke Detector	1st West Corridor	Photoelectric	05450836
2	Battery	1st Main Entrance FACP	Sealed Lead Acid	11507968
207	Waterflow Switch	1st North Sprinkler Room		11507970
208	Tamper Switch	1st North Sprinkler Room		05450843
208	Tamper Switch	1st North Sprinkler Room		05450844
209	Pull Station	1st Corridor	Single Action	05450839
210	Pull Station	1st Back door	Single Action	05450838
211	Pull Station	1st Waiting area	Single Action	05450840



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March 14, 2016

Ms. Aimee Dillard, Administrator
Michigan Avenue Center for Health, Ltd.
2415 Michigan Ave
Chicago, IL 60616-

Re: Michigan Avenue Center for Health, Ltd.
Chicago
Licensure survey

Dear Ms. Dillard:

On March 14, 2016, a life safety code desk audit of the facility's Plan of Correction and additional information received was conducted. Based on this information, all previously cited deficiencies, from the February 10, 2016, life safety code licensure survey, have been corrected, therefore, the facility is no longer under monitoring.

If you have any questions, please do not hesitate to call us at 217/785-4247. The Department's TTY # is 800/547-0466, for use by the hearing impaired.

Sincerely,

7(1)(b)

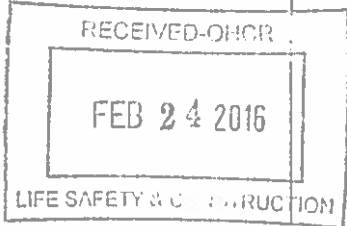
Henry Kowalenko
Division Chief
Division of Life Safety and Construction

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002777	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2016
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NAME OF PROVIDER OR SUPPLIER MICHIGAN AVENUE CENTER FOR HEALTH LTI	STREET ADDRESS, CITY, STATE, ZIP CODE 2415 MICHIGAN AVENUE CHICAGO, IL 60616
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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>The Illinois Department of Public Health (IDPH) conducted an onsite Life Safety Code inspection on 2/10/16. Michigan Ave. Center for Health, Ltd. is a Pregnancy Termination Center (PTC) located at 2415 Michigan Ave., Chicago, IL. Surveyor #31586 met with the facility representative to identify the purpose of the visit prior to touring the facility.</p> <p>The building is a one story facility with a partial basement that is only accessible from the back alley. This partial basement space is being utilized as a file storage space. The building is fully sprinkler protected and appears to be Type I (332) 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).</p> <p>The following deficiencies were identified by document review, staff interview or direct observation. The findings listed below include the code section(s) of the deficiency for your convenience.</p>	L 000		
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 record review it was determined that the facility failed to maintain provide fire drills as</p>	L 050		

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

7(1)(b)

TITLE
Chief of Operations

(X6) DATE
2/23/16

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002777	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2016	
NAME OF PROVIDER OR SUPPLIER MICHIGAN AVENUE CENTER FOR HEALTH LTI		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 MICHIGAN AVENUE CHICAGO, IL 60618		
(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 050	Continued From page 1 required. Fire drills are to be held at unexpected times under varying conditions, at least quarterly on each shift per NFPA 101, Section 21.7.1.2. This deficient practice could affect patients, staff and visitors if proper training of staff is not completed. The following items were identified as deficient. Findings include: On 02/10/2016 at 11:45 AM during the quarterly fire drills report inspection it was determined that the facility was not transmitting a fire alarm signal to the monitoring company for verification. This does not comply with NFPA 101, 2000 edition, section 21.7.1.2.	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 19, 2016. The alarm monitoring company was called to verify the signal.	2/19/2016
L 130	as indicated OTHER REFERENCED REQUIREMENTS Other Referenced Requirements: NFPA 70 - 2002 NFPA 13 -1999 NFPA 25 - 1998 Illinois State Plumbing Code Illinois Accessibility Code As Indicate below: This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to provide proper maintenance, required clearance at devices, quarterly inspections or required multi-year tests of the sprinkler system in accordance with NFPA Sections 9.7.1 and 19.3.5 NFPA 13 and NFPA 25. This deficient practice could affect patients, staff and visitors if proper sprinkler system maintenance is not completed. Findings include: On 02/10/2016 at 12:20 PM during the review of sprinkler system	L 130	The administrator will be responsible, to ensure that alarm activated drills are performed quarterly at different times.	

7(1)(b)

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002777	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2016	
NAME OF PROVIDER OR SUPPLIER MICHIGAN AVENUE CENTER FOR HEALTH LTI		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 MICHIGAN AVENUE CHICAGO, IL 60616		
(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 130	Continued From page 2 maintenance records it was determined that the facility has not completed a 5 year internal investigation of the Fire Department Connection check valve. This does not comply with NFPA 25, 1998 edition, section 9-4.2.1.	L 130	We have scheduled the 5 year sprinkler inspection for March 1, 2016. Enclosed, please find the proposal. The Administrator will be responsible for ensuring that this testing is performed every 5 years.	3/1/2016

7(1)(b)

FIRE DRILL CRITIQUE

Date: 2/19/10

Location: MAM

Method Fire Drill Initiated/Triggered: Pull Station - Front Entrance

CHECKLIST: Station pulled - Alarm sounded 12:48pm System taken off line 12:47pm

Overhead Intercom "~~CODE F, CODE F~~" (Location) —

Daily Logs:

Evacuated Patients and Visitors instructed to evacuate —

Staff Sign-In

Close all doors —

Patient Sign-In

Check previously closed doors (i.e. bathrooms) —

Recovery Room Log

Shut off Oxygen valves —

Assure corridor and exits are clear —

Evacuate employees —

Head count performed —
Station Deactivated System Reset 12:52pm

Overhead Intercom "All Clear, All Clear" —
Called to put system online 12:53pm

Completion Time: 2min 40sec

Other: EM24 (monitoring Co) Contacted at 12:47pm. Operator #48 took System offline for Drill. Alarm pull station activated at 12:48pm. Drill performed. At 12:53pm EM24 contacted again. Operator #65 confirmed signal received & put system back online.

7(1)(b)

Number of Patients/Visitors:

Verified By: **7(1)(b)**

SimplexGrinnell

BE SAFE.

SimplexGrinnell®
 91 N. Mitchell Ct.
 Addison, IL 60101
 Tel: 630-943-1209
 Fax: 630-943-1234
 License number: 127-001155
www.simplexgrinnell.com
flunsford@simplexgrinnell.com

PROPOSAL AND SERVICE AGREEMENT

SimplexGrinnell Contract # 2042585		Salesperson: Fae Lunsford (175898)	Date: 02-11-16
		License No. 127-001155	
Customer: Michigan Ave. Center for Health Attn: Vera Schmidt P (847) 255-7400 E vera@officego.com Invoice To (if different from Customer): AA Realty Management 1640 N. Arlington Heights Rd. STE 110 Arlington Heights, IL 60004		Job Location: Michigan Ave. Center for Health 2415 S. Michigan Ave. Chicago, IL 60616 Customer P.O. #	

SimplexGrinnell LP ("Company"), for and in consideration of the price herein named, proposes to furnish the work, and/or materials hereinafter described, subject to this Agreement.

SCOPE OF WORK:

- 1) 5 year test per NFPA 25 code (1) wet sprinkler system, to include the following:
 Provide a 5 year obstruction inspection and a 5 year internal inspection, including removing the end of one crossmain and the branch line for the purpose of looking for obstructions.
- 2) 5 year test per NFPA 25 code (1) FDC check valve to include the following:
 Provide a 5 year internal inspection, including opening and verifying internal check valve components operate properly and m...

Total - \$1,645.00

Quote does not include applicable taxes, overtime labor, lift rental or any other fees associated with the above listed repair. Service Request# 32959208.

Scope of Work continued on attached Amendment.

Payment	NET 10 <input type="checkbox"/>	NET 30 <input checked="" type="checkbox"/>	C.O.D. <input type="checkbox"/>	DEPOSIT: \$
Time and Material	<input type="checkbox"/>	Price Not to Exceed \$	Fixed Price of \$1,645.00	BALANCE DUE \$

CUSTOMER ACCEPTANCE
 In accepting this Agreement, Customer agrees to the terms and conditions contained herein including those on the following page(s) of this Agreement and any attached hereto that contain additional terms and conditions. It is understood that these terms and conditions shall prevail over any variation in terms and conditions on other document that the Customer may issue. Any changes in the system requested by the Customer after the execution of this Agreement shall be paid for by the Customer. Changes shall be authorized in writing. ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS OF AGREEMENT. This offer shall be void if not accepted in writing within thirty (30) days from the date first set forth above.

7(1)(b)

2/23/16

SIMPLEXGRINNEL I 10

Safer Smarter Tyco.™

91 N. Mitchell Court
Addison, IL 60101-5008
P 630-618-1200
Reg#

LICENSE #

NAME: MICHAEL AUSTIN
ADDRESS (OR ATTENTION OF): HEALTH
ADDRESS: 2435 S. MICHIGAN AVE
CITY: CHICAGO STATE: IL ZIP: 60616
TR ARRIVAL DATE: 3-1-16 CUSTOMER PURCHASE ORDER: 56923 SST:
NAME (BILL TO):
ADDRESS:
CITY: STATE: ZIP:

TASK: 510410 9590

SR #

SYSTEM LEFT IN SERVICE Y N
FIRE DEPT NOTIFIED Y N
PERMIT Y N
PERMIT #

LABOR - REG.	LABOR - OT	LABOR - OT	
TRAVEL - REG.	TRAVEL - OT	TRAVEL - OT	MILES

ARRIVAL: 56923

DEPART:

6PM # 48

I authorize SimplexGrinnell to proceed with the work as agreed to and outlined below:

Customer signature: _____ Date: 3-1-16

PAYMENT TERMS:
 Time and Material
 Price Not to Exceed \$ _____
 DEPOSIT \$ _____ BALANCE DUE \$ _____

IMMEDIATE COD NET 10
 Fixed Price of \$ _____
 BILLABLE NON-BILLABLE

SCOPE OF WORK / PROBLEM CODE: 5 YR CONSTRUCTION ON A WAT SYSTEM + FIRE DEPARTMENT CHECK VALVE.

WORK PERFORMED / RESOLUTION CODE: CALL ALWAYS OUT DRAWN SYSTEM. OPEN LINE + CHECK VALVE. EVERYTHING LOOKS GOOD AT LINE. CALL ALWAYS CHECK OUT.

WE STRONGLY RECOMMEND IMMEDIATE CORRECTION OF ANY DEFICIENCIES/IMPAIRMENTS IDENTIFIED. REQUESTED REPAIRS MADE IF SET FORTH BELOW IN "WORK PERFORMED". ADDITIONAL REPAIRS OR COMPLETE INSPECTION MAY BE REQUIRED. WE URGE YOU TO NOTIFY THE LOCAL AUTHORITY HAVING JURISDICTION AND YOUR INSURANCE CARRIER WITHOUT DELAY.

SimplexGrinnell, for and in consideration of the prices herein named, proposes to furnish the work, and/or materials hereinafter described, subject to the terms and conditions outlined below

MATERIAL	QTY	UOM PRICE	EXPENSE	QTY	UOM PRICE

IMPORTANT NOTICE TO CUSTOMER

Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY WARRANTY AND OTHER CONDITIONS ON THE REVERSE SIDE.

CUSTOMER ACCEPTANCE: 7(1)(b) 7(1)(b)

(Customer Acceptance) _____ (Print Name) DAVID STRICKLAND
 (Print Name) _____ License # _____

CUSTOMER COPY

REPORT OF OBSTRUCTION INVESTIGATION AND INTERNAL CONDITION OF FIRE PROTECTION SYSTEM PIPING

SimplexGrinnell

BE SAFE.

91 N Mitchell Court

Addison, IL 60101

24/7 Service 630-948-1200

Inspector Name:	DAVE STEVENSON	SR #:	
Customer Name:	MICHIGAN CENTRAL FOR HEALTH	Task #:	50409590
Customer Location:	2415 S MICHIGAN, CHICAGO IL	Date	3-1-16

5-Year Investigation and Prevention

	Y	N/A	N
System in service before conducting investigation	✓		
Pertinent parties notified before conducting investigation	✓		
Adequate drainage ensured before draining system	✓		
System impairment program implemented before conducting investigation	✓		
Flushing connection of one main and sprinkler of one branch line removed	✓		
Alternative nondestructive examination method utilized			✓
No foreign material indicated by nondestructive examination method	✓		
Interior of main, branch line, and sprinkler outlet checked for presence of foreign organic or inorganic material			✓
No significant foreign material observed	✓		
Interior of main, branch line, and sprinkler outlet checked for presence of tubercules or slime	✓		
No tubercules or slime observed			✓
Complete flushing program implemented where observed material sufficient to obstruct sprinklers date:			✓
TESTING FOR MICROBIOLOGICALLY INFLUENCED CORROSION (MIC):			
Tubercules or slime (if present) tested for indications of MIC date:			✓
Material test results do not indicate presence of MIC date:			✓
MIC abatement/monitoring program implemented (if "NO" on B.3.1) date:			✓
Pertinent parties notified of investigation conclusion.	✓		
ALARM PANEL CLEAR	✓		
SYSTEM RETURNED TO SERVICE	✓		
COMMENTS:			

F. D. CHECK VALUE
GOOD

Other Conditions Providing Cause for Investigation

Check all that apply:

- Defective intake for fire pump taking suction from open body of water
- Discharge of obstructive material during routine water flow test
- Evidence of foreign materials in fire pump
- Evidence of foreign material in system valve, i.e. dry pipe, preaction/deluge, alarm valve
- Evidence of foreign material in check valve
- Foreign material in water during drain test
- Plugged inspector's test connection
- Plugged sprinkler or drop
- Plugged sprinkler piping discovered during alterations
- Failure to flush yard piping or surrounding public main following new installation or repair
- A record of broken or public mains in vicinity
- Abnormally frequent false tripping of dry pipe valve
- A system returned to service after a shutdown of more than 1 year
- Indications that system contains sodium silicate
- Indications that copper system contains highly corrosive flux
- A system being supplied raw water via the FDC
- Pinhole leaks observed in system piping
- A 50-percent increase in water delivery time for a dry pipe system
- Other: (describe)

Inspector Signature: 7(1)(b)

Inspector Printed Name: DAVE STEVENSON

Owner or Owner's Representative: 7(1)(b)

Owner or Representative Printed Name: S. Villarreal

REPORT OF OBSTRUCTION INVESTIGATION AND INTERNAL CONDITION OF FIRE PROTECTION SYSTEM PIPING

SimplexGrinnell *BE SAFE.*

91 N Mitchell Court

Addison, IL 60101

24/7 Service 630-948-1200

Inspector Name:	DAVE STEVENSON	SR #:	
Customer Name:	MICHIGAN CENTER FOR HEALTH	Task #:	50409590
Customer Location:	2415 MITCHELL CHICAGO IL	Date:	2-1-16

5-Year Investigation and Prevention

	Y	N/A	N
System in service before conducting investigation	✓		
Pertinent parties notified before conducting investigation	✓		
Adequate drainage ensured before draining system	✓		
System impairment program implemented before conducting investigation	✓		
Flushing connection of one main and sprinkler of one branch line removed	✓		
Alternative nondestructive examination method utilized			✓
No foreign material indicated by nondestructive examination method	✓		
Interior of main, branch line, and sprinkler outlet checked for presence of foreign organic or inorganic material	✓		
No significant foreign material observed	✓		
Interior of main, branch line, and sprinkler outlet checked for presence of tubercules or slime	✓		
No tubercules or slime observed			✓
Complete flushing program implemented where observed material sufficient to obstruct sprinklers date: _____			✓

TESTING FOR MICROBIOLOGICALLY INFLUENCED CORROSION (MIC):

Tubercules or slime (if present) tested for indications of MIC date: _____			
Material test results do not indicate presence of MIC date: _____			✓
MIC abatement/monitoring program implemented (if "NO" on B.3.1) date: _____			✓
Pertinent parties notified of investigation conclusion.	✓		

ALARM PANEL CLEAR

SYSTEM RETURNED TO SERVICE

COMMENTS:

WET SYSTEM
GOOD

Other Conditions Providing Cause for Investigation

Check all that apply:

- Defective intake for fire pump taking suction from open body of water
- Discharge of obstructive material during routine water flow test
- Evidence of foreign materials in fire pump
- Evidence of foreign material in system valve, i.e. dry pipe, preaction/deluge, alarm valve
- Evidence of foreign material in check valve
- Foreign material in water during drain test
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- Pinhole leaks observed in system piping
- A 50-percent increase in water delivery time for a dry pipe system
- Other: (describe) _____

Inspector Signature:

7(1)(b)

Inspector Printed Name:

DAVE STEVENSON

Owner or Owner's Representative:

7(1)(b)

Owner or Representative Printed Name:

S Villaveal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER 7002777	SURVEYOR ID 30195	(X3) DATE SURVEY COMPLETED 8/24/16
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NAME OF FACILITY Michigan Avenue Center for Health	STREET ADDRESS, CITY, STATE, ZIP CODE 2415 S. Michigan Ave, Chicago, IL, 60616
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(X4) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
T000	A licensure survey was conducted on 8/24/16. The Facility was in compliance with TITLE 77: PUBLIC HEALTH CHAPTER I: DEPARTMENT OF PUBLIC HEALTH SUBCHAPTER b: HOSPITAL AND AMBULATORY CARE FACILITIES PART 205 AMBULATORY SURGICAL TREATMENT CENTER LICENSING REQUIREMENTS SECTION 205.710 PREGNANCY TERMINATION SPECIALTY CENTERS for this survey.			

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE _____ TITLE _____ DATE _____