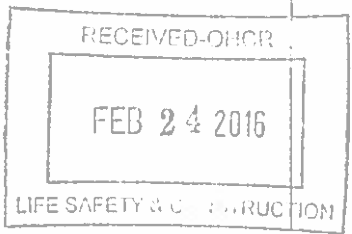


Illinois Department of Public Health

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
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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**

STATE FORM 580C21 If continuation sheet 1 of 3

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

FIRE DRILL CRITIQUE

Date: 2/19/10

Location: MAM

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

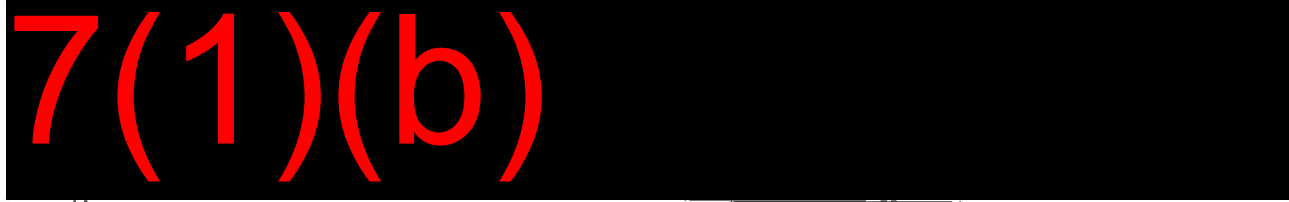
CHECKLIST: Station pulled - Alarm sounded 12:48pm System taken offline 12:47pm

- Overhead Intercom "CODE F, CODE F" (Location) /
- Evacuated Patients and Visitors instructed to evacuate /
- Close all doors /
- Check previously closed doors (i.e. bathrooms) /
- 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 /

- Daily Logs:
- Staff Sign-In
 - Patient Sign-In
 - Recovery Room Log

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.



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
flunford@simplexgrinnell.com

PROPOSAL AND SERVICE AGREEMENT

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

Safer Smarter Tyco.™

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

LICENSE # []

NAME: MICHAEL J. ...
ADDRESS (OR ATTENTION OF): HEALTH ...
ADDRESS: 2425 S. ...
CITY: CHICAGO STATE: IL ZIP: 60616
TR ARRIVAL DATE: 3/1/16
CUSTOMER PURCHASE ORDER: [] 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: [] DEPART: []

56923

[] [] [] [] [] [] [] [] [] []

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 DRAIN SYSTEM OPEN PIPE + CHECK JUNCTION EVERYTHING LOOKS GOOD AT THIS TIME FILL SYSTEM + CALL ALWAYS BACK ON LINE.

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, LIABILITY AND OTHER CONDITIONS ON THE REVERSE SIDE.

CUSTOMER ACCEPTANCE: [Redacted Signature] (Customer Acceptance)
 [Redacted Name] (Print Name)

[Redacted Signature] (Customer Representative)
 [Redacted Name] (Print Name)

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 #:	50409570
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: E. 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 NICHOLAN CHICAGO IL	Date:	2-1-10

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
- Plugged inspector's test connection
- Plugged sprinkler or drop
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- 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