

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

**NASTC** ☐ **HHA** ☐ **HMO** ☐ **HOSPICE** ☐ **HOSPITAL**  
**NAME AND ADDRESS OF FACILITY** Anchor Health Center, 1186 Roosevelt Rd., Glenview, IL 60137

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>The ambulatory surgical treatment center shall insure maintenance of a sanitary facility with all equipment in good working order.</p> <p>This requirement is not met as evidenced by:</p> <p>A. Based on tour &amp; staff interview, it was determined that the facility packs to remove that patient care supplies were stored properly.</p> <p>Fundings include:</p> <p>1. The following items were being stored on the floor of the storage room: Unlabeled drugs, specimen containers, blood packs, IV tubing and syringes.</p> <p>2. The administrator verified the disinfecting and cleaning interview on survey date 3-6-02</p>	<p align="center"><b>RECEIVED</b>  MAR 19 2002  By _____</p> <p>ALL Supplies have been moved off the floor in the storage room as the facility. This was verified by Janet Edwards, RN at the IDPH on the date of inspection. The Executive Director shall ensure that this does not occur in the future.</p>	3-6-02

**DATE OF SURVEY:** 3-6-02 **by** Spencer M. Ellsworth, RPH/PHN  
**IF PLV, INDICATE DATE OF PRIOR SURVEY:** \_\_\_\_\_ **Signature**  
Lisa Skirmer - Exec. Director  
**Provider's Representative**  
3-6-02  
**Date**

Illinois Department of  
**Public  
Health**

George H. Ryan, Governor • John R. Lomph, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001

January 25, 2002

Lisa Shyne, Administrator  
Anchor Health Center, Ltd.  
1186 Roosevelt Road  
Glen Ellyn, Illinois 60137

99AS-06

Dear Ms. Shyne:

RE: Anchor Health Center, Ltd.  
Occupancy of New Construction  
IDPH No. 6063

Based on the evaluation of the physical plant and life safety standards, the above unit has been approved for occupancy.

As required for the entire facility, this unit must be operated and maintained in accordance with the requirements of the "Ambulatory Surgical Treatment Center Licensing Requirements" (77 Ill. Adm. Code 205). In addition, for eligibility for Medicare reimbursement, the unit must be operated and maintained in accordance with the federal Conditions of Participation for ASTC (42 CFR 416.1 et seq.)

If you have any questions about this approval, please do not hesitate to call us at 217/782-7412. The Department's TTY number is 800/547-0466, for use by the hearing impaired.

Sincerely,

*Karen Kabat*

Karen Kabat, R.N.  
Supervisor  
Division of Health Care Facilities and Programs  
Central Office Operations Section

KK/rsc

cc: Design Standards Unit  
finalastccoccuptrrsc

Illinois Department of  
**Public  
Health**

John R. Lumphin, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001

March 17, 1997

Stacey R. Simon, Administrator  
A. C. U. Health Center, Ltd.  
736 York Road  
Hinsdale, Illinois 60521

Dear Ms. Simon:

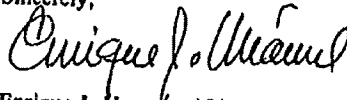
Subject: Final Occupancy  
A.C.U. Health Center Ltd., Hinsdale  
IDPH No. 3560

Based on the evaluation of the physical plant and life safety standards, the above units have been approved for occupancy under your current ambulatory surgical treatment center.

As required for the entire facility, this unit must be operated and maintained in accordance with the requirements of the Ambulatory Surgical Treatment Center Licensing Rules and Regulations. In addition, for eligibility for Medicare reimbursement, the unit must be operated and maintained in accordance with the federal Conditions of Participation for ambulatory surgical treatment center (416.1 et. seq).

If you have any questions about this approval, please do not hesitate to call us at 217/782-0514. The Illinois Department of Public Health TTY phone number for the hearing impaired is 800/547-0466.

Sincerely,



Enrique J. Unanue, AIA  
Acting Administrator  
Central Office Operations Section  
Division of Health Care Facilities and Programs

cc: Standard Section  
Louis J. Garapolo, Garapolo & Associates

ascoccup:lr:sc

Illinois Department of  
**Public  
Health**

*Rose F.T. #*  
John R. Lumphin, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001

January 21, 1997

Louis J. Garapolo  
Garapolo & Associates  
1101 Lake Street  
Oak Park, Illinois 60301

Re: A.C.U. Health Center Hinsdale  
IDPH Project # 3560

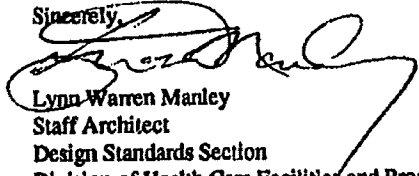
Dear Mr. Garapolo:

On January 15, 1997, a final inspection was conducted by Staff Architect, Lynn Manley, at the above facility to determine compliance of the above referenced project with the State of Illinois Ambulatory Surgical Treatment Center Licensing Requirements (for Limited Procedure Specialty Centers) and the 1991 Edition of the Life Safety Code. Please submit an item-by-item response with a date of correction for each of the following as soon as possible:

1. The door hardware for the Clean Utility Room would not allow entry. The door latch was defective.
2. There is a mechanical room with two gas fired furnaces and one gas fired water heater in it. The corridor door to this room had a make up air louver in it. The louver is not permitted in the door and a smoke tight separation between this room and the rest of the building per 12-6.3.1 was compromised by this louver.  
Please note that make up air is still required for this room.
3. One exit door was blocked by snow. Maintain all required exits to the outside, free of snow and ice.
4. The drawings identify room and floor finishes that were changed in the field. Were these changes transmitted to IDPH?
5. The drawings and code analysis sheet indicate that the Construction Type is Type III (221), however based upon review of the drawings and observation in the field, we find that the building is Type V (000) (Unprotected Frame as defined by NFPA 220. This would correspond to BOCA Type 5B. The exterior walls are wood frame load bearing members, not load bearing masonry and the roof system is wood trusses that are only partially protected with drywall.
6. We observed that the smoke wall is constructed through the facility however.
  - a. We observed possibly one or two conduit penetrations that were not sealed off for one hour fire rated construction.
  - b. There were multiple HVAC penetrations above the ceilings that lacked smoke dampers in accordance with 12-6.3.7.3 and 6-3.5 (NFPA 101-1991).

Please call if you have any questions. (217) 785-4247

Sincerely,



Lynn Warren Manley  
Staff Architect  
Design Standards Section  
Division of Health Care Facilities and Programs

cc: A C U Health Center  
Enrique Unanue  
Arch File



Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.idph.state.il.us](http://www.idph.state.il.us)

December 20, 2011

Ms. Aimee Dillard, Administrator  
Anchor Health Center, Ltd.  
1186 Roosevelt Road  
Glen Ellyn, IL 60137-

Re: Anchor Health Center, Ltd.  
Glen Ellyn  
Licensure survey

Dear Ms. Dillard:

On July 13, 2011, a 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 the monitoring visit of October 26, 2011 and the documentation received on December 16, 2011, 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,

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*

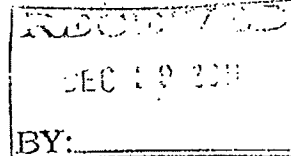
*printed on recycled paper*



PA  
Phone: (630) 495-4400  
Toll Free (888) 910-4400  
Fax: (630) 629-5892

1186 Roosevelt Road ~ Glen Ellyn, IL 60137

December 16, 2011



Sent Via Certified Mail  
Return Receipt Requested

Pam Hastings  
Project Designer  
Design Standards Unit  
Division of Health Care Facilities and Programs  
Illinois Department of Public Health  
525 W. Jefferson  
4<sup>th</sup> Floor  
Springfield, IL 62761

**RE: Provider Number 7002447**

Dear Ms. Hastings,

This letter is to confirm that we have completed of the Plan of Correction items dated November 7, 2011 for the follow-up survey conducted on October 26, 2011. Enclosed is the documentation of the completed items.

Please do not hesitate to contact me if I can be of any assistance.

Sincerely,

Aimee Dillard  
Administrator  
AAnchor Health Center, Ltd.

## WORK ORDER

Center:  <i>AAN</i>	Date:  <i>10-27-11</i>
Requested By:  <i>Maint</i>	Priority:
	<input checked="" type="checkbox"/> Safety / Emergency <input type="checkbox"/> When Available

Work Needed: (Be Specific)

*Done  
10/27/11  
J. Lane*

*Seal all openings in walls & ceilings  
in supply Room  
Sealant "3M Fire Barrier Sealant" CP25WB+ 4hr.*





258 S. Westgate Drive - Carol Stream, Illinois 60188-2243

Phone (630) 665-6620

Fax (630) 665-7335

# SERVICE INVOICE

RAM Job No. P426  
 Customer P.O.   
 Invoice Date 11-15-11  
 Ticket No: 007024

Job Name: <u>AA Medical</u>		Bill to:	
Address: <u>1186 Roosevelt</u>		Address:	
<u>Glen Ellyn</u>			
Site Contact:	Phone:	Attn:	Phone:
Called in by:	Phone:	[ ] P.M. [ ] Charge [ ] Warranty [ ] Construction	

Equip. Type:	Equip. Type:	Equip. Type:
Make:	Make:	Make:
Model:	Model:	Model:
S/N:	S/N:	S/N:

Reason for call: Install Dampers

System Condition on Arrival:

Service Performed:  
Remove Grills IN Storage Rtn  
MOUNT TWO Fire Smoke Dampers  
INSTALL Boot + Grille Supply RETURN  
Boot + Grille Rtn  
RUN Wire TO Transformer + Relay  
Align CO TO Hook Up

System Condition on Departure:

QTY	DESCRIPTION	QTY	UNIT PRICE	SUBTOTAL
1	Fire Damper			
1	Fire Damper			
	Grille			
	Boot			
200	2 wire Fire FT			

Refrigerant recovered:	lbs.	Refrigerant disposed of:	lbs.
Refrigerant returned to system:	lbs.	New Refrigerant:	lbs.

DATE	REPAIR	BY	BY	BY	BY
11-15-11	Went	6			

Job Complete ... ☒ Yes [ ] No      Parts Ordered ... [ ] Yes ☒ No

Comments / Additional Work:

Travel Expense: .  
 Parking Expense: .  
 Fuel Surcharge: .

The undersigned, having authority to purchase services on behalf of the buyer, agrees that the described service was satisfactorily performed and further agrees to pay all charges for such work within 10 days of the invoice date at the offices of RAM. Delinquent payments will be subject to 1.5% monthly interest plus any collection costs incurred.

Please pay this Amount



1441 Branding Avenue, Suite 260 • Downers Grove, IL 60515, Phone (630) 434-7900 • Fax (630) 434-1333

www.affiliatedline.com • Info@affiliatedline.com

FIRE ALARM SYSTEMS • MASS NOTIFICATION SYSTEMS • AREA OF RESCUE

72113

### SERVICE ACKNOWLEDGMENT

SERVICE NUMBER 71139	DATE 11-7-11	PROJECT/JOB NUMBER	EQUIPMENT CODE F A B	SERVICE CODE I	CA C
CUSTOMER LOCATION: Anchor Health 1186 Roosevelt Rd Glen Ellyn IL 60131			SCHEDULE DATE <input type="checkbox"/> REG <input type="checkbox"/> O.T. <input type="checkbox"/> DBL		<input checked="" type="checkbox"/> FULL SERVICE
CONTRACT NUMBER FCL			LABOR HOURS 1 PERSON		<input type="checkbox"/> TEST ONLY
CONTRACT TYPE PCT2			LABOR HOURS ADJUSTED 2 PEOPLE		<input type="checkbox"/> NON-CONTRACT
FACILITY FCL			MATERIAL CHARGE NO CHARGE		<input type="checkbox"/> INSTALL JOB
FACILITY FCL			MATERIAL CHARGE NO CHARGE		<input type="checkbox"/> SURVEY
FACILITY FCL			MATERIAL CHARGE NO CHARGE		<input type="checkbox"/> WARRANTY
QUANTITY	MODEL NUMBER	BILLABLE ITEMS			UNIT PRICE
FACP STATUS UPON ARRIVAL: clear					
REASON FOR SERVICE: Return to tie relays and verify for dampers and furnace.					
WORK PERFORMED: First tied in relays for furnace shutdown and tested after installing and it functions properly. Then getting ready to tie dampers to relay and after looking for power source for dampers found transformer and triple pole relay for dampers and after troubleshooting there's a tie in for dampers to trigger a panel on dry contacts and tested and confirmed that each damper has power and drops power when activated also relay functions but dampers are not triggering.					
WORK TO BE SCHEDULED: Recommend customer to have HVAC company meet w/ us due to dampers not triggering on alarm and possibly check tra					
FACP STATUS UPON DEPARTURE:					
TIME OF ARRIVAL 10:30	TIME OF DEPARTURE 5:30	CITY/COMPANY BACK IN SERVICE WITH Ducom	POST 565	TIME OUT/OPEN OUT AM 2:57	TIME IN/OPEN IN AM
CUSTOMER SIGNATURE/PRINT J. Cloos		SERVICE TECHNICIAN SIGNATURE/PRINT J. Cloos			

SERVICE ACKNOWLEDGMENT - NOT AN INVOICE - FORWARD TO YOUR PAYABLES DEPARTMENT

CUSTOMER'S COPY

## Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  7002447	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  07/13/2011
NAME OF PROVIDER OR SUPPLIER  ANCHOR HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1186 ROOSEVLET ROAD GLEN ELLYN, IL 60137		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 000	<p><b>Initial Comments</b></p> <p>The Illinois Department of Public Health (IDPH) conducted an onsite Life Safety Code inspection on 7/13/11. Anchor Health is a Pregnancy Termination Center (PTC) located at 1186 Roosevelt Road, Glen Ellyn, IL. Surveyor #12798 met with the facility administrator to identify the purpose of the visit prior to touring the facility.</p> <p>The building is a one story facility, non-sprinklered building which appears to be Type II (000) construction. The PTC is the only occupant in the building, and was inspected under the Illinois Ambulatory Surgical Treatment Center (ASTC) Licensing Requirements and the Life Safety Code (2000).</p> <p>The following deficiencies were identified by document review, staff interview or direct observation. We have included the deficient code section(s) for your convenience.</p>	L 000			
L 029	<p><b>38.2.1/39.3.2 HAZARDOUS AREAS</b></p> <p><b>39.3.2.1 Hazardous Areas:</b> 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: A. Based on observation and staff interview, the facility failed to constructed fire resistant walls in accordance with NFPA 101, 2000 Edition, Section 39.3.2 for hazardous areas. This deficient practice could affect patients, as well as an indeterminable number of staff and visitors, if smoke / fire was allowed to move from the room</p>	L 029			

Illinois Department of Public Health

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

STATE FORM

TITLE

(X6) DATE

OXFD11

If continuation sheet 1 of 12

## Illinois Department of Public Health

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L 029	Continued From page 1 into an exit access corridor.  1. Storage Room by west entry door. The room contains several shelves of combustible paper products and is considered a hazardous area. Verify compliance with the wall construction ( 1 hour rated), and the door must be fire rated, self closing and latching as specified in NFPA 101, 8.4.and 39.3.2.2.	L 029	1. The storage room will be fire rated. A fire rated door has been ordered. Maintenance will be checking wall construction for 1 hour rating. Administrator will ensure that storage room will be compliant within 60 days.	9/30/11
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. Soiled work room, the smoke detector is located where the airflow may prevent the operation of the detector. The recommended separation between the detector and the air supply is 3'-0" based on NFPA 72-2-3.5.1.  2. The fire alarm control panel :  a. Was not permanently identified with the location of the circuit disconnect means based on	L 051	1. Smoke detector will be relocated to more than 3' from the air supply by Affiliated Customer Service on August 18, 2011. Manager will ensure that the relocation is completed properly.	8/31/2011

## Illinois Department of Public Health

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L 051	Continued From page 2 NFPA 72-1-5.2.5.  b) NFPA 72-1-5.2.5 requires that the dedicated branch circuit breaker(s), feeding the fire alarm panel and associated equipment, shall have red marking and shall be identified as "FIRE ALARM CIRCUIT". Provide a lock-on device for the circuit breaker. The directories in the electrical panels do not appear to have been updated or current.  3. The following documentation was unavailable at the time of this inspection of the fire alarm system as required by NFPA 101, 21.3.4.1:  a. Since the building is considered "non 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. The fire alarm system had been inspected by an outside testing company on 1-4-11. Based on	L 051	a. & b. The center has 2 electrical panels. Perhaps the surveyor was not looking at the correct panel. Currently there is a lock-on device and the circuit is labeled as "ALARM". The label now states "FIRE ALARM" and the directory has been updated.  a. Sensitivity Test will be completed with the annual fire alarm system inspection by Affiliated Customer Services on August 18, 2011. In the future, sensitivity testing will be completed during alternate year annual inspections.  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.	7/30/2011	9/28/2011  OK 12K BB

## Illinois Department of Public Health

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L 051	<p>Continued From page 3</p> <p>this report, we request clarification and or - correction of the following items:</p> <p>In the comment statement of the report it indicated that they "Tested 100% of all accessible devices per detail. We found no deficiencies at this time". The test contained devices tested (audio/visual, smoke, heat, pull stations, etc.) without including a total number of each device and/or its location. The system contains fire and smoke dampers were these tested or inspected?</p> <p>The report states "circuit breaker locked - NO". NFPA requires the breaker to be locked on, so that the system will not be accidentally shut off. (Refer to #2 above)</p> <p>In review of an old (2007) report it indicates the following number of devices: Heat detectors (17), Fixed Heat (1), Smoke detectors (8), pull stations (4) and audio/visual (100%), clarification as to the number of audio/visual device are required as well as the location of each device.</p> <p>In review of the facility drawings (dated 3/30/99), and observation, the facility appears to contain (5) fire and (5) smoke dampers. The report failed to include any information as to the inspecting/ testing / or maintenance of the dampers.</p> <p>It could not be determined if the entire system has been properly inspected in the past 12 months. Failure to properly inspect the fire alarm system could lead to a system failure or a possible malfunction in the event of an emergency situation. Fire alarm system testing in accordance with NFPA 101, 2000 Edition, Section 9.6 as well as NFPA 70 and NFPA 72.</p>	L 051	<p>C. _____</p> <p>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 January 2011 and for future inspections the location and quantity of each device will be noted. (See Enclosure)</p> <p>Affiliated Customer Service has also been notified that the circuit breaker locked was incorrectly marked as "NO" when, in fact, the breaker is locked on.</p> <p>Both the fire and smoke dampers will be inspected by Affiliated Customer Services in conjunction with our HVAC Company. Going forward the Administrator will ensure that all dampers are inspected and individually documented. The smoke dampers will be inspected yearly by Affiliated Customer Service. The fire dampers will be inspected every four years by our HVAC Company.</p> <p>Affiliated Customer Service and Ram</p>	9/28/2011	

*Handwritten signature*  
8/10/11

## Illinois Department of Public Health

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L 051	Continued From page 4  e. It is unclear based on the information provided if smoke detection is provided at the main fire alarm panel in accordance with NFPA 101 Section 9.6.1.4 and NFPA 72, 1999, Section 1-4 and 1-5. The report failed to identify the location of each device being inspected or its location.	L 051			
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 . NFPA 70, 210-8(a)(7) and 517-20 & 21.	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	L136A	1.  All outlets within 6 feet of sink basins have been replaced with GFI devices by an electrician.	7/30/201	

## Illinois Department of Public Health

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L136A	Continued From page 5 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 washing sink, however it was not equipped with hands-free operation hardware as required by ASTC 205.1360(a)(2).	L136A		7/30/2011	
L1370	205.1370 Support Services Areas  SECTION 205.1370 SUPPORT SERVICE AREAS A control station shall be located to permit visual surveillance of all traffic that enters the operating suite.	L1370	1. The sink in the examination room is not a scrub sink. Per ASTC code 205.1620(c)(1) this exam sink is trimmed with handle blades.	OK per KS	



## Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  7002447	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/13/2011
NAME OF PROVIDER OR SUPPLIER  AANCHOR HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1188 ROOSEVLET ROAD GLEN ELLYN, IL 60137		
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L1370	Continued From page 6  Sterilizing facilities with high speed autoclaves conveniently located to serve all procedure rooms shall be provided. Approved alternate provisions may be made for replacement of sterile instruments during surgery. A drug distribution station shall be provided for storage and preparation of medication to be administered to patients. Scrub stations with knee, foot or elbow actuated faucets or with automatic electronic actuated faucets shall be provided near the entrances to, but outside of, the procedure rooms. Scrub facilities shall be arranged to minimize splatter on nearby personnel or supply carts. A soiled workroom for the exclusive use of the surgical suite staff shall be provided. The soiled workroom shall contain a work counter, sink equipped for handwashing, waste receptacle, and linen receptacle. This room may be used for cleaning anesthesia equipment. Fluid waste disposal facilities shall be conveniently located with respect to the general procedure rooms. Clean workroom A clean workroom or a clean supply room is required when clean materials are assembled within the surgical suite prior to use. A clean workroom shall contain a work counter, sink equipped for handwashing, and space for clean and sterile supplies. A clean supply room shall be provided when the narrative program defines a system for the storage and distribution of clean and sterile supplies that would not require the use of a clean workroom. An autoclave shall be incorporated into the clean workroom. Anesthesia storage facilities shall be provided. Flammable anesthetics are prohibited. Medical gas supply storage with space for reserve nitrous oxide and oxygen cylinders shall	L1370		

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L1370	<p>Continued From page 7</p> <p>be provided, with all tanks properly secured. Storage area for equipment and supplies used in the surgical suite shall be provided. Staff and personnel facilities shall be provided for male and female personnel (orderlies, technicians, nurses, and doctors) working within the surgical suite. The areas shall contain lounge, lockers, toilets, lavatories equipped for handwashing, and space for changing clothes. These areas shall be arranged to provide a one-way traffic pattern so that personnel entering from outside the sterile area can change, gown, and move directly into the sterile area. Space for removal of scrub suits and foot covers shall be designed so that personnel using it will avoid physical contact with clean personnel. Change areas where patients can change from street clothes into hospital gowns in privacy, and be prepared for surgery, shall be provided. This shall include lockers, toilets, clothing change or gowning areas, and space for the administration of medications. The stretcher storage area shall be out of the direct line of traffic. A janitor's closet containing a floor receptor or service sink, and storage space for housekeeping supplies and equipment, shall be provided exclusively for the surgical suite. (Source: Amended at 24 Ill. Reg. 2691, effective February 18, 2000)</p> <p>This Regulation is not met as evidenced by:</p> <p>A. Based on observations it was determined that the facility failed to maintain the corridors free of all obstructions to full instant use. This deficient practice could affect staff, visitors and patients in the surgical center.</p> <p>1. The main OR corridor contained storage of a</p>	L1370			

## Illinois Department of Public Health

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L1370	Continued From page 8 gurney, desk and chair. Means of egress shall be continuously maintained free of all obstruction or impediments to full instant use in the case of fire or other emergency based on NFPA 101, 7.1.10.1. and . 205.1370(j) & (m)	L1370	1. All corridors are 8 feet wide. The gurney is 2.5' wide and is pushed against the wall with the wheels "locked" and therefore is not movable. There is still 5.5' of corridor space with no obstructions/impediments. There is nowhere else in the facility to store the gurney. (See enclosed Floor Plan)	8/31/2011  OK PER HK
L1540	205.1450 HVAC (General)  SECTION 205.1540 AIR CONDITIONING, HEATING AND VENTILATING SYSTEMS  a) The systems shall be designed to provide the comfort temperatures and humidities as recommended by ASHRAE Standards.  b) Air handling systems shall conform to "Installation of Air Conditioning and Ventilating Systems," NFPA 90A-1976.  c) For spaces not exceeding 25,000 cubic feet in volume, heating, air conditioning, and ventilating systems shall conform to "Standard for the Installation of Warm Air Heating and Air Conditioning Systems, NFPA 90-B, 1973, except return ducts shall be constructed of materials equal to that specified for supply ducts, Chap. 2, paragraph 1.1., Duct Materials.  d) Outdoor air intakes shall be located as far as practical but not less than 15 feet from exhaust outlets of ventilation systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vent stacks or from areas which may collect vehicular exhaust and other noxious fumes.  e) All ventilation air outlets and inlets shall conform to NFPA 90A-Chapter 2, paragraph 3.2. Location of Outlets and Inlets.	L1540	The desk and chair will be removed from the space and a wall-mounted fold up desk/medical chart holder will be installed for physician use.	

## Illinois Department of Public Health

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L1540	<p>Continued From page 9</p> <p>f) The ventilation systems shall be designed and balanced to provide the ventilation and pressure relationships as shown in Table A.</p> <p>g) The ventilation air supplied to the procedure rooms shall be delivered at or near the ceiling of the area served, and all exhaust or return air from the area shall be removed near the floor level. At least two exhaust outlets shall be used in each procedure room.</p> <p>h) All central ventilation or air conditioning systems shall be equipped with filters having efficiencies not less than those specified in the following table:</p> <p><b>FILTER EFFICIENCIES FOR CENTRAL VENTILATION AND AIR CONDITIONING SYSTEMS IN AMBULATORY SURGICAL TREATMENT FACILITIES</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Efficiencies</th> <th colspan="2">Filter</th> </tr> <tr> <th>Minimum</th> <th>(Percent)</th> </tr> <tr> <th>Bed</th> <th>Number of</th> <th>Filter Bed Filter</th> </tr> </thead> <tbody> <tr> <td>Area Designation</td> <td>Filter Beds</td> <td>No. 1</td> </tr> <tr> <td>No. 2</td> <td></td> <td></td> </tr> <tr> <td>Procedure and Recovery Rooms</td> <td>2</td> <td>25 90</td> </tr> <tr> <td>All Other Areas</td> <td>1</td> <td>25 --</td> </tr> </tbody> </table> <p>i) All filter efficiencies shall be average atmospheric dust spot efficiencies tested in accordance with the American Society of Refrigeration and Heating. Air</p>	Efficiencies	Filter		Minimum	(Percent)	Bed	Number of	Filter Bed Filter	Area Designation	Filter Beds	No. 1	No. 2			Procedure and Recovery Rooms	2	25 90	All Other Areas	1	25 --	L1540		
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L1540	<p>Continued From page 10</p> <p>j) Conditioning Engineers (ASHRAE) Standards 52-68. For systems serving procedure and recovery rooms, filter bed No. 1 shall be located upstream of the conditioning equipment and filter bed No. 2 shall be located downstream of the supply fan and conditioning equipment including humidifiers.</p> <p>k) Filter frames shall be durable and shall provide an airtight fit with the enclosing duct work. All joints between filter segments and enclosing duct work shall be gasketed or sealed to provide a positive seal against air leakage.</p> <p>l) A manometer shall be installed across each filter bed serving procedure and recovery rooms.</p> <p>m) Fire and smoke dampers shall be constructed, located and installed in accordance with the requirements of NFPA 90A.</p> <p>n) All systems, regardless of size, which serve more than one smoke or fire zone, shall be equipped with smoke detectors to shut down fans automatically as specified in paragraph 4-3.1 of NFPA 90A.</p> <p>o) The ventilation system for anesthesia storage rooms shall conform to the requirements of "Standard for</p> <p>p) Inhalation Anesthetics" NFPA 56A, including the gravity option ventilation system.</p> <p>q) Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and limit temperatures in working stations to 97 F Effective Temperature as defined by ASHRAE Handbook of Fundamentals. Rooms containing heat-producing equipment,</p>	L1540			

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L1540	<p>Continued From page 11</p> <p>such as boiler rooms and heater rooms, shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 100 F.</p> <p>(Source: Amended at 6 Ill. Reg. 6220, effective May 17, 1982)</p> <p>This Regulation is not met as evidenced by:</p> <p>A. Based on record review and observations it was determined that the facility failed to maintain fire and smoke dampers in accordance with NFPA 101, Section 8.3.5 and NFPA 90A Section 3-4.6.7. This deficient practice could affect staff, visitors and patients in this facility.</p> <p>1. During record review and staff interview it was determined that the facility had not maintained the dampers or created a damper maintenance log. All dampers are to receive maintenance at least every 4 years, fusible links shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.</p> <p>2. Fire dampers installed between the mechanical / electrical room and the corridor were not installed in accordance with the manufacturers standards. The ducts are not supported and the gap between the duct and the wall was filled with expandable weatherization sealant. This sealant does not provide any fire protection for this enclosure wall.</p>	L1540	<p>1. See response for L051 2. c.  7/30/2011</p> <p>2. The ducts were reinforced with metal brackets per manufacture's standards by an HVAC technician.</p>	<p>7/30/2011</p> <p>7/30/2011</p>	

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

**RECEIVED**  
MAY 20 2011

BY \_\_\_\_\_  
☐ HOSPITAL

☐ HOSPICE

☐ HMO

☒ HHA

X ASTC

NAME AND ADDRESS OF FACILITY Anchor Health Center, 1186 Roosevelt Rd., Glen Ellyn, IL 60137

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.310	<p><b>Personnel Policies</b> Each ambulatory surgical treatment center shall have written personnel policies including job descriptions for each staff position, which shall include minimum qualifications required for the position. There shall be a documented procedure for orientation of new employees to the facility's policies and procedures as well as the personnel policies including a copy of the appropriate job description.</p> <p>This requirement was not met as evidenced by:</p> <p>A. Based on review of Facility staff job descriptions and staff interview, it was determined that for 1 of approximately 10 job descriptions, the Facility failed to ensure a Circulating Nurse job description was available.</p> <p>Findings include:</p> <p>1. On 5/5/11 at 9:45 AM, the Facility job descriptions were reviewed. There was no Circulating Nurse job description.</p> <p>2. These findings were confirmed with the Chief Operations Officer on 5/5/11 at 9:55 AM.</p>	<p>At our center, all staff RNs are required to be cross-trained in all areas.</p> <p>Therefore, we have added the Circulating Nurse job description to our current "Staff Nurse" job description. (See enclosure)</p> <p>All current nurses will review and sign this new document.</p> <p>The Administrator for the center will be responsible for compliance and ensure that any incoming RN's sign this new job description.</p>	05/28/2011

DATE OF SURVEY 5/5/11 BY 19843 (Surveyor)

*[Signature]*  
(Provider Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY  
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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH FACILITIES STANDARDS  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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NAME AND ADDRESS OF FACILITY: Anchor Health Center, 1186 Roosevelt Rd., Glen Ellyn, IL 60137

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.420 (C) (2)	<p><b>Sanitary Facility</b> The sterilization of materials shall be done by autoclaving the materials in accordance with the recommendations of the manufacturer of the autoclave. The effectiveness of the autoclave shall be verified and documented at least weekly with a biological spore assay containing B. Stearothermophilus.</p> <p>This requirement was not met as evidenced by:</p> <p>A. Based on review of Facility policy, Manufacturer's Guidelines, Biological Spore Testing Log, and staff interview, it was determined that for 3 of 9 weeks in March and April 2011 (4<sup>th</sup> week in March and 4<sup>th</sup> &amp; 5<sup>th</sup> week in April), the Facility failed to ensure biological spore testing was verified and documented each week.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 5/4/11 at 10:30 AM, the Facility policy titled, "Autoclave Spore Check" was reviewed. The policy required, "The steam autoclave will be bacteriologically monitored on a weekly basis using Bacillus Stereothermophilus spore ampoules. Follow direction of the manufacturer as given in the package."</li> <li>On 5/4/11 at 10:40 AM, the 3M Attest 1262 Biological Indicator Guidelines were reviewed. The guidelines required, "12. Incubate processed and control biological indicators for 48 hours..."</li> </ol>	See Next Page	

DATE OF SURVEY 5/5/11 BY 19843 (Surveyor)

(Provider's Representative)

NOTE: IF PL V, INDICATE DATE OF PRIOR SURVEY  
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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH FACILITIES STANDARDS  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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X ASTC

NAME AND ADDRESS OF FACILITY Anchor Health Center, 1186 Roosevelt Rd., Glen Ellyn, IL 60137

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.420 (C) (2) (continued)	<p>Sanitary Facility</p> <p>3. On 5/4/11 at 10:50 AM, the Biological Spore Testing Log for 2011 was reviewed. There was no documentation of Forty-eight hour test results for 3 of 9 weeks in March and April 2011 on the following dates:</p> <ul style="list-style-type: none"> <li>- 3/27/11 to 4/2/11</li> <li>- 4/17/11 to 4/23/11</li> <li>- 4/23/11 to 4/29/11</li> </ul> <p>4. These findings were confirmed by the Chief Operations Officer and Assistant administrator during an interview on 5/4/11 at 11:15 AM.</p>	<p>The situation has been discussed with the employee responsible for not documenting the spore test results; they have received a written warning.</p> <p>An in-service was held with the staff to discuss the importance of proper documentation of the spore testing and protocols.</p> <p>The administrator will review all results weekly to ensure compliance.</p>	05/21/2011

DATE OF SURVEY 5/5/11 BY 19843

(Surveyor)

(Provider's Representative)

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NAME AND ADDRESS OF FACILITY Anchor Health Center, 1186 Roosevelt Rd., Glen Ellyn, IL 60137

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.610 (c)	<p><b>Clinical Records</b> Accurate and complete clinical records shall be maintained for each patient and all entries in the record shall be made at the time the surgical procedure is performed and when care, treatment, medications, or other medical services are given. The record shall include, but not be limited to the following... post counseling notes.</p> <p>This requirement is not met as evidenced by:</p> <p>A. Based on review of clinical records and staff interview, it was determined that the Facility failed to ensure, for 10 of 10 clinical records reviewed (Pts. #1 thru #10), a post counseling note was included in the record.</p> <p>Findings include:</p> <p>1. On 5/4/2011 between 11:00AM and 2:30PM, ten (10) clinical records were reviewed (Pts. # 1 - 10). Ten records did not include documentation of a post counseling note.</p> <p>2. These findings were confirmed with the Chief Operations Officer on 5/5/2011 at 9:30 AM.</p>	<p>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 post-op care and/or counseling and some patients are simply non-compliant and do not respond to any type of follow up.</p> <p>Therefore, with this in mind we have created a "Post Counseling Notes" status tab in our computer. This tab will document the following regarding post counseling status of each patient:</p> <ol style="list-style-type: none"> <li>Whether or not the patient can be contacted</li> <li>Where the patient will be going for follow up: <ol style="list-style-type: none"> <li>Own Physician, who?</li> <li>Our Facility, when?</li> <li>No Follow Up/Non-Compliance/Wrong Contact information given</li> </ol> </li> </ol> <p>On a weekly basis a report will be generated and assigned staff will be responsible to make an attempt to contact the patient regarding post counseling. Notes will be added in "comments" and in the patient's chart when appropriate. The administrator will monitor compliance.</p>	06/30/2011

DATE OF SURVEY 5/5/11 BY 19843 (Surveyor)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY \_\_\_\_\_

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## **STAFF NURSE**

### **POSITION SUMMARY:**

Provide nursing care by assessment, planning, treatment and evaluation of the patient. Provides safe, knowledgeable, compassionate, educative, individualized and goal-directed nursing care to patients and their families in the Center. All Staff Nurses at the facility are required to be cross trained so that they can function as a circulating nurse or a perianesthesia nurse.

### **SUPERVISION:**

Received: Director of Nursing/Nursing Supervisor  
Given: Technicians

### **QUALIFICATIONS:**

1. Graduate of a Professional School of Nursing.
2. Current state licensure as a Registered or Licensed Practical Nurse certified in distribution of medications.
3. Evidence of continuing education.
4. Good command of the English language, both verbal and written.
5. Meets the needs of the nursing service as demanded by the schedule, particularly when overtime hours and time changes become necessary.
6. Ability to work well with physicians, employees, patients, and others.

### **WORKING CONDITIONS:**

1. Requires extensive mobility (walking and standing) while supervising.
2. Periodic pushing, pulling, and lifting of patients and/or equipment.
3. May have exposure to patients with communicable diseases.

### **RESPONSIBILITIES:**

1. Monitors and assesses the physical status of the patient through personal observation and interaction.
2. Assesses and responds to the individual, psychosocial, and spiritual needs of the patient and significant others. Acts as patient advocate in the coordination of patient care.
3. Demonstrates understanding and interpretation of diagnostic measures such as lab tests, radiology exams, and EKGs.
4. Identifies goals for the individual patient and communicates these goals to others involved in the patient's care.
5. Utilizing professional nursing judgment, takes action to implement the nursing care plan and resolve the problems identified for the individual patient.
6. Utilizes supplies, equipment, and resources to contain cost without compromising delivery of care.

## STAFF NURSE

### RESPONSIBILITIES (cont.):

7. Circulating Nurses, or perioperative nurses, are RN's who work with the surgical team, but do not enter the sterile field. They also assist the surgical team during the procedure by securing additional supplies or instruments as needed, arranging for the transport of specimens to labs and assisting the scrub nurse and surgeons in donning their sterile suits. One very important role of the circulating nurse is accounting for all equipment, gauze and other items used during the surgery to prevent the loss of an item in the wound. The nurse may have additional responsibilities including keeping the operating room clean, managing other staff, preparing the patient for the procedure and helping escort the patient to recovery.
8. Perianesthesia nurses are the RN's who assist individuals in the periods before and after surgery. Prior to a surgical procedure, this nurse is the one who begins an intravenous line, assesses the patient, performs any preparation such as shaving, and administers medications. After the surgery, a Perianesthesia nurse is responsible for monitoring the patient's condition as he or she begins to wake up from anesthesia. Duties include removing IV's or catheters, checking on the condition of wounds or dressings and address issues of pain management. One of the most important roles of the perianesthetic nurse is that of patient advocate, as this nurse is in a position to convey patient needs to other staff and to provide education and support to both patient and family.
9. Reduces chances of nosocomial infection by directing attention to infection control and environmental safety practices.
10. Reports and documents information accurately and in a timely manner.
11. Communicates a positive and caring attitude toward patient, peers, staff and all other contacts.
12. Seeks guidance, directions and assistance where needed. Follows Center Policy and Procedures at all time.
13. Maintains confidentiality of all patient and Center's communications/documents.
14. Gains knowledge of all equipment and supplies and is familiar with their location, especially emergency drugs, supplies, and equipment.

The above statements reflect the general outline considered necessary to describe the principle functions of this job. It shall not be constructed as a detailed description of all work requirements of the job.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature