DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH, STATE OF ILLINOIS,)		
Complainant,)	Docket No.	ASTC 15-001
v.)		
)		
ALBANY MEDICAL SURGICAL CENTER,)		
License No. 7000789)		
)		
Respondent.)		

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached NOTICE OF VIOLATIONS, NOTICE OF FINE ASSESSMENT, and NOTICE OF OPPORTUNITY FOR HEARING was sent by certified US mail in a sealed envelope, postage prepaid to:

REGISTERED AGENT:

Richard Kates 111 W Washington Street Suite 1900 Chicago, IL 60602

Walter Dragosz President, Albany Medical Corporation 5086-N Elston Avenue Chicago, IL 60630

That said document was deposited in the United States Post Office at Chicago, Illinois, on the day of tebruary, 2015.

Sharon Morris
Illinois Department of Public Health

Cc: Karen Senger, OHCR

DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH, STATE OF ILLINOIS,)		
Complainant,)	Docket No	ASTC 15-001
v.	{	DOCKET NO.	ASTC 13-001
ALBANY MEDICAL SURGICAL CENTER, License No. 7000789)		
Respondent	}		

NOTICE OF VIOLATIONS; NOTICE OF FINE ASSESSMENT; AND NOTICE OF OPPORTUNITY FOR ADMINISTRATIVE HEARING

Pursuant to the authority granted to the Illinois Department of Public Health (hereinafter "Department") by the Ambulatory Surgical Treatment Center Act (210 ILCS 5/1 et seq.) (hereinafter "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF VIOLATIONS

The Department has determined through inspection, review of records, or other means of investigation that Albany Medical Surgical Center (hereinafter "Respondent" or "Facility") located at 5086 North Elston Avenue, Chicago, Illinois 60630 is in substantial violation of the Act and the Ambulatory Surgical Treatment Center Licensing Requirements Code (77 Ill. Admin. Code 205) (hereinafter "Code"). In accordance with Sections 5/10b and 5/10g(a) of the Act, Section 205.820 of the Code, and Section 10-65(d) of the Illinois Administrative Procedure Act (5 ILCS 100/1-5 et seq.) (hereinafter "APA"), incorporated into the Act at 210 ILCS 5/10a, the Department hereby issues this Notice of Violations to the facility known as Albany Medical Surgical Center.

ALLEGATIONS OF NONCOMPLIANCE

The Department has found conditions in the Facility that are threatening to public interest, health, safety or welfare. These conditions include, but are not limited to, a substantial or continued failure to comply with the Act or rules promulgated thereunder as referenced below and in attached Exhibit A.

- 1. On January 5, 2015, the Department conducted a complaint investigation survey (hereinafter "Survey") at the Facility.
- 2. Consequent to the Survey, the Department determined that Respondent substantially failed to comply with the Act and Code Section 205.320, Presence of a Qualified Physician:

A qualified physician shall be present at the facility until all patients are medically discharged. The discharge criteria shall be defined by the qualified consulting committee.

- 3. Consequent to the Survey, the Department determined that Respondent substantially failed to comply with the Act and Code Section 205.620, Statistical Data:
 - a) Each ambulatory surgical treatment center shall collect, compile and maintain the following clinical statistical data at the facility to be made available to the Department during a survey or inspection, or upon the Department's request:
 - 1) The total number of surgical cases treated by the ASTC;
 - 2) The number of each specific surgical procedure performed;
 - 3) The number and type of complications reported, including the specific procedure associated with each complication;
 - 4) The number of patients requiring transfer to a hospital for treatment of complications. The procedure performed and the complication that prompted each transfer shall be listed;
 - 5) The number of deaths, including the specific procedure that was performed; and
 - 6) The results of the monitoring of the ASTC's hand hygiene program in Section 205.550(h).
 - b) The clinical statistical data shall be collected, compiled and maintained quarterly, with reports completed no later than January 31, April 30, July 31 and October 31 for the preceding quarter.
- 4. The nature of each failure referenced in Paragraphs 2 and 3 above is further described in the Statement of Deficiencies which is attached hereto as Exhibit A and made a part hereof.

PLAN OF CORRECTION

Respondent shall file with the Department a written plan of correction ("POC") as required by Section 5/10c of the Act and Sections 205.820b)4) and 205.830 of the Code for the deficiencies cited above within ten days of receipt of this notice. Such plan of correction shall state with particularity the method by which the facility intends to correct the violations and shall contain a stated date by which each violation shall be corrected. The POC is subject to approval by the Department and must be sent to: Karen Senger, Illinois Department of Public Health, Division of Health Care Facilities and Programs, Central Office Operations Section, 525 West Jefferson Street, 4th Floor, Springfield, Illinois 62761.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 10d of the Act and Sections 205.820b)3), 205.850a), and 205.850b) of the Code, the Department hereby assesses a fine of Ten Thousand Dollars (\$10,000.00) for violations of Code Section 205.320 as previously set forth herein:

(January 5, 2015 – February 5, 2015) 30 days x 333.33/day = 10,000.00

Pursuant to Section 205.850c)1) of the Code, all fines shall be paid to the Department by Respondent no later than ten days after the notice of assessment, if the assessment is not contested by Respondent.

NOTICE OF OPPORTUNITY FOR HEARING

Respondent has a right to a hearing to contest these actions pursuant to, without limitation, Section(s) 5/10b, 5/10c, 5/10d, and 5/10g of the Act and Section 205.860 of the Code. A written request for hearing must be sent within ten days of receipt of this Notice to the Department. Such request for a hearing must be sent to Snigdha Acharya, Deputy General Counsel, Illinois Department of Public Health, 122 South Michigan Avenue, 7th Floor, Chicago, Illinois 60603.

FAILURE TO REQUEST A HEARING AS SPECIFIED HEREIN SHALL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

ANSWER BY RESPONDENT

In accordance with Section 100.7(d) of the Department's General Rules of Practice and Procedure in Administrative Hearings (77 Ill. Admin. Code 100), a copy of which is enclosed, the Respondent shall file a written answer to the Allegations of Noncompliance within twenty days of receipt of this Notice. Such answer must be sent to Snigdha Acharya, Deputy General Counsel, Illinois Department of Public Health, 122 South Michigan Avenue, 7th Floor, Chicago, Illinois 60603.

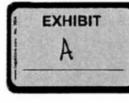
FAILURE TO FILE AN ANSWER WITHIN TWENTY DAYS OF THE RECEIPT OF THIS NOTICE SHALL CONSTITUTE RESPONDENT'S ADMISSION OF THE ALLEGATIONS OF NONCOMPLIANCE.

Niray D. Shah, M.D.

Director

Illinois Department of Public Health

Dated this day of February 2015



COMPLETION DATE

				Section 205.320	000	NAME AND ADDRESS Albany Medical Surgical Center OF FACILITY 5086 North Eiston Ave., Chicag LIST RULE ENTER SUMMAR VIOLATED WHAT IS WRON	E ASTC
Findings include:	Based on document review and interview, it was determined for 3 of 14 (Pts #13, 14, & 15) patients who had surgical procedures on 12/20/14, the facility failed to ensure a physician was present during the postoperative period.	This requirement is not met as evidenced by:	A qualified physician shall be present at the facility at all times during the operative and postoperative period for all patients.	Presence of a Qualified Physician	An investigation survey was conducted on 1/5/15 for complaint #142856. The facility wa not in compliance with Rules and Regulations for Ambulatory Surgical Treatment Centers fo this survey as evidenced by:	S086 North Elston Ave., Chicago, IL 60630 ENTER SUMMARY OF REQUI	O HHA
	iew and interview, it f 14 (Pts #13, 14, & 15) al procedures on iled to ensure a furing the postoperative	met as evidenced by:	hall be present at the ng the operative and rall patients.	d Physician	An investigation survey was conducted on 1/5/15 for complaint #142856. The facility was not in compliance with Rules and Regulations for Ambulatory Surgical Treatment Centers for this survey as evidenced by:	isical Surgical Center Elston Ave., Chicago, IL 60630 ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	□ НМО □ НО
					Ā	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	□ HOSPICE □ HOSPITAL
						DNA NC	7

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

DATE OF SURVEY_1/5/15

1. Pt #2's clinical record included Pt #2 was a 22 year old pregnant female at 18 3/7 weeks

BY_30195 (Surveyor)

(Provider's Representative)

E ASTC

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and the physician on duty (MD #1) left the facility at that time to accompany Pt #2. BY_30195 (Surveyor) (Provider's Representative)
[Hospital] ER, the patient remained hemodynamically stable. I presented the patient to the ER physicians and the Gynecology team and transferred the patients care. [MD #1 accompanied Pt #1 in the ambulance for transfer] The plan was for diagnostic laparoscopy to evaluate the extent of the injury" Pt #1 was transferred at 11:45 am
recognition of the high cervical laceration, an ambulance was immediately called for transport to [Hospital] at 11:25 am. At 11:34, the Gynecology on call team and the Family Planning fellow at [Hospital] were informed of the patient, her condition, her pending arrival at [Hospital] ER and the need for surgical repair of the cervical injuryThe patient remained stable during ambulance transportUpon arrival to
gestation who was admitted to the facility on 12/20/14 for a D & E by MD #1. The operative report included, "palpation of the cervix revealed a high cervical laceration in the left posterior aspect of the cervix with possible extention into the fundus of the uterusUpon
ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY PROVIDER'S PLAN OF CORRECT WHAT IS WRONG

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□ HOSPICE

□HOSPITAL

ADDRESS	Albany Medical Surgical Center 5086 North Elston Ave., Chicago, IL 60630		
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 205.320 (cont'd)	2. On 1/5/15 at approximately 10:00 am, the clinical records were reviewed for the 14 patients admitted to the facility on 12/20/14 for surgical procedures. 3 of the 14 clinical records included that these patients were in the postoperative recovery room at the time the physician was not present in the facility. The times are as follows: -Pt #13 was a 24 year old female admitted to the facility on 12/20/14 for a D & E. Pt #13 was in recovery from 9:06 am - 12:15 pm. -Pt #14 was a 24 year old female admitted to the facility on 12/20/14 for a D & E. Pt #14was in recovery from 10:46 am - 12:51 pm. -Pt #15 was a 28 year old female admitted to the		
NOTE: IF PLV. INDICATE DA	ATE OF PRIOR SURVEY (Surveyor)	(Provider's Representative)	ntative)
NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY			

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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NAME AND ADDRESS Albany N OF FACILITY 5086 No	Albany Medical Surgical Center 5086 North Elston Ave., Chicago, IL 60630		
	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.320 (cont'd)	facility on 12/20/14 for a D & E. Pt #15 was in recovery from 11:43 am - 1:10 pm.		
	3. On 12/30/14 at approximately 10:00 am, an interview was conducted with the Medical Director (MD #3). MD #3 stated that the facility's practice is that when a patient is transferred to the hospital because of a complication during surgery, the physician doing the surgery accompanies the patient to the hospital in the ambulance. The surveyor asked MD #3 who was responsible for the patients at the facility in recovery during the time the physician was accompanying a patient to the hospital. MD #3 stated that there was always a registered nurse (RN), a nurse practitioner (NP) or physician's assistant (PA), and a certified registered nurse anesthetist (CRNA) at the		
DATE OF SURVEY_1/5/15	BY 30195		
NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY	TE OF PRIOR SURVEY (Surveyor)	(Provider's Representative)	ntative)

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NAME AND ADDRESS Albany Medical Surgical Center OF FACILITY 5086 North Elston Ave., Chicago	Albany Medical Surgical Conter 5086 North Elston Ave., Chicago, IL 60630		
	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.320 (cont'd)	facility to be responsible for the care of the patients at the facility. MD #3 stated the physician was always available by phone during his/her absence from the facility.		
	4. The physician and staff schedules were reviewed for the dates of the 12 patient transfers. The schedules for each day on which surgeries were performed included one physician, one CRNA, and one advanced practice nurse or physician's assistant. The schedules did not include a physician on call to cover in case the physician needs to leave the facility if a patient is transferred.		
	5. On 1/5/15 at approximately 8:45 am, an interview was conducted with the Facility Administrator (E #2). E # stated that a physician (MD #4) is called to come to the facility when a patient is being transferred to assume care of the patients in recovery and continue the surgeries		
DATE OF SURVEY 1/5/15	facility with the patient being transferred until BY 30195	,	
NOTE: IF PLV. INDICATE DATE OF PRIOR SHRVEY		(Provider's Representative)	itative)

NOTE: IF BLV INDICATE DATE OF ANION STRAINS	DATE OF	Section (cont'd)	VIOLATED	NAME AND OF FACILITY	
	DATE OF SURVEY_1/5/15_	Section 205.320 (cont'd)	ED	ID ADDRESS	
	1/5/15			S Albany Ma 5086 North	E ASTC
		MD #4 is present at the facility. The surveyor requested the facility's policy or procedure to required a physician's presence at the facility all times when patients are in surgery or recovery and documentation of the physician call schedule to cover when a patient needs to be transferred. E #2 stated that the facility do not have a policy or documentation that a physician is available to cover should the physician on duty need to leave the facility. I #2 stated that on 12/20/14, MD #4 was not available, and MD #1 (the physician/surgeon duty) left the facility to accompany Pt #2 dutransfer to the hospital at 11:45 am. At this ti there were three patients in recovery with no physician present at the facility.	ENTER SUMMARY WHAT IS WRONG	NAME AND ADDRESS Albany Medical Surgical Center OF FACILITY 5086 North Elston Ave., Chicago, IL 60630	STC
		s present d the faci a physici a physici and docu dule to co erred. E # a policy n is availa n on duty that on 1 the facil the facil o the hos te three p	MMARY OF WRONG	l Center Chicago, IL 6	H 0
	œ	MD #4 is present at the facility. The surver requested the facility's policy or procedure required a physician's presence at the facil all times when patients are in surgery or recovery and documentation of the physicicall schedule to cover when a patient needs be transferred. E #2 stated that the facility not have a policy or documentation that a physician is available to cover should the physician on duty need to leave the facility #2 stated that on 12/20/14, MD #4 was not available, and MD #1 (the physician/surgeduty) left the facility to accompany Pt #2 d transfer to the hospital at 11:45 am. At this there were three patients in recovery with r physician present at the facility.	REQUIREM	0630	ННА
Surveyor	BY 30195	cy or procence at the in surger n of the procent and the factor of the process of	ENT AND S		
		MD #4 is present at the facility. The surveyor requested the facility's policy or procedure that required a physician's presence at the facility at all times when patients are in surgery or recovery and documentation of the physician on call schedule to cover when a patient needs to be transferred. E #2 stated that the facility does not have a policy or documentation that a physician is available to cover should the physician on duty need to leave the facility. E #2 stated that on 12/20/14, MD #4 was not available, and MD #1 (the physician/surgeon on duty) left the facility to accompany Pt #2 during transfer to the hospital at 11:45 am. At this time there were three patients in recovery with no physician present at the facility.	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG		Ŏ
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ovider's Re			PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED		□ HOSPITAL
(Provider's Representative)					TAT
9			COMPLETION DATE		
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□HOSPITAL

DATE OF SURVEY _1/5/15		Section 205.620	OF FACILITY OF FACILITY OF FACILITY S086 North Elston Ave., Chicago LIST RULE VIOLATED WHAT IS WRON
BY 30195 (Surveyor)	(a) Each ambulatory surgical treatment center shall collect, compile and maintain the following clinical statistical data at the facility to be made available to the Department during a survey or inspection(3) the number and type of complications reported, including the specific procedure associated with each complication; (4) the number of patients requiring transfer to a licensed hospital for treatment of complications. List the procedure performed and the complication that prompted each transfer (b) This clinical statistical data shall be collected and maintained quarterly, with reports completed no later than January 31, April 30, July 31 and October 31 for the preceding quarter. This requirement is not met as evidenced by:	Statistical Data	Albany Medical Surgical Center 5086 North Elston Ave., Chicago, IL 60630 ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG
(Provider's Representative)			PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED
ntative)			COMPLETION DATE

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LIST RULE VIOLATED	S086 North Eiston Ave., Cheago, IL 60630 ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.620 (cont'd)	Based on document review and interview, it was determined for 1 of 1 (E #2) Facility Administrators, the facility failed to ensure the quarterly clinical statistical data reports included the number of patients who were transferred to a hospital.		
	Findings include:		
	1. The statistical data collected quarterly by the facility was reviewed for the first 3 quarters of 2014 and included "0" patient transfers to a hospital.		
	2. On 12/29/14 at approximately 9:30 am, the list of patients transferred from the facility to a hospital from 01/2014 – 09/30/14 was reviewed and included 7 patients.		
	2. During an interview with the Facility Administrator (E #2) on 1/5/15 at approximately 10:00 am, E #2 stated that the		
DATE OF SURVEY_1/5/15	BY 30195		

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

NAME AND ADDRESS Albany Medical Surgical Center					
LIST RULE ENTER SUMMARY OF REQ VIOLATED WHAT IS WRONG	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG		PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	RRECTION AND	COMPLETION DATE
Section 205.620 data was comp (cont'd) the facility was transfer data in that company. done manually last four years.	data was compiled by an outside company, and the facility was not able to enter the specific transfer data into the spreadsheet format used by that company. E #2 stated this would have to be done manually but had not been entered for the last four years.	company, and the specific format used by ould have to be entered for the			
DATE OF SURVEY_1/5/15	ВУ_30195	195	and a management of the control of t	7	
IOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY	(Surveyor)	eyor)		(Provider's Representative)	tative)

DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH, STATE OF ILLINOIS,)		
Complainant,)		
v.)	Docket No.	ASTC 15-001
ALBANY MEDICAL SURGICAL CENTER, License No. 7000789)))		
Respondent.)		

PROOF OF SERVICE

The undersigned certifies that she caused a true and correct copy of the attached Notice of Prehearing Conference was sent by certified mail in a sealed envelope, postage prepaid to:

John K. Hughes Huges Socol Piers Resnick Dym, LTD 70 West Madison Street Suite 4000 Chiago, IL 60602

That said document was deposited in the United States Post Office at Chicago, Illinois, on the 18th day of 12015.

Snigdha Acharya
Deputy General Counsel
Department of Public Health
122 S. Michigan Ave., 7th Floor
Chicago, Illinois 60603
(312) 814-6033

ALJ Linda Maschek

cc:

DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH, STATE OF ILLINOIS,)		
Complainant,)		
v.)	Docket No.	ASTC 15-001
ALBANY MEDICAL SURGICAL CENTER, License No. 7000789)		
Respondent.)		

NOTICE OF PREHEARING CONFERENCE

Pursuant to Section 10b of the Ambulatory Surgical Treatment Center Act (210 ILCS 5/et seq.) and pursuant to Respondent's request for hearing, NOTICE IS HEREBY GIVEN that an administrative hearing will be conducted before a duly authorized Administrative Law Judge of the Department of Public Health to provide Respondent with an opportunity to contest the attached Notice of Violations and accompanying sanctions.

Pursuant to Section 100.11 of the Department of Public Health's Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100) ("Practice Rules"), a Prehearing Conference is scheduled for 10:30 a.m. on April 8, 2015. This Prehearing Conference will be held by telephone. The Prehearing shall be conducted according to the Practice Rules.

Linda Maschek, Attorney at Law, 122 S. Michigan Ave., 7th Floor, Chicago, IL 60603, or other Administrative Law Judge sitting in her stead, will preside at the administrative hearing. The written Answer and any correspondence regarding these proceedings shall be addressed to the Administrative Law Judge with a copy being sent to **Snigdha Acharya**, 122 S. Michigan Ave., 7th Floor, Chicago, IL 60603, Telephone: (312) 814-6033.

FAILURE TO APPEAR ON THE ABOVE-REFERENCED DATE MAY RESULT IN AN ORDER OF DEFAULT BEING ENTERED AGAINST YOU.

Snigdha Acharya
Deputy General Counsel
Department of Public Health
122 S. Michigan Ave., 7th Floor
Chicago, Illinois 60603
(312) 814-6033

Dated this 18th day of March , 2015.

STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH, STATE OF ILLINOIS,))
Complainant,	<u> </u>
v.) Docket No. ASTC 15-001
ALBANY MEDICAL SURGICAL CENTER, License No. 7000789)) }
Respondent.)

REQUEST FOR HEARING

The Respondent, Albany Medical Surgical Center, License No. 7000789, by its attorneys, John K. Hughes of Hughes, Socol Piers Resnick & Dym, Ltd. and Richard M. Kates, requests a hearing to contest the Notice of Violations and Notice of Fine Assessment received by Respondent on February 19, 2015.

 $\mathbf{B}\mathbf{y}_{-}$ $\mathbf{B}\mathbf{v}_{-}$ Attorney for Respondent Attorney for Respondent John K. Hughes Richard M. Kates Hughes Socol Piers Resnick & Dym, Ltd. 111 West Washington Street 70 West Madison Street, Suite 4000 Suite 1900 Chicago, Illinois 60602 Chicago, IL 60602 312-604-2602 Direct 312-236-0267 Office 312-604-2603 Direct Fax 312-807-4858 Fax Email ihughes@haplegal.com

NOTICE OF MAILING

The undereigned certifies that this Request for hearing was deposited in the U.S. Mail, addressed to Snigdha Acharya, Deputy General Counsel, Illinois Department of Public Health, 122 South Michigan Avenue, 7th Floor, Chicago, IL 60603, on February 27, 2015.

John K. Hughes

STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH, STATE OF ILLINOIS,)
Complainant,)
v.) Docket No. ASTC 15-001
ALBANY MEDICAL SURGICAL CENTER, License No. 7000789)))
Respondent.)

APPEARANCE

The undersigned, attorneys licensed to practice in the State of Illinois, enter their Appearance on behalf of Respondent, Albany Medical Surgical Center, License No. 7000789.

By______Attorney for Respondent

Attorney for Respondent
John K. Hughes
Hughes Socol Piers Resnick & Dym, Ltd.
70 West Madison Street, Suite 4000
Chicago, Illinois 60602
312-604-2602 Direct
312-604-2603 Direct Fax
Email jhughes@hsplegal.com

Attorney for Respondent Richard M. Kates 111 West Washington Street Suite 1900 Chicago, IL 60602 312-236-0267 Office

312-807-4858 Fax

STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH, STATE OF ILLINOIS,)
Complainant,)
V.) Docket No. ASTC 15-001
ALBANY MEDICAL SURGICAL CENTER, License No. 7000789)
Respondent.)

ANSWER TO ALLEGATIONS OF NONCOMPLIANCE

Respondent, Albany Medical Surgical Center, License No. 7000789, by its attorneys, John K. Hughes and Richard M. Kates, makes the following Answer to the Allegations of Noncompliance.

The Respondent denies that any conditions at the Facility at any time threatened the public interest, health, safety or welfare. It further denies substantial or continued failure to comply with the Act or rules promulgated thereunder.

1. On January 5, 2015, the Department conducted a complaint investigation survey (hereinafter "Survey") at the Facility.

ANSWER: Admitted.

2. Consequent to the Survey, the Department determined that Respondent substantially failed to comply with the Act and Code Section 205.320, Presence of a Qualified Physician:

A qualified physician shall be present at the facility until all patients are medically discharged. The discharge criteria shall be defined by the qualified consulting committee.

ANSWER: The Respondent admits that the Department alleges a substantial failure to comply as stated. However, Respondent denies "substantial" failure and affirmatively alleges that in the single instance the Department found, medical necessity and the standard of care required the physician leave in the ambulance with the subject patient before any "on-call" physician could arrive, that the three patients in recovery were at all times monitored by competent medical professionals with the ability to communicate with the physician immediately and that no harm was suffered by any of the three patients.

- 3. Consequent to the Survey, the Department determined that Respondent substantially failed to comply with the Act and Code Section 305.620, Statistical Data:
 - a. Each ambulatory surgical treatment center shall collect, compile and maintain the following clinical statistical data at the facility to be made available to the Department during a survey or inspection, or upon the Department's request:
 - 1. The total number of surgical cases treated by the ASTC;
 - 2. The number of each specific surgical procedure performed;
 - 3. The number and type of complications reported, including the specific procedure associated with each complication:
 - 4. The number of patients requiring transfer to a hospital for treatment of complications. The procedure performed and the complication that prompted each transfer shall be listed;'
 - 5. The number of deaths, including the specific procedure that was performed; and
 - 6. The results of the monitoring of the ASTC's hand hygiene program in Section 205.550(h).
 - b. The clinical statistical data shall be collected, compiled and maintained quarterly, with reports completed no later than

January 31, April 30, July 31 and October 31 for the preceding quarter.

ANSWER: Respondent denies "substantially" failing to comply with the alleged Code Section and denies a failure to comply with Subparagraph 1 – 3 and 5 – 6 of Paragraph 3. Respondent admits failures to comply in the past with Subparagraph 4 but affirmatively pleading states that Respondent complied with all subparagraphs in its reporting for the fourth quarter of 2014 and will comply with all subparagraphs in the future.

4. The nature of each failure referenced in Paragraphs 2 and 3 above is further described in the Statement of Deficiencies which is attached hereto as Exhibit A and made a part hereof.

ANSWER: The Respondent admits there is a Statement of Deficiencies attached as Exhibit A containing items the Department asserts are further descriptions of the alleged deficiencies.

By_____One of the Attorneys for Respondent

John K. Hughes
Hughes Socol Piers Resnick & Dym, Ltd.
70 West Madison Street, Suite 4000
Chicago, Illinois 60602
312-604-2602 Direct
312-604-2603 Direct Fax
Email jhughes@hsplegal.com

Richard M. Kates 111 West Washington Street, Suite 1900 Chicago, Illinois 60602 312-236-0267 Office 312-807-4858 Fax

AFFIDAVIT OF SERVICE VIA MAIL

The undersigned, a non-attorney, on oath states that she served true and correct copies of the foregoing documents by mailing the same to counsel of record listed below from Three First National Plaza, 70 West Madison Street, Chicago, Illinois 60602 before 5:00 p.m. on March 11, 2015:

Snigdha Acharya Deputy General Counsel Illinois Department of Public Health 122 South Michigan Avenue, 7th Floor Chicago, IL 60603

SUBSCRIBED AND SWORN TO before me this 11th day of

March, 2015.

Notary Public

OFFICIAL SEAL
MARGARET M SCHEVE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/18/18

DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH, STATE OF ILLINOIS,)		
Complainant,)		
V.)	Docket No.	ASTC 15-001
ALBANY MEDICAL SURGICAL CENTER, License No. 7000789)))		
Respondent.)		

PROOF OF SERVICE

The undersigned certifies that she caused a true and correct copy of the attached Complainant's Reply to Respondent's Answer was sent by mail in a sealed envelope, postage prepaid to:

John K. Hughes Huges Socol Piers Resnick Dym, LTD 70 West Madison Street Suite 4000 Chiago, IL 60602

Snigdha Acharya
Deputy General Counsel
Department of Public Health
122 S. Michigan Ave., 7th Floor
Chicago, Illinois 60603
(312) 814-6033

ALJ Linda Maschek

cc:

DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH, STATE OF ILLINOIS,)		
Complainant,)		
v.)	Docket No.	ASTC 15-001
ALBANY MEDICAL SURGICAL CENTER, License No. 7000789)		
Respondent.)		

COMPLAINANT'S REPLY TO RESPONDENT'S ANSWER

NOW COMES the Illinois Department of Public Health (hereinafter "Complainant") through its attorney, Snigdha Acharya, pursuant to Section 100.7 of the Department's Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100) and Section 2-610 of the Code of Civil Procedure (735 ILCS 5/1-101 *et seq.*) and in Reply to Respondent's Answer states the following:

- 1. **Respondent's First Affirmative Defense:** Objection. Respondent failed to set forth a proper or legally recognizable affirmative defense through the averments set forth in Paragraph 2 of Respondent's Answer. In the alternative, Complainant denies the averments set forth in Paragraph 2 of Respondent's Answer.
- 2. **Respondent's Second Affirmative Defense:** Objection. Respondent failed to set forth a proper or legally recognizable affirmative defense through the averments set forth in Paragraph 3 of Respondent's Answer. In the alternative, Complainant denies the averments set forth in Paragraph 3 of Respondent's Answer.

Wherefore, Complainant prays that the Administrative Law Judge deny Respondent's Affirmative Defenses.

Snigdha Acharya
Deputy General Counsel
Department of Public Health
122 S. Michigan Ave., 7th Floor
Chicago, Illinois 60603
(312) 814-6033

Dated this _\sqrt{5T} day of APTI\ , 2015.

DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH, STATE OF ILLINOIS,		
Complainant,	Docket No.	ASTC 15-002
v. (Docket No.	ASTC 13-002
ALBANY MEDICAL SURGICAL CENTER, License No. 7000789		
Respondent.		

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached NOTICE OF REVOCATION, NOTICE OF FINE ASSESSMENT, and NOTICE OF OPPORTUNITY FOR HEARING was sent by certified US mail in a sealed envelope, postage prepaid to:

REGISTERED AGENT:

Richard Kates 111 W Washington Street Suite 1900 Chicago, IL 60602

Walter Dragosz President, Albany Medical Corporation 5086 N Elston Avenue Chicago, IL 60630

John K. Hughes Hughes Socol Piers Resnick & Dym, Ltd. 70 W Madison Street Suite 4000 Chicago, IL 60602

That said document was deposited in the United States Post Office at Chicago, Illinois, on the day of Masch, 2015.

Marcia Hollins¹
Illinois Department of Public Health

Cc: Karen Senger, OHCR

DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH, STATE OF ILLINOIS,	}	
Complainant,))) Docket No.	ASTC 15-002
ALBANY MEDICAL SURGICAL CENTER, License No. 7000789		
Respondent.	}	

NOTICE OF LICENSE REVOCATION; NOTICE OF FINE ASSESSMENT; AND NOTICE OF OPPORTUNITY FOR ADMINISTRATIVE HEARING

Pursuant to the authority granted to the Illinois Department of Public Health (hereinafter "Department") by the Ambulatory Surgical Treatment Center Act (210 ILCS 5/1 et seq.) (hereinafter "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF LICENSE REVOCATION

In accordance with Section 5/10f of the Act, Section 205.840 of the Ambulatory Surgical Treatment Center Licensing Requirements Code (77 Ill. Admin. Code 205) (hereinafter "Code"), and Section 10-65(d) of the Illinois Administrative Procedure Act (5 ILCS 100/1-5 et seq.) (hereinafter "APA"), incorporated into the Act at 210 ILCS 5/10a, the Department issues this Notice of License Revocation and hereby revokes the license of the facility known as Albany Medical Surgical Center (hereinafter "Respondent" or "Facility") located at 5086 North Elston Avenue, Chicago, Illinois 60630.

ALLEGATIONS OF NONCOMPLIANCE

The Department has found conditions in the Facility that are threatening to the public interest, health, safety or welfare. These conditions include, but are not limited to, a substantial or continued failure to comply with the Act or rules promulgated thereunder as referenced below and in the attached exhibits; violations of provisions of the Act and the rules promulgated thereunder; and a failure to correct violations of the Act and the Code previously identified by the Department. These conditions and failure to comply with both the Act and Code have resulted in the facility's inability to meet the public interest, health, safety or welfare needs of the community. Provisions of the Code which the Department alleges have been violated include, but are not limited to, the following: 77 Ill. Admin. Code 205.840(b)(1), 77 Ill. Admin. Code 205.840(b)(2), and 77 Ill. Admin. Code 205.840(b)(3).

1. On August 28, 2013, the Department conducted a licensure survey of Respondent (hereinafter "August 2013 survey") to determine compliance with the requirements of the

Act and the Code, including the 2000 Edition of NFPA 101, Life Safety Code (hereinafter "Life Safety Code"). The Department observed conditions in the Facility that threaten the public interest, health, safety or welfare and made findings that Respondent substantially failed to comply with the Act and the Code. The nature of each failure is further described in the Statement of Deficiencies which is attached hereto as Exhibit A and made a part hereof. These conditions include, but are not limited to:

- a. A violation of Section L012 of the Life Safety Code: Construction Type. This requirement regulates the number of stories and building materials permitted for ambulatory surgery centers and assures reasonable survivability of the building in a fire emergency.
- b. A violation of Section L106 of the Life Safety Code: Emergency Generator. This requirement regulates the emergency generator, which provides emergency power to the facility to maintain exit paths and provide power for life sustaining equipment when normal power is lost for any reason.
- c. A violation of Section L130 of the Life Safety Code: One Way Flow (infection control, functions outside of ASTC). This requirement assures that all patient and staff services required by code are located within the ambulatory surgery center and are protected by the life safety systems and emergency electrical system.
- d. A violation of Section L145 of the Life Safety Code: Emergency Generator. This requirement regulates the distribution of emergency power to assure unnecessary electrical loads are not added to the emergency electrical system which may cause overload to emergency electrical panels and/or generator.
- 2. On September 5, 2013, Respondent was served the Statement of Deficiencies relating to the August 2013 survey and informed of the requirement to submit a Plan of Correction (hereinafter "POC") within ten calendar days of receipt of the Statement of Deficiencies pursuant to Section 5/10c of the Act and Section 205.830 of the Code.
- 3. On or about September 12, 2013, Respondent requested that the POC deadline be extended from September 20, 2013 to October 3, 2013. The Department allowed the extension. Respondent also requested a meeting with the Department to discuss the violations. The Department granted the request and met with Respondent on October 22, 2013.
- 4. Respondent failed to submit the POC by October 3, 2013.
- 5. On or about January 30, 2014, Respondent submitted a POC via email to the Department. The POC was not signed or dated and thereby not properly executed.
- 6. On or about February 28, 2014, over four months following the POC extended deadline of October 3, 2013, Respondent submitted a properly executed POC to the Department along with a request for another in-person meeting with the Department.
- 7. On or about March 10, 2014, the Department sent correspondence to Respondent stating the POC was not acceptable pursuant to Section 5/10c of the Act and Section 205.830 of

- the Code. The Department outlined the POC's deficiencies and informed Respondent that it must submit an acceptable POC within ten days of receipt to comply with the Act and Code.
- 8. Respondent failed to submit the revised POC within ten days of receipt of the Department's correspondence.
- 9. On May 19, 2014, the Department attended a second in-person meeting with Respondent pursuant to Respondent's request.
- 10. On June 26, 2014, counsel for Respondent requested an extension to July 22, 2014 to submit a revised POC. The Department allowed the extension.
- 11. On or about July 23, 2014, the Department received a revised POC from Respondent. On or about August 1, 2014, the Department received addendums to the July 23, 2014 POC.
- 12. On or about August 7, 2014, the Department sent correspondence to Respondent stating the July 23, 2014 POC was not acceptable pursuant to Section 5/10c of the Act and Section 205.830 of the Code. The Department once again outlined the POC's deficiencies and informed Respondent that it must submit an acceptable POC within ten days of receipt to comply with the Act and Code.
- 13. On or about August 11, 2014, counsel for Respondent submitted a letter to the Department alleging purported corrections. However, Respondent did not comply with the Act and the Code and tender an acceptable POC to the Department.
- 14. On August 21, 2014, the Department conducted a licensure survey revisit of the Facility (hereinafter "August 2014 survey"). The Department determined that Respondent continued to substantially fail to comply with the Act and Code. The nature of each failure is further described in the Statement of Deficiencies which is attached hereto as Exhibit B and made a part hereof. Conditions identified but not corrected since August 2013 and that threaten the public interest, health, safety or welfare include, but are not limited to:
 - a. A violation of Section L012 of the Life Safety Code: Construction Type. This requirement regulates the number of stories and building materials permitted for ambulatory surgery centers. This assures reasonable survivability of the building in a fire emergency.
 - b. A violation of Section L106 of the Life Safety Code: Emergency Generator. This requirement regulates the emergency generator, which provides emergency power to the facility to maintain exits paths and provide power for life sustaining equipment when normal power is lost for any reason.
 - c. A violation of Section L130 of the Life Safety Code: One Way Flow (infection control, functions outside of ASTC). This requirement assures that all patient and staff services required by code are located within the ambulatory surgery center and are protected by the life safety systems and emergency electrical system.

- d. A violation of Section L145 of the Life Safety Code: Emergency Generator. This requirement regulates the distribution of emergency power to assure unnecessary electrical loads are not added to the emergency electrical system which may cause overload to emergency electrical panels and/or generator.
- 15. On August 26, 2014, the Department served the Statement of Deficiencies relating to the August 2014 survey to Respondent and informed Respondent of the requirement to submit a POC within ten calendar days of receipt of the Statement of Deficiencies pursuant to Section 5/10c of the Act and Section 205.830 of the Code.
- 16. On September 8, 2014, the Department received an unsigned POC from Respondent.
- 17. On or about October 14, 2014, the Department sent correspondence to Respondent stating the September 8, 2014 POC was not acceptable pursuant to Section 5/10c of the Act and Section 205.830 of the Code. The Department outlined the POC's deficiencies and informed Respondent that it must submit an acceptable POC within ten days of receipt to comply with the Act and Code.
- 18. On October 28, 2014, Respondent submitted a revised POC to the Department. The revised POC did not address the deficiencies the Department outlined on October 14, 2014 and was not acceptable pursuant to the Act or Code.
- 19. On or about November 24, 2014, the Department sent correspondence to the Respondent outlining the deficiencies contained in the revised POC.
- 20. On December 9, 2014, Respondent submitted another revised POC to the Department. The revised POC did not address the identified deficiencies and was not acceptable pursuant to the Act and Code.
- 21. On January 5, 2015, the Department conducted a complaint investigation survey at the Facility (hereinafter "January 2015 survey"). The Department determined that Respondent substantially failed to comply with the Act and Sections 205.320 and 205.620 of the Code. The nature of each failure is further described in the Statement of Deficiencies which is attached hereto as Exhibit C and made a part hereof. The Department found conditions that threaten the public interest, health, safety or welfare, including, but are not limited to:
 - a. A violation of Section 205.320 of the Code: Presence of a Qualified Physician. This requires that a qualified physician shall be present at the facility at all times during the operative and postoperative period for all patients.
 - b. A violation of Section 205.620(a) of the Code: Statistical Data. Each ambulatory surgical treatment center shall collect, compile and maintain the following clinical statistical data at the facility to be made available to the Department during survey or inspection [including, but not limited to]:
 - i. the number and type of complications reported, including the specific procedure associated with each complication;

- ii. the number of patients requiring transfer to a licensed hospital for treatment of complications (including a list of the procedure performed and the complications that prompted each transfer);
- c. A violation of Section 205.620(b) of the Code: Statistical Data. This clinical data [referenced in Paragraph 21(b)(i)(ii) above] shall be collected and maintained quarterly, with reports completed no later than January 31, April 30, July 31 and October 31 for the preceding quarter.
- 22. On February 13, 2015, the Department sent the Respondent a comprehensive recitation of its efforts to effectuate Respondent's compliance with the Act and Code. The correspondence to the Respondent further outlined the deficiencies contained in the POC referenced in Paragraph 20 above and provided the Respondent one final opportunity to comply with the Act and Code.
- 23. Consequent to the January 2015 survey, the Department issued a Notice of Violations; Notice of Fine Assessment; and Notice of Opportunity for Administrative Hearing (hereinafter "Notice"), attached hereto as Exhibit D and made a part hereof, to the Respondent on February 13, 2015.
- 24. Pursuant to Section 5/10c of the Act and Sections 205.820b)4) and 205.830 of the Code, the aforementioned Notice required the Respondent to file a POC to address the cited violations within ten days of receipt of the Notice. To date, and in violation of the Act and Code, the Respondent has not submitted a POC to address the violations cited in the Notice consequent to the January 2015 survey.
- 25. On February 28, 2015, Respondent submitted another revised POC to the Department relating to the August 2014 survey. The revised POC did not address all the identified deficiencies and was not acceptable pursuant to the Act and Code.

The findings from the August 2013 survey, the August 2014 survey, and January 2015 survey are hereby incorporated into this Notice of Revocation and are more fully set forth in the Statements of Deficiencies, attached as Exhibit A, Exhibit B, and Exhibit C.

These conditions constitute a substantial or continued failure on the part of Respondent to comply with the Act and with the rules and regulations promulgated thereunder or incorporated therein. The Respondent has failed to demonstrate the capacity to safely provide one of more of its services to patients. The Respondent has violated the Act and Code by conduct which is detrimental to the health, safety, or welfare of its patients. The Department finds that the public interest, health, safety, or welfare requires that Respondent's license to operate an Ambulatory Surgical Treatment Center be REVOKED immediately.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 10d of the Act and Section 205.850 of the Code, the Department hereby assesses a total fine of Forty Thousand Dollars (\$40,000.00) as follows:

1. Pursuant to Section 10d of the Act and Section 205.850 of the Code, the Department hereby assesses a fine of Ten Thousand Dollars (\$10,000.00) for violations of Life Safety Code Section L012 as previously set forth herein:

(September 2013 – January 2015) 16 months x \$625.00/month = \$10,000.00

2. Pursuant to Section 10d of the Act and Section 205.850 of the Code, the Department hereby assesses a fine of Ten Thousand Dollars (\$10,000.00) for the violations of Life Safety Code Section L106 as previously set forth herein:

(September 2013 – January 2015) 16 months x \$625.00/month = \$10.000.00

3. Pursuant to Section 10d of the Act and Section 205.850 of the Code, the Department hereby assesses a fine of Ten Thousand Dollars (\$10,000.00) for the violations of Life Safety Code Section L130 as previously set forth herein:

(September 2013 – January 2015) 16 months x \$625.00/month = \$10,000.00

4. Pursuant to Section 10d of the Act and Section 205.850 of the Code, the Department hereby assesses a fine of Ten Thousand Dollars (\$10,000.00) for the violations of Life Safety Code Section L145 as previously set forth herein:

(September 2013 – January 2015) 16 months x \$625.00/month = \$10,000.00

NOTICE OF OPPORTUNITY FOR HEARING

The licensee has a right to a hearing to contest these actions pursuant to, without limitation, Section(s) 5/10b, 5/10c, 5/10d, 5/10f, and 5/10g of the Act and Section 205.860 of the Code. A written request for hearing must be sent within ten days of receipt of this Notice. Such request for a hearing must be sent to Snigdha Acharya, Deputy General Counsel, Illinois Department of Public Health, 122 South Michigan Avenue, 7th Floor, Chicago, Illinois 60603.

FAILURE TO REQUEST A HEARING AS SPECIFIED HEREIN SHALL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

ANSWER BY RESPONDENT

In accordance with Section 100.7(d) of the Department's General Rules of Practice and Procedure in Administrative Hearings (77 Ill. Admin. Code 100), a copy of which is enclosed, the Respondent shall file a written answer to the Allegations of Noncompliance, within twenty days of receipt of this Notice. Such answer must be sent to Snigdha Acharya, Deputy General Counsel, Illinois Department of Public Health, 122 South Michigan Avenue, 7th Floor, Chicago, Illinois 60603.

FAILURE TO FILE AN ANSWER WITHIN TWENTY DAYS OF THE RECEIPT OF THIS NOTICE SHALL CONSTITUTE RESPONDENT'S ADMISSION OF THE ALLEGATIONS OF NONCOMPLIANCE.

Nirav D. Shah, M.D., J.D.

Director

Illinois Department of Public Health

Dated this 10th day of Match 2015

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING: 01	ONSTRUCTION - MAIN BUILDING		E SURVEY PLETED
	7000789	B. WING		30	3/28/2013
AME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
LBANY MEDICAL SURGICAL C	ENTER	ORTH ELSTON AVE	NUE		
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
Ambulatory Surgical Licensure Survey we facility by Surveyor during the survey we Administrator and me The ASTC is located single story building a two story building a two story building located in the single basement and was Type II (000) construction. The adjutilized for certain read ASTC and was determited for certain read accordance with 21 relating to required within the Business. The ASTC occupant Existing Ambulatory under the 2000 Edit Safety Code, included Administrative Code Treatment Center Ladjacent Business on Existing Business Edition of the NFPA including Chapter 3	cy was surveyed as an Health Care Occupancy ion of the NFPA 101 Life ing Chapter 21 and the 77 IL e 205, Ambulatory Surgical icensing Requirements. The occupancy was surveyed as s Occupancy under the 2000 101 Life Safety Code,	L 000			

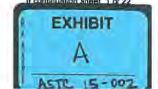
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

of the NFPA 101 Life Safety Code.

listed herein that do not include a reference to a specific NFPA code and year of issue (such as NFPA 70 1999) are taken from the 2000 Edition

TITLE

(XB) DATE



(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDPLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: 0	A. BUILDING: 01 - MAIN BUILDING		
		7000789	B. WING		08/28/2013	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALBANY	WEDICAL SURGICAL CE	NTER	H ELSTON AV	ENUE		
		CHICAGO,	IL 60630			
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L 000	Continued From page	: 1	£ 000			
	herein were found thr during the survey wal document review. The Licensing require	ed, all deficiencies cited ough random observation k-through, staff interview, or ements are NOT MET as				
	evidenced by the defi- following L-Tags.	ciencies cited under the				
L 012	20.1.6.1/21.1.6.1 Con	struction Type	L 012			
	21.1.6 Minimum Con	struction Requirements				
	ambulatory health car	one story in height housing re facilities shall be of any occordance with NFPA 220.				
		o or more stories in be I, Type II (222), Type II ype IV (2HH), or Type V				
		of unprotected construction oughout by an approved sprinkler system.				
	•	•				
	one-story with a base which is of minimum type as permitted und	ral area is located within the ment portion of the building Type II (000) construction ler 21.1.6.2. However, the ccupancy building houses				

Illinois Department of Public Health

TRI921

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING. 0	11 - MAIR BOILDING		
		7000789	B. WNG		08/2	8/2013
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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L 012	Continued From page	2	L 012			
	L130). Although the obuilding was reviewed and the two-story buil Business occupancy, functional spaces for all required functional occupancy building at the ASTC occupancy Administrative Code 2 entire facility must be occupancy and be of type. The Business of	the ASTC occupancy. Not spaces in the Business re permitted to be outside as outlined under IL. 205.1350. Therefore, the considered the ASTC a permitted construction occupancy building is a III (200) construction type a sprinkler system to				
L 020	20.3.1/21.3.1, 38.3.1/ OPENINGS, SHAFTS Vertical openings suc elevator shaftways, e and building service s enclosed in accordan 8.2.5. (Note: Some exception in 38.3.1.1 and 39.3.1	S, STAIRS th as stairways, scalators, HVAC shafts shaftways are ce with Section ons are permitted	L 020			
	Vertical openings are with NFPA 101-2000, Findings include: A. The ASTC occup one-story-with-basem constructed of mason	not protected in accordance 21.3.1, 39.3.1.1 and 8.2.5. ancy is located in the lent portion of the building ry bearing walls and and roof. The basement is		=		

utilized for a storage room/work shop and staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
AND PLAN OF CORRECTION		DENTI TOTAL OTTO THE EXTENSION OF THE EX	A. BUILDING: 01 - MAIN BUILDING		OOMI ELIED							
		7000789	B. WNG		08/28/2013							
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE								
ALBANY MEDICAL SURGICAL CENTER 5086 NORTH ELSTON AVENUE												
CHICAGO, IL 60630												
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	OULD BE COMPLETE							
L 020	L 020 Continued From page 3		L 020									
	electrical penetrations protected in accordant assemblies to afford a separation between the 21.3.7.1, 39.3.2.1 & 8 B. Refer to L032 de	he floor levels as required by 3.4.1.1(1), and 21.1.6.4.		0								
L 029	38,2.1/39.3.2 HAZAR	DOUS AREAS	L 029									
	that include, but are not lind boiler or furnace room shall be protected in a High hazard areas shall be protected in a High hazard areas are NFPA 101-2000, 21.3 A. The Men's and V the ASTC are located accessed through the location and arranger the requirements of 2 relative to the separal areas. Access and endoes not comply with	Vomen's Locker rooms for lin the basement and general storage area. The ment does not comply with 1.3.2, 39.3.2, and 8.4 tion of hazardous storage xiting from the Locker rooms										
	B. Three of three St floor of the Business storage of boxes of fil	torage rooms on the second occupancy used for the le records are not protected n accordance with 39.3.2.1										

TRI921

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	· · · · · · · · · · · · · · · · · · ·		(X3) DATE SURVEY						
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: 01 - MAIN BUILDING		COMPLETED						
		7000789	B. WING		08/28/2013						
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	PRESS, CITY, STATE, ZIP CODE								
5086 NORTH ELSTON AVENUE											
ALBANY MEDICAL SURGICAL CENTER CHICAGO, IL 60630											
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L 029	Continued From page	4	L 029								
	and 8.4.1.1. The buil 1-hour enclosure prov and doors.	ding is not sprinklered nor is vided, including at ceilings									
	C. The second floor Utility room containing a gas-fired water heater was not protected as a hazardous area in accordance with 39.3.2.1 and 8.4.1.1. The building is not sprinklered nor is 1-hour enclosure provided, including at ceilings										
	installed in a non-rate also had a ventilation	was labeled as fire rated but d wood frame. The door louver which does not irements for the fire label.									
L 032	20.2.4/21.2.4 TWO R	EMOTE EXITS	L 032								
	At least two exits, local from each other are p floor or fire section of 20.2.4.1,20.2.4.2,20.2 21.2.4.3	rovided for each									
	Exits are not provided	ot met as evidenced by: I in accordance with nd 7.2.2. Findings include:									
	from the Basement le	eancy means of egress Stairs evel are not in accordance of enclosure and 7.1.3.2.1									
	leads only to the exte the interior Storage/w construction to compl 7.1.3.2.1(c). The doo	r from the basement which rior is not separated from orkshop area by fire rated y with 7.1.3.2.1(a) and or with window and wood 1-hour rated and the door									

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	11 - MAIN BUILDING	COMPLETED)
l					ĺ	
		7000789	B. WING		08/28/2013	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		5086 NORT	TH ELSTON AV	/ENUE		
ALBANY	MEDICAL SURGICAL CE	NTER CHICAGO,	IL 60630			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE C	OMPLETE DATE
			1	,		
L 032	Continued From page	9 5	L 032			
	2. The exit stai	r from the basement which				
		rior is utilized as a storage				
ł		owered lawn mower stored				
		. Wood planking used as a				
		veries is stored along one				
	side of the steps. A la	_				
		als are stored within the				
		the afore mentioned is				
	prohibited under 7.1.3					
	prombled under 7.1.3.2.3.					
	3 The evit stair	r from the basement which				
		rior was observed to have a				
	•					
		vent running through the				
	stair enclosure in non	-compliance with				
	7.1.3.2.1(e).					
	4 The evit etai	r from the basement which				
		rior was observed to lack at				
		nen considered an existing				
	*	der 7.2.2.4.2 exception no.				
	3). Handrails at both					
		struction to comply with				
	7.2.2.4.2.					
	E The suit state	r from the becomenthish	1			
		r from the basement which				
		rior was observed to have				
		e top of the stair equipped				
		n addition to panic hardware				
	in non-compliance wil	th 7.2.1.5.4 and 7.2.1.5.6.				
	6 The avit stai	r from the basement which				
		to the adjacent Business				
		h leads through an exit				
		terior was observed to have				
		nt level which was not				
	•	ed condition. The frame				
		and the door could not be				
		num 1-hour rated because				
1	the label was painted					

(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDIN		A. BUILDING: 0	A. BUILDING: 01 - MAIN BUILDING COMPLE		D	
		7000789	B. WING		08/28/2	2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	TE, ZIP CODE		-
AIRANYI	WEDICAL SURGICAL CE	NTER 5086 NORT	'H ELSTON AV	ENUE		
ALDARI	CHICAGO, IL 60630					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E ((X5) COMPLETE DATE
L 032	Continued From page	6	L 032			
	appears to discharge occupancy stair which passageway to the exa a door at the main lev OR/Recovery area whatched condition. 8. The exit stair appears to discharge occupancy stair which passageway to the exa permanently installed along one side of the 7.1.3.2.3. 9. The exit stair appears to discharge occupancy stair which passageway to the exa permanently installed along one side of the 7.1.3.2.3.	r from the basement which to the adjacent Business in leads through an exit sterior was observed to have ed hinged wooden ramp stair in non-compliance with to the adjacent Business in leads through an exit sterior was observed to have it daccess panel assembly at tharge level in				
	provided with exit sign direct the exit path int stair which appears to the ASTC stair from the the intended path of e OR/Recovery area swilevel. The door from occupancy stair swing travel in compliance v	cupancy means of egress				
		2.5 relative to enclosure and				

(X2) MULTIPLE CONSTRUCTION

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1)

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01 - MAIN BUILDING		COMPLE	TED
		7000789	B. WING		08/28/2013	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
AL DANK	MEDICAL CURCICAL CE	5086 NORT	H ELSTON AV	ENUE		
ALBANY	MEDICAL SURGICAL CE	CHICAGO,	IL 60630			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
L 032	Continued From page 7		L 032			
	which serves as the of from the basement are the first and second floccupancy is not sepaconstruction to complete 7.1.3.2.1(c). The ceil suspended acoustical of the wood frame root spaces. The door at but is in a wood frame window cut into the deself-close to a latched	arated with 1-hour rated y with 7.1.3.2.1(a) and ing at the second floor is tile open to the underside of system and adjacent the second floor is labeled, and has a non-rated oor. The door did not I condition.				
	2. The exit stair in the Business occupancy which serves as the discharge for the ASTC stair from the basement and also serves as an exit for the first and second floors of the Business occupancy was observed to have a storage closet under the stair containing a housekeeping cart and a storage closet under the landing storing housekeeping equipment in non-compliance with 7.1.3.2.1(d) and 7.1.3.2.3. A hand cart was also observed to be stationed in the stair at the first floor.					
	which serves as the of from the basement ar the first and second floccupancy was obserpanel at the ceiling of could not be confirme with 7.1.3.2.1(a). 4. The exit stair	the discharge level which d to be fire rated to comply				
	from the basement ar	lischarge for the ASTC stair nd leads through an exit hich leads to the exterior				

epartment of Public He	alth			· Oranya i i i over
	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY COMPLETED
OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01	- MAIN BUILDING	COMPLETED
	7000789	B. WING	***************************************	08/28/2013
ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE	
MEDICAL CUDOICAL CE	5086 N	ORTH ELSTON AVE	ENUE	
MEDICAL SURGICAL CE	CHICA	GO, IL 60630		
(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE DATE
Continued From page	8	L 032		
was observed to have	a return air register in the			
near the waiting room is not separated with				
-	-			
	•			
enclosures. This stail	r is open to both levels.			
	-			
	aintained to comply with			
7.1.10 and 7.2.1.5.				
1. The door an	d path thereto is obstructed			
by chairs in non-comp	oliance with 7.1.10.2.1.			
-				
3. The door is	provided with "emergency			
	e encumbers the use of the			
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	ROVIDER OR SUPPLIER MEDICAL SURGICAL CE SUMMARY STA (EACH DEFICIENCY REGULATORY OR I Continued From page was observed to have exit passageway which be provided with fire of duct penetration of the 7.1.3.2.1(e) exception exit passageway also plant in non-complian 5. The exit stain near the waiting room 1-hour rated construct 7.1.3.2.1(a) and 7.1.3 not otherwise comply which allows in existir story exit enclosure of discharge with an adji permitted to be enclosed ischarge with an adji permitted to be enclosed ischarge are i enclosures. This stain C. The Business occ exit discharge are i enclosures. This stain C. The Business occ exit at the waiting roo second floor is not ma 7.1.10 and 7.2.1.5. 1. The door and by chairs in non-compliance exit only signage which door is normally kept 3. The door is g exit only signage which device bar rather than	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 was observed to have a return air register in the exit passageway which could not be confirmed to be provided with fire damper protection at the duct penetration of the enclosure to comply with 7.1.3.2.1(e) exception no. 1 and 8.2.3.2.4. The exit passageway also contained a large potted plant in non-compliance with 7.1.3.2.3. 5. The exit stair in the Business occupancy near the waiting room is not separated with 1-hour rated construction to comply with 7.1.3.2.1(a) and 7.1.3.2.1(c). This exit stair does not otherwise comply with 7.2.2.5.1 Exception which allows in existing buildings, where a two story exit enclosure connects the story of exit discharge with an adjacent story, the exit shall be permitted to be enclosed only on the story of exit discharge, provided that not less than 50 percent of the number and capacity of exits on the story of exit discharge are independent of such enclosures. This stair is open to both levels. C. The Business occupancy designated exterior exit at the waiting room adjacent the stair to the second floor is not maintained to comply with 7.1.10 and 7.2.1.5. 1. The door and path thereto is obstructed by chairs in non-compliance with 7.1.10.2.1. 2. The door is equipped with panic hardware and a thumb turn dead bolt lock in non-compliance with 7.2.1.5.4 and 7.2.1.5.6. The door is normally kept locked. 3. The door is provided with "emergency exit only" signage which is bolted to the panic device bar rather than being independently mounted. The signage encumbers the use of the	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STAT 5086 NORTH ELSTON AVIGENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 was observed to have a return air register in the exit passageway which could not be confirmed to be provided with fire damper protection at the duct penetration of the enclosure to comply with 7.1.3.2.1(e) exception no. 1 and 8.2.3.2.4. The exit passageway also contained a large potted plant in non-compliance with 7.1.3.2.1(c). This exit stair does not otherwise comply with 7.2.2.5.1 Exception which allows in existing buildings, where a two story exit enclosure connects the story of exit discharge with an adjacent story, the exit shall be permitted to be enclosed only on the story of exit discharge, provided that not less than 50 percent of the number and capacity of exits on the story of exit discharge are independent of such enclosures. This stair is open to both levels. C. The Business occupancy designated exterior exit at the waiting room adjacent the stair to the second floor is not maintained to comply with 7.1.10 and 7.2.1.5. 1. The door and path thereto is obstructed by chairs in non-compliance with 7.1.10.2.1. 2. The door is equipped with panic hardware and a thumb turn dead bolt lock in non-compliance with 7.2.1.5.4 and 7.2.1.5.6. The door is normally kept locked. 3. The door is provided with "emergency exit only" signage which is botled to the panic device bar rather than being independently mounted. The signage encumbers the use of the	TOP DEPICIENCIES OF CORRECTION (X1) PROVIDERSUPPLIER (X2) MAIN BUILDING 7000789 STREET ADDRESS, CITY, STATE, ZIP CODE SIMBLE STOR AVENUE CHICAGO, IL 60530 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 8 was observed to have a return air register in the exit passageway which could not be confirmed to be provided with fire damper protection at the duct penetration of the enclosure to comply with 7.1.3.2.1(e) exception no. 1 and 8.3.2.4. The exit passageway also contained a large potted plant in non-compliance with 7.1.3.2.3. 5. The exit stair in the Business occupancy near the waiting room is not separated with 1-hour rated construction to comply with 7.1.3.2.1(a) and 7.1.3.2.1(b). This exit stair does not otherwise comply with 7.2.2.5.1 Exception which allows in existing buildings, where a two story exit enclosure connects the story of exit discharge with an adjacent story, the exit shall be permitted to be enclosed only on the story of exit discharge are independent of such enclosures. This stair is open to both levels. C. The Business occupancy designated exterior exit at the waiting room adjacent the stair to the second floor is not maintained to comply with 7.1.10.2.1. 2. The door and path thereto is obstructed by chairs in non-compliance with 7.1.10.2.1. 2. The door is requipped with panic hardware and a thumb turn dead bot lock in non-compliance with 7.2.1.5.4 and 7.2.1.5.6. The door is provided with "emergency exit only" signage which is botted to the panic device bar rather than being independently mounted. The signage encumbers the use of the

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1)

					DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	11 - MAIN BUILDING	COMPLE	ETED
		7000789	B. WNG		08/2	8/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			TH ELSTON AV			
ALBANY I	MEDICAL SURGICAL CE	NTER CHICAGO,				ĺ
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	RIATE	DATE
L 046	20.2.9.1/21.2.9.1 Eme	ergency Illumination	L 046			
	Emergency lighting st	hall be provided in				
	accordance with 7.9 a					
		ot met as evidenced by:				
		not provided in accordance				
	with 21.2.9.1 and 7.9.	Findings include:				
	A 70% - 6 - 1114 - 4115 -					
		es a generator system for				
	emergency lighting	A checklist is provided that				
	0 , 0 0	king of the battery powered				
		a monthly basis. However,				1
		lable as a written policy to				1
		ures are performed during				l
	the required monthly					
	inspection/testing of the	• •				
	emergency lighting sy	stem to comply with 7.9.3.				
	1 Pattery now	ered emergency lighting				
		confirmed to be tested every				
	-	of 30 seconds. Testing of				
		etermined from the testing				
	documentation becau	se a list of lighting locations				
	observed was not ava	ailable or recorded.				
	0 D-#	and systems are est				
		ered systems are not		6		
	90 minutes. Testing	d annually for a duration of				
	determined from the t					
		ing locations observed was				
	not available or record					
		n testing of the battery				
		lighting, fixtures failed to				
	operate at OR II and a stair from the second	at the Business occupancy				
	stall from the second	HOOT.				
	B. Illumination of the	e means of egress is not				
		ce with 21.2.8 and 7.8. The				

1, ,		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3)			X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	1 - MAIN BUILDING	COMPL	ETED	
		7000789	B. WING		08/2	08/28/2013	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
	************	5086 NORT	H ELSTON AV	ENUE			
ALBANY	MEDICAL SURGICAL CE	NTER CHICAGO,	IL 60630				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)	
PREFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETE DATE	
L 046	Continued From page	e 10	L 046			-	
	evit discharge location	ns are not provided with					
	illumination to comply						
	1. The ASTC e	xterior exit door and adjacent					
		stair from the basement					
		ngle lamp fixture above the					
		or. Failure of this single					
	•	eave the area in darkness in					
	non-compliance with 7.8.1.4. This lighting was not confirmed to be connected to the emergency generator to comply with 7.9.2.1.						
		s provided at the designated r the waiting room stair to					
	comply with 7.8.1.4 a						
		vided at the exterior exit door					
		exit passageway from the to be confirmed to be of					
	instant-on type (fluore						
) and to be connected to the					
		to comply with 7.9.1.2 and					
		could not be determined to					
		the main waiting room entry					
	door (if this door beco	omes the required exit).					
L 048	21.7.1, 4.6.10.1 Writte Measures	en Fire Plan, &/or Interim	L 048				
	There is a written plan	n for the					
	protection of all patier						
	their evacuation in the						
	emergency. A simple						
	showing the evacuation						
	posted in prominent lo	ocations on all	1				
	floors. 31.4.1.1						
	This Regulation is no	ot met as evidenced by:					
	The written Fire & Em						
I			1				

Illinois Department of Public Health

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	1 - MAIN BUILDING	COMPLI	ETED
			1		1	
		7000789	B. WING	B. WING		8/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALDANVI	MEDICAL SURGICAL CE	5086 NOR	TH ELSTON AV	ENUE		
ALDANTI	MEDICAL SUNGICAL CE	CHICAGO,	IL 60630			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
L 048	Continued From page	11	L 048			
	Dropoduros for the for	cility are not in accordance				
	with 21.7.1.1. Finding	-				
	With 21.7.1.1. 1 many	go irrolade.				
	A. The Fire Safety F	Policy #7.2, Title Fire				-
		ific to Elston location only)				
	last revision 12/1/06 r	notes that fire alarm				
	-	activated by: manual pulls,				
		and Heat and/or smoke				
	detection devices. The Elston location is not					
	provided with sprinkle	r protection.				
L 050	21.7.1.2 FIRE DRILLS	3	L 050			
	Fire drills are held at u	inevnected				
	times under varying o	•				
	least quarterly on each					
	the fire alarm system,	-				
	The staff is familiar wi					
	and is aware that drill	•				1
	established routine. 2	21.7.1.2				
	This Regulation is no	t met as evidenced by:				
-		ducted to comply with NFPA				
		21.7.2. Findings include:				
		do not document that alarm				
		to verify that the signal has				
		e monitoring agency and/or				
	fire department to cor					
	Response documents transmission of the signal					
	,	be received during the fire				
	alarm system activation					
	B. The Fire Drill for	the first quarter conducted				
		etermined to qualify with				
		edures because response				
	documentation was n	ot fully completed.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION D1 - MAIN BUILDING	(X3) DATE SURVEY COMPLETED			
		7000789	B. WING		08/28/2	08/28/2013	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	NTE, ZIP CODE			
ALBANY	MEDICAL SURGICAL CE	NTER	ORTH ELSTON AV 50, IL 60630	/ENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE C	(X5) COMPLETE DATE	
L 051	Continued From page 12		L 051				
L 051	20.3.4/21.3.2 FIRE AI	LARM SYSTEM	L 051				
	The fire alarm system accordance with 21.3. 72-1999. A. Semi-annual and alarm system compor documented to be per NFPA 72-1999, 7-3.2.	ovided to e building alarm system atically transmit the fire and 21.3.4 or met as evidenced by:					
L 075	Waste Receptacles 20	0.7.5.3, 21.7.5.5	L 075				
	Soiled linen or trash of exceed 32 gallons (12	collection receptacles do not 21L) in capacity.					
	with capacity greater	trash collection receptacles than 32 gallons (121L) are tected as a hazardous area.					
	Soiled linen and trash	ot met as evidenced by: n collection facilities are not .7.5.5. Findings include:					
	contain a cart with go	Room was observed to wning apparel, a clean linen					

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1)

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	1 - MAIN BUILDING	COMPLE	ETED
		•				
		7000789	B. WING		08/2	8/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AL DANV	MEDICAL SURGICAL CE	5086 NORT	H ELSTON AV	ENUE		
ALDARTI	WEDICAL SURGICAL CE	CHICAGO,	IL 60630			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
L 075	Continued From page	e 13	L 075			
	and a trash receptacle soiled/trash materials degree of hazard than The room is not sprint including a minimum	stored constitutes a higher normal to the occupancy.			-	
L 106	Type I ESS 3.4.2.2, 3	.4.2.1.4	L 106			ï
	Essential Electrical Sygenerator with a trans	ifer switch and separate S is in accordance with				
	This Regulation is not met as evidenced by: The ASTC generator system is not in compliance with NFPA 99-1999, 3-4.2.2 and 3-4.2.1.4. Findings include:					
	administer anesthesia Administrative Code 2 emergency generator compliance with NFP/Facilities, NFPA 110-1 Emergency and Stand NFPA 70-1999 Nation 1999, 3-4.2.2.1 and NEssential Electrical Sy Health Care Centers 517-30 thru 517-35 for Critical Care. Critical areas in which patients	205.1780 to have an Section 205.115 requires A 99-1999 Health Care				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	1 - MAIN BUILDING	COMPLE	TED
		7000789	B. WING		08/28/2013	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AI RANV	MEDICAL SURGICAL CE	NTER 5086 NORT	H ELSTON AV	ENUE		
ALBANT	MEDICAL SUNGICAL CE	CHICAGO,	IL 60630			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
L 106	Continued From page	2 14	L 106			
	line-operated, patient-care-related electrical appliances.					
		or is not provided with a o comply with NFPA 110-				
	2. The generator is located in an exterior enclosure which is not equipped to be maintained at a minimum temperature not less than 32 degrees F or otherwise provided with a starting battery heater to maintain battery temperature at a minimum 50 degrees F and automatically shuts off when battery temperature reaches 90 degrees F (and when prime mover is running) to comply with NFPA 110-1999, 3-3.1.		Vita			
	provided with a remote to comply with NFPA NFPA 110-1999, 3-5.5 audible alarms for the a. Overcrank (fail b. Low water term c. High water term d. Low lube oil pre. Overspeed f. When battery cg. When control B. The natural gas f mounted generator is with NFPA 110-1999, the generator is not cobuilding's main shut-outplying an emerger building's main gas shut-outplying an emerger building shut-outplying	to start) ipperature inperature ressure charger malfunctions switch not in auto position fuel supply for the roof not installed in accordance 5-9.7. The fuel supply for connected ahead of the off valve and marked as ncy generator. The nut-off valve is not marked the existance of a separate				

(X3) DATE SURVEY

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 0	1 - MAIN BUILDING	COMPLETED		
		7000789	B. WING		08/2	8/2013
	ROVIDER OR SUPPLIER	5086 NORT	RESS, CITY, STA H ELSTON AV IL 60630			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		BE	(X5) COMPLETE DATE		
L 106	C. The emergency pin accordance with Ni 1. Each Critical (ORs and Stage 1 Re Care patient bed loca not provided with rece branch circuits; at lea supply and at least or power supply to comp 19(a) & 517-18(a). 2. Each Critical Stage I Recovery is n receptacles to comply 19(b). 3. Each Genera at Stage II Recovery i 4 receptacles to comp 18(b) 4. Available exi are not provided with and circuit from which	cower system is not installed FPA 70-1999, 517-19. I Care patient bed location acovery) and each General tion (Stage II Recovery) is eptacles from at least two st one from normal power ne from the emergency oly with NFPA 70-1999, 517- I Care patient bed location at ot provided with at least 6 with NFPA 70-1999, 517- al Care patient bed location is not provided with at least oly with NFPA 70-1999, 517- isting emergency receptacles labels to identify the panel of they are fed to comply with 2.4 and NFPA 70-1999, 517	L 106			
	NFPA 70 - 2002 NFPA 13 -1999 NFPA 25 - 1998 Illinois State Plumbing Illinois Accessibility C					

(X2) MULTIPLE CONSTRUCTION

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1)

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	1 - MAIN BUILDING	COMPL	ETED
		7000789	B. WING		08/2	8/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALRANY	MEDICAL SURGICAL CE	NTER 5086 NORT	H ELSTON AV	ENUE		
712271111		CHICAGO,	IL 60630			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
L 130	Continued From page	16	L 130			
L 130	As Indicate below: This Regulation is not Based on random obsitive pressure and progresses. As Indicate below: This Regulation is not Based on random obsitive pressure and such measures. A. Due to the number the life safety deficient survey walk-through, appropriate interim life cited deficiencies are shall include, as an at Correction (PoC) and detailed narrative and such measures. The measures to be imple frequency with which and shall indicate the measures are to be dishall also include coming the interim life safety place as work toward progresses. B. The Cover Gown of soiled/trash material clean linen and gown basic infection control can not be used for be activities. Each activities that positive pressure and positive pressure and positive pressure.	of met as evidenced by: servation during the survey ent review, and staff is not in compliance with a and other code requirements ited under other L-Tags. er, variety, and severity of icies observed during the ithe provider shall institute e safety measures until all corrected. The provider itachment to its Plan of referenced therein, a il proposed schedule for all marrative shall describe all mented, as well as the ithey are to be conducted, manner in which the ocumented. The narrative ments related to changes ity measures to remain in in the completion of its PoC Room is utilized for storage als in the same room as ing apparel which violates it principles. The same room oth clean and soiled	L 130			
	,	205.1540(f) and 205. Table A.				
	C. The ASTC Locke	r rooms located in the				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	1 - MAIN BUILDING	COMPLE	ETED
		7000789	B. WNG		08/2	8/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AI DANVI	MEDICAL SURGICAL CE	NTED 5086 NORT	H ELSTON AV	ENUE		
ALBANTI	WEDICAL SUNGICAL CE	CHICAGO,	L 60630			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
L 130	Continued From page	17	L 130			
	basement which are a storage room area are accordance with IL Ac 205.1370(k).	accessed through the e not provided in diministrative Code				
	provided, but the toile	oms for male and female are t, lavatory, and shower room. Therefore, toilets e and female are not				
		the exclusive use of the hin the surgical area does ided.		i.		
	surgical area through provided. Staff entering traverse the stair, provided area of the backgradous area), enter the same path through of the basement and penter the surgical area only interior access to	verse direction and follow the genaeral storage area proceed up the stairs to a. The stair provides the the basement storage -mingling of both gowned				
	minimum 8'-0" wide co	al area is not provided with a orridor for transport of its to an exit to comply with e 205.1400(a)1.				
	room needing access	and the Stage I Recovery for stretchers were not num 3'-8" width to comply				

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1)

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUR COMPLET	
			A. BUILDING: 0	11 - MAIN BUILDING		-
		7000789	B. WNG		08/28	/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALBANY	MEDICAL SURGICAL CE	NTER	H ELSTON AV	'ENUE		
0.0.15	CUMBAADVCT	CHICAGO,	1	DDOUGLES SI AN OF CODDITION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
L 130	Continued From page	18	L 130			
	F. The Recovery room of provided with toile recovery rooms to cor Code 205.1360(d)3. within the surgical envithrough the general coll. Administrative Code provided within the AS areas outside the AST adjacent Business occavailable and utilized. H. Interview spaces relating to social services not provided within	oms (Stage I & Stage II) are set facilities within the mply with IL Administrative A toilet room is provided vironment but movement irculation hall is required. The patients in accordance with the 205.1370(I) are not accupancy. Changing TC occupancy in the cupancy appear to be				
		le the ASTC occupancy in soccupancy appear to be				
	the ASTC occupancy Administrative Code 2 outside the ASTC occ	ns are not provided within to comply with IL. 205.1360(a). Exam rooms supancy in the adjacent appear to be available and				
	surveillance of all traff semi-restricted surgic	al environment (ASTC with in accordance with IL 205.1370(a) does not				
	the support services for Workroom required by	ply' room believed to provide or the surgical area Soiled y IL Administrative Code eared to be located outside				

Illinois Department of Public Health

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	1 - MAIN BUILDING	COMPLET	TED .
		7000789	B. WNG		08/28	/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
AI BANY	MEDICAL SURGICAL CE	NTER 5086 NORT	H ELSTON AV	ENUE		
ALDANI	MEDICAL CONGICAL CL	CHICAGO,	IL 60630			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
L 130	Continued From page	19	L 130			
		in the Business occupancy				
L 144	Generator Testing 3.4	4.4.1, NFPA 110, 8.4.2	L 144			
	under load for 30 min	cted weekly and exercised utes per month in A 99. 3.4.4.1, NFPA 110,				
	The emergency gene inspected and tested	t met as evidenced by: rator system is not in accordance with NFPA NFPA 110-1999, 6.4.2.				
	natural gas fired gene	vided with a roof mounted erator system indicated to be stem is indicated to be 35 phase power.				
	monthly testing does tabulation of load valugenerator. Generator	or system weekly and not appear to indicate uses for each run of the logs indicate "0" for all ampould not be determined that blied to the generator				
	time for emergency po thus not within the ma	istrative Code 205.1780				
		battery is not documented to ordance with NFPA 99-1999,				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION 1 - MAIN BUILDING	(X3) DATE SURVEY COMPLETED	
		7000789	B. WING		08/28/2	2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
ALBANY	WEDICAL SURGICAL CE	NTER 5086 NOR CHICAGO	TH ELSTON AV	ENUE		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE (COMPLETE DATE
L 144	Continued From page	20	L 144			
	generator is provided battery which preclud electrolyte levels and weekly basis, conduc 'maintenance free' ba					
L 145	Type 1 EES 3.4.2.2.2		L 145			
		ided into the critical branch, the emergency system in A 99. 3.4.2.2.2			i	
	The ASTC Essential E installed as a Type I s	nt met as evidenced by: Electrical System is not Hystem in comformance with Horts, NFPA 110, NFPA 99 Hys include:				
	administer anesthesia Administrative Code 2 emergency generator compliance with NFP/Facilities and NFPA 7 Code. NFPA 99-1999 1999, 517-45(c) Esse Ambulatory Health Cacompliance with 517-1999, 3-4.2.2.1 and N require the generating a Life Safety branch a installed system did n provide power from two	205.1780 to have an . Section 205.115 requires A 99-1999 Health Care 0-1999 National Electric 0, 3-4.2.2.1 and NFPA 70- ntial Electrical Systems for are Centers requires 30 thru 517-35. NFPA 99- IFPA 70-1999, 517-30(b)2 g system to be comprised of and a Critical branch. The ot appear to be arranged to				

PRINTED: 01/23/2015 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING 7000789 B. WING 08/28/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5086 NORTH ELSTON AVENUE** ALBANY MEDICAL SURGICAL CENTER CHICAGO, IL 60630 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L 145 L 145 Continued From page 21 either the Life Safety branch or the Critical branch in accordance with NFPA 99-1999, 3-4.2.2.2. The emergency panel did not have all circuits identified as to their functional use to comply with NFPA 70-1999, 384-13. A one-line diagram of the emergency electrical distribution system was not reviewed.

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING B. WING 7000789 08/21/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5086 NORTH ELSTON AVENUE** ALBANY MEDICAL SURGICAL CENTER CHICAGO, IL 60630 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) (L 000) Initial Comments (L 000) On August 21, 2014 a Life Safety Code Follow-up survey to the Ambulatory Surgical Treatment Center Annual Licensure Survey was conducted at the above facility by Surveyor 13755. He was accompanied during the survey walk-through by the provider's Administrator and maintenance personnel. Correction of some deficiencies were verified to be complete based upon direct observation during the survey walk-through, staff interview, or document review. Unresolved deficiencies or uncompleted corrections remain. On August 28, 2013 the Life Safety portion of an Ambulatory Surgical Treatment Center Annual Licensure Survey was conducted at the above facility by Surveyor 13755. He was accompanied during the survey walk-through by the provider's Administrator and maintenance personnel. The ASTC is located in a facility comprised of a single story building with a basement attached to a two story building. The ASTC occupancy is located in the single story building with a basement and was determined to be of minimum Type II (000) construction type with no sprinkler protection. The adjacent two story building is utilized for certain required functional areas of the ASTC and was determined to be of Type III (200) with no sprinkler protection. The two story Type III (200) business occupancy building is not permitted to house the ASTC occupancy in accordance with 21.1.6.3. See L130 deficiencies relating to required ASTC functional areas located within the Business occupancy building. The ASTC occupancy was surveyed as an Existing Ambulatory Health Care Occupancy under the 2000 Edition of the NFPA 101 Life Safety Code, including Chapter 21 and the 77 IL

Illinois Department of Public Health

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

TITLE

TRI922

(X6) DATE



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING		
		7000789	B. WING		R 08/21/2014
	ROVIDER OR SUPPLIER	5086 NO	DDRESS, CITY, STATE		
ALDANTI	MEDICAL SORGICAL CE	CHICAG	O, IL 60630		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PRÉFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLET
{L 000}	Continued From page		{L 000}		
	Treatment Center Lice adjacent Business oc	205, Ambulatory Surgical ensing Requirements. The cupancy was surveyed as Occupancy under the 2000 01 Life Safety Code,			
	listed herein that do n specific NFPA code as	ed, those code sections of include a reference to a nd year of issue (such as ken from the 2000 Edition Safety Code.			
	herein were found thre	ed, all deficiencies cited ough random observation k-through, staff interview, or			
		ments are NOT MET as ciencies cited under the			
{L 012}	20.1.6.1/21.1.6.1 Con	struction Type	{L 012}		
	21.1.6 Minimum Con	struction Requirements			
	ambulatory health car	one story in height housing re facilities shall be of any ccordance with NFPA 220.			
	_	o or more stories in be I, Type II (222), Type II ype IV (2HH), or Type V			
		of unprotected construction oughout by an approved sprinkler system.			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING		(X3) DATE SURVEY COMPLETED	
		7000789	B. WING		R 08/21/2014		
	ROVIDER OR SUPPLIER	NTER 5086 NOF	DRESS, CITY, STA RTH ELSTON AV D, IL 60630				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COM	(X5) MPLETI OATE	
{L 012}	The building housing functional spaces is no construction type to define the findings include: A. The ASTC surgice one-story with a base which is of minimum type as permitted und two-story Business or multiple ASTC required L130). Although the debuilding was reviewed and the two-story building was reviewed and the two-story building are the ASTC occupancy, functional spaces for all required functional occupancy building and the ASTC occupancy Administrative Code and the cocupancy and be of type. The Business occupancy and be of type.	ot met as evidenced by: certain ASTC required ot of an acceptable omply with 21.1.6.3. al area is located within the ment portion of the building Type II (000) construction for 21.1.6.2. However, the coupancy building houses and functional spaces (see cone-story with a basement of as the ASTC occupancy ding was reviewed only as a it provides required the ASTC occupancy. Not spaces in the Business for permitted to be outside as outlined under IL 205.1350. Therefore, the considered the ASTC a permitted construction occupancy building is e III (200) construction type a sprinkler system to	{L 012}	A new quick response sprinkler syster be installed in the one story ASTC (Ty (000)) and the adjacent 2 story (Type (200)). The system will be installed in accordance with NFPA 13, 1999 editional Plans completed	pe II III on. 20/15 0/15		
{L 020}	20.3.1/21.3.1, 38.3.1/ OPENINGS, SHAFTS Vertical openings suc- elevator shaftways, et and building service senclosed in accordant 8.2.5. (Note: Some exception 38.3.1.1 and 39.3.1.1)	S, STAIRS h as stairways, scalators, HVAC shafts shaftways are ce with Section ons are permitted	{L 020}				

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING R 7000789 08/21/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5086 NORTH ELSTON AVENUE** ALBANY MEDICAL SURGICAL CENTER CHICAGO, IL 60630 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **DEFICIENCY**) {L 020} Continued From page 3 {L 020} This Regulation is not met as evidenced by: Vertical openings are not protected in accordance with NFPA 101-2000, 21.3.1, 39.3.1.1 and 8.2.5. Findings include: The ASTC occupancy is located in the one-story-with-basement portion of the building constructed of masonry bearing walls and concrete plank floors and roof. The basement is utilized for a storage room/work shop and staff locker rooms. Miscellaneous plumbing and electrical penetrations through the floor are not protected in accordance with tested UL design assemblies to afford a minimum 1-hour separation between the floor levels as required by 21.3.7.1, 39.3.2.1 & 8.4.1.1(1), and 21.1.6.4. UPDATE 8/21/14: Some plumbing penetrations at the Basement level were observed to be sealed with a spray-foam product identified as "Great Stuff" insulating foam sealant by Dow. This product is a polyurethane-based insulating foam sealant typically not meeting the requirements for firestopping. A UL tested design was not identified to confirm this material and the installation meets the firestopping requirements of ASTM E-814 (UL1479) testing. Duct penetrations could not be confirmed to have fire dampers and other pipe penetrations were observed to remain unsealed. B. Refer to L032 deficiencies regarding enclosure of exit stairs relative to protection of vertical openings. {L 029} 38.2.1/39.3.2 HAZARDOUS AREAS {L 029}

39.3.2.1 Hazardous Areas: Hazardous areas

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STATE FORM

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING B. WING 7000789 08/21/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5086 NORTH ELSTON AVENUE** ALBANY MEDICAL SURGICAL CENTER CHICAGO, IL 60630 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {L 032} {L 032} Continued From page 5 {L 032} {L 032} 20.2.4/21.2.4 TWO REMOTE EXITS At least two exits, located remote from each other are provided for each floor or fire section of the building. 20.2.4.1,20.2.4.2,20.2.4.3/21.2.4.1, 21.2.4.2 21.2.4.3 This Regulation is not met as evidenced by: Exits are not provided in accordance with 21.2.4.1, 39.2.2.3.1 and 7.2.2. Findings include: A. The ASTC occupancy means of egress Stairs from the Basement level are not in accordance with 7.2.2.5 relative to enclosure and 7.1.3.2.1 relative to separation. Corrected 8/21/14. 2. The exit stair from the basement which leads only to the exterior is utilized as a storage area for a gasoline powered lawn mower stored on an overhead shelf. Wood planking used as a ramp for material deliveries is stored along one side of the steps. A ladder and other miscellaneous materials are stored within the stair enclosure. All of the afore mentioned is prohibited under 7.1.3.2.3. UPDATE 8/21/14: The gasoline powered lawn mower and wood plank used as ramp was observed to be removed. However, the ladder and other miscellaneous stored materials were observed to remain. 3. Corrected 8/21/14. Corrected 8/21/14. 5. Corrected 8/21/14. Corrected 8/21/14.

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING R 7000789 08/21/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5086 NORTH ELSTON AVENUE** ALBANY MEDICAL SURGICAL CENTER CHICAGO, IL 60630 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {L 032} Continued From page 6 {L 032} 7. Corrected 8/21/14. Corrected 8/21/14. 9. The exit stair from the basement which appears to discharge to the adjacent Business occupancy stair which leads through an exit passageway to the exterior was observed to have an unrated ceiling and access panel assembly at the ceiling on the discharge level in non-compliance with 7.1.3.2.1(a). 10. The exit stair from the basement was not provided with exit signage at the main level to direct the exit path into the Business occupancy stair which appears to serve as the discharge for the ASTC stair from the basement to make clear the intended path of exit. A door from the ASTC OR/Recovery area swings into the stair at this level. The door from the stair to the Business occupancy stair swings in the direction of exit travel in compliance with 7.2.1.4.3. UPDATE 8/21/14: It could not be confirmed whether this exit stair and entire path to the exterior was provided with emergency lighting. Existing directional exit signage within the Business occupancy stair is not visible along the path from the exit stair from the basement to identify the continuation of the exit path. Battery powered lighting was not observed within the exit stair from the basement and the fluorescent lighting provided could not be confirmed by staff to be connected to the generator system. Surveyor notes that if emergency lighting is powered by the generator system, the generator is a required emergency generator system which must comply with NFPA 99 and 110.

B. The Business occupancy means of egress Stair from the second floor level is not in

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duct penetration of the enclosure to comply with 7.1.3.2.1(e) exception no. 1 and 8.2.3.2.4. The exit passageway also contained a large potted plant in non-compliance with 7.1.3.2.3.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING 7000789 08/21/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5086 NORTH ELSTON AVENUE** ALBANY MEDICAL SURGICAL CENTER CHICAGO, IL 60630 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) {L 032} {L 032} Continued From page 8 5. The exit stair in the Business occupancy near the waiting room is not separated with 1-hour rated construction to comply with 7.1.3.2.1(a) and 7.1.3.2.1(c). This exit stair does not otherwise comply with 7.2.2.5.1 Exception which allows in existing buildings, where a two story exit enclosure connects the story of exit discharge with an adjacent story, the exit shall be permitted to be enclosed only on the story of exit discharge, provided that not less than 50 percent of the number and capacity of exits on the story of exit discharge are independent of such enclosures. This stair is open to both levels. C. The Business occupancy designated exterior exit at the waiting room adjacent the stair to the second floor is not maintained to comply with 7.1.10 and 7.2.1.5. 1. The door and path thereto is obstructed by chairs in non-compliance with 7.1.10.2.1. 2. The door is equipped with panic hardware and a thumb turn dead bolt lock in non-compliance with 7.2.1.5.4 and 7.2.1.5.6. The door is normally kept locked. 3. The door is provided with "emergency exit only" signage which is bolted to the panic device bar rather than being independently mounted. The signage encumbers the use of the panic device. UPDATE 6/21/14: This door is no longer identified by exit signage as an exit. However, the panic device and dead bolt lock remain. The panic device implies that exiting is available but is encumbered by the dead bolt lock, thru-bolts remaining on the push bar and the the chairs. The encumbrances contradict the intended

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{L 032}	Continued From page	9	{L 032}			
	function of the panic of	device.				
{L 046}	20.2.9.1/21.2.9.1 Eme	ergency Illumination	{L 046}			
	Emergency lighting is with 21.2.9.1 and 7.9. A. The facility utilize emergency power and emergency lighting. A documents that check system(s) is done on no information is avail describe what proced the required monthly a inspection/testing of the emergency lighting system could not be could not be defined as a simple could not	and 21.2.9.2. It met as evidenced by: not provided in accordance Findings include: It is a generator system for the battery powered the checklist is provided that be battery powered the monthly basis. However, lable as a written policy to be battery powered the battery powered during the battery powered the battery powered bettern to comply with 7.9.3. The provided that the battery powered bettern to be tested every to face of 30 seconds. Testing of the battery powered for the testing that the battery powered betternined from the testing				
	observed was not ava UPDATE 8/21/14 which identify the light	: Forms have been created ting being tested, but no				
	except for the most re deficiency will remain documentation is avaistandardized recordice established and the p policy define the requi	ilable for review to indicate a seping procedure is reprinted forms or written				
	Z. Dattery powe	or of other pare the				

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING R 7000789 08/21/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5086 NORTH ELSTON AVENUE** ALBANY MEDICAL SURGICAL CENTER CHICAGO, IL 60630 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) !D (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) {L 046} Continued From page 10 {L 046} confirmed to be tested annually for a duration of 90 minutes. Testing of lamps could not be determined from the testing documentation because a list of lighting locations observed was not available or recorded. UPDATE 8/21/14: No documentation of a 90 minute test of the battery powered emergency lighting systems was confirmed to be available or previously provided for review. 3. Corrected 8/21/14. B. Illumination of the means of egress is not provided in accordance with 21.2.8 and 7.8. The exit discharge locations are not provided with illumination to comply with 7.8.1.4 and 7.9. 1. The ASTC exterior exit door and adjacent exterior door from the stair from the basement are provided with a single lamp fixture above the ASTC exterior exit door. Failure of this single fluorescent lamp will leave the area in darkness in non-compliance with 7.8.1.4. This lighting was not confirmed to be connected to the emergency generator to comply with 7.9.2.1. UPDATE 8/21/14: A dual lamp fixture has been provided, but it could not be confirmed by staff or observation whether this lighting is powered by an emergency battery powered lighting system or the generator system. Surveyor notes that if this emergency lighting is powered by the generator system upon loss of normal utility power, the generator is a required emergency generator system which must comply with NFPA

maintained.

99 and 110. Battery powered emergency lighting logs do not indicate that exit discharge lighting is included as a battery powered system being

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	1 - MAIN BUILDING	COMPLE	ETED
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{L 046}	Continued From page	1 11	{L 046}			
	2. Corrected 8/					
		vided at the exterior exit door				
		exit passageway from the t be confirmed to be of				
	instant-on type (fluore					
) and to be connected to the				
		to comply with 7.9.1.2 and				
		could not be determined to the main waiting room entry				
	, ,	mes the required exit).				
		: Multiple lamp fixture are				
	_	not be confirmed by staff or				
		this lighting is powered by an owered lighting system or the				
		rveyor notes that if this				
	emergency lighting is	powered by the generator				
		formal utility power, the				
	-	d emergency generator omply with NFPA 99 and				
		emergency lighting logs do				
		lischarge lighting is included				
j	as a battery powered	system being maintained.				
{L 048}	21.7.1, 4.6.10.1 Writte Measures	en Fire Plan, &/or Interim	{L 048}			
	There is a written plan	n for the				
	protection of all patier					
	their evacuation in the					
	emergency. A simple showing the evacuation	• • •				
	posted in prominent lo					
	floors. 31.4.1.1					
	This Regulation is no The written Fire & Em	t met as evidenced by:				
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{L 048}	Procedures for the fact with 21.7.1.1. Finding A. Corrected 8/21/14 B. (New 8/21/14) The as revised 9/17/13 and part of the Plan of Condeficiencies: 1. Under the "Condeficiencies: 1. Under the "Condeficiencies: 2. Under "Fire And is noted that "the many will be responsible for	cility are not in accordance gs include: 4. The Fire Response Plan dated and submitted for review as rection has the following General" paragraph it is noted at evacuation drawing.", but it is not provided. Alarm Notification System" it hager or her/his designee by pulling the fire alarm at the The identified "RACE" any staff or occupant	i		
	Employee Procedures patients to another an considered to be an elevacuation zones are paragraph as "area of 1-hour smoke wall." T from the Recovery ev OR area evacuation zonot meet this requirem areas are within the sand not separated from the construction. 4. Under the pathe policy indicates the policy indicates the consideration.		1		

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X		(X3) DATE SURVEY COMPLETED	
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{L 048}	Continued From page	13	{L 048}			
	,	Discovery of any fire must arm, Contain,				
{L 050}	21.7.1.2 FIRE DRILLS	6	{L 050}			
	Fire drills are not cond 101-2000, 21.7.1 and A. Fire Drill records signals are functional been transmitted to the fire department to cond Response documents transmission of the signagency was verified to alarm system activation UPDATE 8/21/14 been revised, but they confirm that a fire alar transmitted to the more	onditions, at h shift, using except at night. th procedures is are part of 21.7.1.2 the met as evidenced by: ducted to comply with NFPA 21.7.2. Findings include: do not document that alarm to verify that the signal has elemonitoring agency and/or inply with 21.7.2.1. do not indicate that gnal to the monitoring be received during the fire on. Fire drill record forms have a lack documentation to m signal has been initoring agency and/or fire the drill to comply with				
{L 051}	20.3.4/21.3.2 FIRE AL		{L 051}			
	A manual fire alarm sy	ystem, not a				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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{L 051}	Continued From page	14	{L 051}			
	pre-signal type, is pro automatically warn the occupants. The fire a is arranged to automa an alarm to summon the department. 20.3.4 a This Regulation is not The fire alarm system accordance with 21.3.72-1999. A. Semi-annual and alarm system comport documented to be per NFPA 72-1999, 7-3.2. was available on-site survey. UPDATE 8/21/14: Sea alarm system has been performed. How confirm sensitivity test devices every 2 years to allow testing every	e building slarm system atically transmit the fire and 21.3.4 of met as evidenced by: a is not maintained in a.4.1, 9.6.1.4 and NFPA I annual testing of the fire ments by a third party is not afformed as required by No testing documentation for review at the time of the mi-annual testing of the fire en documented to have evever, no documentation to ting of the smoke detection or provide documentation 5 years to comply with				
(1.075)	NFPA 72-1999, 7-3.2.		/I 0751			
{£ U/5}	Waste Receptacles 2 Soiled linen or trash of exceed 32 gallons (12	collection receptacles do not	{L 075}			
	with capacity greater	trash collection receptacles than 32 gallons (121L) are tected as a hazardous area.				
		ot met as evidenced by: a collection facilities are not				

PRINTED: 01/23/2015 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING 7000789 08/21/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5086 NORTH ELSTON AVENUE** ALBANY MEDICAL SURGICAL CENTER CHICAGO, IL 60630 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY {L 075} Continued From page 15 {L 075} in compliance with 21.7.5.5. Findings include: A. The Cover Gown Room was observed to contain a cart with gowning apparel, a clean linen storage cart and quantities of soiled linen/trash storage greater than 32 gal. (three 20+ gal. bags and a trash receptacle). The quantity of soiled/trash materials stored constitutes a higher degree of hazard than normal to the occupancy. The room is not sprinklered or 1-hour rated including a minimum 3/4-hour rated self-closing door to comply with 21.7.5.5, 21.3.2, 39.3.2 and 8.4.1.1(1). UPDATE 8/21/14: The soiled linen storage facilities have been relocated to an exterior closet accessed from the parking lot area. However, at the time of the follow-up survey, this storage location was observed to contain a wooden cabinet with "E" size oxygen cylinders. The storage of oxygen cylinders with combustibles does not comply with NFPA 99-1999, 8-3.1.11.2(c) because in a non-sprinklered location there is not 20' of separation between the oxygen storage and the combustibles. {L 106} Type I ESS 3.4.2.2, 3.4.2.1.4 {L 106} The ASC with life support equipment has a Type I Essential Electrical System powered by a generator with a transfer switch and separate power supply. The EES is in accordance with NFPA 99. 3.4.2.2, 3.4.2.1.4

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This Regulation is not met as evidenced by: The ASTC generator system is not in compliance with NFPA 99-1999, 3-4.2.2 and 3-4.2.1.4.

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to comply with NFPA 99-1999, 3-4.1.1.15 and NFPA 110-1999, 3-5.5.2 to provide visual and audible alarms for the following conditions: a. Overcrank (fail to start)

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING 7000789 08/21/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5086 NORTH ELSTON AVENUE ALBANY MEDICAL SURGICAL CENTER CHICAGO, IL 60630 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {L 106} Continued From page 17 {L 106} b. Low water temperature c. High water temperature d. Low lube oil pressure e. Overspeed f. When battery charger malfunctions g. When control switch not in auto position B. The natural gas fuel supply for the roof mounted generator is not installed in accordance with NFPA 110-1999, 5-9.7. The fuel supply for the generator is not connected ahead of the building's main shut-off valve and marked as supplying an emergency generator. The building's main gas shut-off valve is not marked or tagged to indicate the existance of a separate Emergency Power Supply shut-off valve. C. The emergency power system is not installed in accordance with NFPA 70-1999, 517-19. 1. Each Critical Care patient bed location (ORs and Stage 1 Recovery) and each General Care patient bed location (Stage II Recovery) is not provided with receptacles from at least two branch circuits; at least one from normal power supply and at least one from the emergency power supply to comply with NFPA 70-1999, 517-19(a) & 517-18(a). 2. Each Critical Care patient bed location at Stage I Recovery is not provided with at least 6 receptacles to comply with NFPA 70-1999, 517-19(b). 3. Each General Care patient bed location at Stage II Recovery is not provided with at least 4 receptacles to comply with NFPA 70-1999, 517-18(b) Available existing emergency receptacles

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION - MAIN BUILDING	(X3) DATE SURVEY COMPLETED		
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{L 106}	and circuit from which	a 18 labels to identify the panel a they are fed to comply with 2.4 and NFPA 70-1999, 517	{L 106}			
{L 130}	as indicated OTHER REQUIREMENTS Other Referenced Re		{L 130}			
	NFPA 70 - 2002 NFPA 13 -1999 NFPA 25 - 1998 Illinois State Plumbing Illinois Accessibility C					
	Based on random obs walk-through, docume interview, the facility is series of Life Safety a	of met as evidenced by: servation during the survey ent review, and staff s not in compliance with a and other code requirements ted under other L-Tags.				
	the life safety deficient survey walk-through, appropriate interim life cited deficiencies are shall include, as an at Correction (PoC) and detailed narrative and such measures. The measures to be imple	er, variety, and severity of noies observed during the the provider shall institute e safety measures until all corrected. The provider ttachment to its Plan of referenced therein, a I proposed schedule for all narrative shall describe all temented, as well as the they are to be conducted,				
	and shall indicate the measures are to be d	•				

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING R 7000789 08/21/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5086 NORTH ELSTON AVENUE** ALBANY MEDICAL SURGICAL CENTER CHICAGO, IL 60630 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) {L 130} Continued From page 19 {L 130} in the interim life safety measures to remain in place as work toward the completion of its PoC progresses. B. The Cover Gown Room is utilized for storage of soiled/trash materials in the same room as clean linen and gowning apparel which violates basic infection control principles. The same room can not be used for both clean and soiled activities. Each activity requires different ventilation conditions including negative pressure relationship (exhaust) for Soiled environments and positive pressure relationship (greater supply air) for Clean environments to comply with IL Administrative Code 205.1540(f) and 205. Table A. UPDATE 8/21/14: The Cover Gown Room is now identified and used as the "Interview/Social Services Exam Room". The multi-use function of this room does not comply with IL Administrative Code 205.1350(f) and 205.1360(a). The Interview/Social Services function cannot be shared with the Exam function. C. The ASTC Locker rooms located in the basement which are accessed through the storage room area are not provided in accordance with IL Administrative Code 205.1370(k). 1. Changing rooms for male and female are provided, but the toilet, lavatory, and shower facilities are a shared room. Therefore, toilets and lavatories for male and female are not provided.

not appear to be provided.

2. A lounge for the exclusive use of the personnel working within the surgical area does

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{L 130}	Continued From page	21	{L 130}		
	room needing access confirmed to be minim with IL Administrative UPDATE 8/21/14 doors and the Stage I nearest to the OR/Proto be pairs of double strequired 3'-8" width. I Recovery room doors only a 29" clear opening Administrative Code 2 a minimum 3'-0" door 21.2.3.3 which require not less than 32". F. The Recovery room to provided with toile recovery rooms to cor Code 205.1360(d)3. within the surgical environgh the general circle. Change areas for IL Administrative Code provided within the AS areas outside the AST adjacent Business occavailable and utilized. H. Interview spaces relating to social services not provided within	and the Stage I Recovery for stretchers were not num 3'-8" width to comply Code 205.1400(b)3. The OR/Procedure room Recovery room door ocedure rooms is confirmed swing doors providing the However, the Stage II are confirmed to provide ng in noncompliance with IL 205.1400(b)2 which requires and NFPA 101-2000, as a minimum clear width of the facilities within the mply with IL Administrative A toilet room is provided vironment but movement reculation hall is required. The patients in accordance with the 205.1370(I) are not cocupancy. Changing TC occupancy in the cupancy appear to be			
		le the ASTC occupancy in occupancy appear to be			

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING 7000789 08/21/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5086 NORTH ELSTON AVENUE** ALBANY MEDICAL SURGICAL CENTER CHICAGO, IL 60630 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {L 130} Continued From page 22 {L 130} UPDATE 8/21/14: The former "Cover Gown room" (located within the ASTC portion of the building) is now identified and used as the "Interview/Social Services Exam Room". The multi-use function of this room does not comply with IL Administrative Code 205.1350(f) and 205.1360(a). The Interview/Social Services function cannot be shared with the Exam function. The Interview/Social Services function appears to be located within the semi-restricted area of the ASTC rather than in a non-restricted environment. The provisions for staff and patients to enter the semi-restricted environment is not clear. I. Examination rooms are not provided within the ASTC occupancy to comply with IL Administrative Code 205.1360(a). Exam rooms outside the ASTC occupancy in the adjacent Business occupancy appear to be available and utilized. UPDATE 8/21/14: The former "Cover Gown. room" (located within the ASTC portion of the building) is now identified and used as the "Interview/Social Services Exam Room". The multi-use function of this room does not comply

clear.

TRI922

J. A control station located to permit visual surveillance of all traffic that enters the

with IL Administrative Code 205.1350(f) and 205.1360(a). The Interview/Social Services function cannot be shared with the Exam function. The Exam function appears to be located within the semi-restricted area of the ASTC rather than in a non-restricted

environment. The provisions for staff and patients to enter the semi-restricted environment is not

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O	ONSTRUCTION - MAIN BUILDING	(X3) DATE SURVEY COMPLETED
		7000789	B. WING		R 08/21/2014
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	
ALBANY I	MEDICAL SURGICAL CE	NTER	RTH ELSTON AVE D, IL 60630	NUE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{L 130}	occupancy) to comply Administrative Code a appear to be provided UPDATE 8/21/14 OR/Procedure room a is provided near the " Exam Room". Howev surveillance is done for Business/Phone Cent occupancy portion of surveillance cannot re unauthorized entry int K. The 'Central Sup the support services for Workroom required by 205.1370(e) & (f) app	al environment (ASTC y with in accordance with IL 205.1370(a) does not d. E: Video surveillance of the and Recovery room area hall Interview/Social Services er, monitoring of the video rom the 2nd floor ter office in the Business the building. The video estrict inappropriate or to the semi-restricted areas. ply' room believed to provide for the surgical area Soiled by IL Administrative Code eared to be located outside in the Business occupancy	{L 130}		
{L 144}	Generators are insperunder load for 30 min accordance with NFP 8.4.2 This Regulation is not The emergency gene inspected and tested	A 99. 3.4.4.1, NFPA 110, of met as evidenced by:	{L 144}		
		vided with a roof mounted erator system indicated to be			

STATE FORM

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		CONSTRUCTION 11 - MAIN BUILDING	(X3) DATE S COMPLE	
		* * * * * * * * * * * * * * * * * * *	A. BOILDING. V	1 - MAIN DOILDING	R	
		7000789	B. WING			1/2014
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALBANY	MEDICAL SURGICAL CE	NTER 5086 NORT CHICAGO,	'H ELSTON AV IL 60630	ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{L 144}	1. The generate monthly testing does a tabulation of load valuagenerator. Generator load tabulations. It coloads are actually appropriate for emergency posture for emergency posture of the soft within the mapermitted by IL Admin and NFPA 99-1999, 3 3. The starting be maintained in accoloads. 3-4.4.1.3 and NFPA 1 generator is provided battery which preclude electrolyte levels and	phase power. or system weekly and not appear to indicate tes for each run of the logs indicate "0" for all ampould not be determined that blied to the generator on indicates that the transfer ower was 30-45 seconds, eximum 10 seconds istrative Code 205.1780 -4.4.1.1(a). battery is not documented to ordance with NFPA 99-1999, 10-1999, 6-3.6. If the with a 'maintenance free' es the checking of the specific gravity testing on a	{L 144}			
	weekly basis, conductivation in the conducti	•			2	
{L 145}	Type 1 EES 3.4.2.2.2		{L 145}			
		ided into the critical branch, the emergency system in A 99. 3.4.2.2.2				
	The ASTC Essential E installed as a Type I s	t met as evidenced by: Electrical System is not ystem in comformance with nts, NFPA 110, NFPA 99				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	1 - MAIN BUILDING	COMPLI	ETED
					R	
		7000789	B. WING		1	1/2014
NAME OF D	DOMESTIC OF SUPPLIES	OTDEET ADD	DECC CITY CTA	TE 710 000E		
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA TH ELSTON AV			
ALBANY I	MEDICAL SURGICAL CE	NTER CHICAGO,		ENGE		
	CUMMANDY OT			DOMESTIC BLANCE CORDECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
{L 145}	Continued From page	25	{L 145}			
	and NFPA 70. Finding					
	and NFPA 70. Finding	gs include.				
	A. The ASTC is pen	mitted under its License to				
	administer anesthesia					
	Administrative Code 2					
	emergency generator	. Section 205.115 requires				
		A 99-1999 Health Care				
		0-1999 National Electric				
), 3-4.2.2.1 and NFPA 70-				
	Ambulatory Health Ca	ntial Electrical Systems for				
	•	30 thru 517-35. NFPA 99-				
	•	FPA 70-1999, 517-30(b)2				
		system to be comprised of				
		and a Critical branch. The				
	•	ot appear to be arranged to				
	provide power from tw	vo separate branches				
		"emergency" panel was				
		oads required to be on				
		branch or the Critical branch				
		FPA 99-1999, 3-4.2.2.2.				
		did not have all circuits inctional use to comply with				
		A one-line diagram of the				
		distribution system was not				
	reviewed.	,				
		fer also to L032-A10 Update				
		which identify locations				
		nting and exit lighting is				
		t be confirmed by staff or				
		his lighting is powered by an wered lighting system or the				
		rveyor notes that if any				
		exit lighting is powered by				
		upon loss of normal utility				
		is a required emergency				
		ch must comply with NFPA				
		owered emergency lighting				
		nat exit discharge lighting,				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING R B. WNG 7000789 08/21/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5086 NORTH ELSTON AVENUE** ALBANY MEDICAL SURGICAL CENTER CHICAGO, IL 60630 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Continued From page 26 {L 145} {L 145} exit signage or other emergency means of egress lighting is included as a battery powered system being maintained.

Illinois Department of Public Health

EXHIBIT

C

ASTC 15-002

				Section 205.320	000		NAME AND ADDRESS Albany Medical Surgical Center OF FACILITY 5086 North Elston Ave., Chicago
1. Pt #2's clinical record included Pt #2 was a 22 year old pregnant female at 18 3/7 weeks	Based on document review and interview, it was determined for 3 of 14 (Pts #13, 14, & 15) patients who had surgical procedures on 12/20/14, the facility failed to ensure a physician was present during the postoperative period.	This requirement is not met as evidenced by:	A qualified physician shall be present at the facility at all times during the operative and postoperative period for all patients.	Presence of a Qualified Physician	An investigation survey was conducted on 1/5/15 for complaint #142856. The facility was not in compliance with Rules and Regulations for Ambulatory Surgical Treatment Centers for this survey as evidenced by:	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	Albany Medical Surgical Center 5086 North Elston Ave., Chicago, IL 60630
						PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	
						COMPLETION DATE	The state of the s

DATE OF SURVEY_1/5/15

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

BY 30195 (Surveyor)

	E ASTC	□ HHA	□HMO	□ HOSPICE	□HOSPITAL	•
IAME AND ADDRESS AIN	Albany Medical Surgical Center 5086 North Elston Ave., Chicago, IL 60630	l Center Chicago, IL 60630				
	ENTER SUMMARY WHAT IS WRONG	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	NT AND SPECIFICALLY	PROVIDER'S PLAN OF CORR	RRECTION AND	COMPLETION DATE
Section 205.320 (cont'd)	gestation 12/20/14 report in revealed posterio extentio recognit ambular to [Hosp Gynecol Planning the patie [Hospita the cerv during a [Hospita hemody to the El and tran accomps	gestation who was admitted to the facility on 12/20/14 for a D & E by MD #1. The operative report included, "palpation of the cervix revealed a high cervical laceration in the left posterior aspect of the cervix with possible extention into the fundus of the uterusUpon recognition of the high cervical laceration, an ambulance was immediately called for transport to [Hospital] at 11:25 am. At 11:34, the Gynecology on call team and the Family Planning fellow at [Hospital] were informed of the patient, her condition, her pending arrival at [Hospital] ER and the need for surgical repair of the cervical injuryThe patient remained stable during ambulance transportUpon arrival to [Hospital] ER, the patient remained hemodynamically stable. I presented the patient to the ER physicians and the Gynecology team and transferred the patients care. [MD #1 accompanied Pt #1 in the ambulance for	to the facility on #1. The operative of the cervix ration in the left with possible he uterusUpon ral laceration, an called for transport 11:34, the the Family were informed of pending arrival at or surgical repair of ent remained stable. Upon arrival to nained essented the patient Gynecology team are. [MD #1] bulance for	•		
	and the p	and the physician on duty (MD #1) left the facility at that time to accompany Pt #2.	D#1) left the pany Pt #2.			

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

DATE OF SURVEY_1/5/15_

BY 30195 (Surveyor)

ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF HEALTH FACILITIES STANDARDS

			BV 30105		16/16	DATE OF CHURCH 1/6/16
			2. On 1/5/15 at approximately 10:00 am, the clinical records were reviewed for the 14 patients admitted to the facility on 12/20/14 for surgical procedures. 3 of the 14 clinical records included that these patients were in the postoperative recovery room at the time the physician was not present in the facility. The times are as follows: -Pt #13 was a 24 year old female admitted to the facility on 12/20/14 for a D & E. Pt #13 was in recovery from 9:06 am - 12:15 pmPt #14 was a 24 year old female admitted to the facility on 12/20/14 for a D & E. Pt #14 was in recovery from 10:46 am - 12:51 pmPt #15 was a 28 year old female admitted to the	2. On 1/5/15 at approximately 10:00 am, the clinical records were reviewed for the 14 patients admitted to the facility on 12/20/14 1 surgical procedures. 3 of the 14 clinical recordincluded that these patients were in the postoperative recovery room at the time the physician was not present in the facility. The times are as follows: -Pt #13 was a 24 year old female admitted to facility on 12/20/14 for a D & E. Pt #13 was recovery from 9:06 am - 12:15 pmPt #14 was a 24 year old female admitted to facility on 12/20/14 for a D & E. Pt #14 was i recovery from 10:46 am - 12:51 pmPt #15 was a 28 year old female admitted to	2. O clini pation surg inclusion physical post physical reconsection of the contract of the co	Section 205.320 (conf'd)
COMPLETION DATE		PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	ENTER SUMMARY OF REQUIR WHAT IS WRONG	ENTI	LIST RULE VIOLATED
				Albany Medical Surgical Center 5086 North Elston Ave., Chicago, IL 60630	Albany Medical : 5086 North Elstor	NAME AND ADDRESS Albany Medical Surgical Center OF FACILITY 5086 North Elsion Ave., Chicago
	UHOSPITAL	□ HOSPICE	□ HMO	□ HHA	EASTC	
	ECTION	PLAN OF CORE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECT	STATEMENT OF		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	THE PARTY OF RESIDENCE TO CALLED SECTION OF THE PROPERTY OF

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NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY	DATE OF SURVEY_1/5/15	(cont'd)	205 220		NAME AND ADDRESS Albany M OF FACILITY 5086 Nor
TE OF PRIOR SURVEY (Surveyor)	ВУ 30195	recovery from 11:43 am – 1:10 pm. 3. On 12/30/14 at approximately 10:00 am, an interview was conducted with the Medical Director (MD #3). MD #3 stated that the facility's practice is that when a patient is transferred to the hospital because of a complication during surgery, the physician doing the surgery accompanies the patient to the hospital in the ambulance. The surveyor asked MD #3 who was responsible for the patients at the facility in recovery during the time the physician was accompanying a patient to the hospital. MD #3 stated that there was always a registered nurse (RN), a nurse practitioner (NP) or physician's assistant (PA), and a certified registered nurse anesthetist (CRNA) at the	6.:::	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	Albany Medical Surgical Center 5086 North Elston Ave., Chicago, IL 60630
(Provider's Representative)				PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	
ntative)				COMPLETION DATE	

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OF FACILITY 5086 North Elston Ave., Chicago LIST RULE ENTER SUMMAR VIOLATED WHAT IS WRONG	5086 North Elston Ave., Chicago, IL 60630 ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
Section 205.320 (cont'd)	facility to be responsible for the care of the patients at the facility. MD #3 stated the physician was always available by phone during his/her absence from the facility.		
	4. The physician and staff schedules were reviewed for the dates of the 12 patient transfers. The schedules for each day on which surgeries were performed included one physician, one CRNA, and one advanced practice nurse or physician's assistant. The schedules did not include a physician on call to cover in case the physician needs to leave the facility if a patient is transferred.		
	5. On 1/5/15 at approximately 8:45 am, an interview was conducted with the Facility Administrator (E #2). E # stated that a physician (MD #4) is called to come to the facility when a patient is being transferred to assume care of the		
	patients in recovery and continue the surgeries as scheduled. The physician does not leave the facility with the patient being transferred until		

DATE OF SURVEY_1/5/15_

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

BY 30195 (Surveyor)

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

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

BY_30195_ (Surveyor)

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NAME AND ADDRESS A	NAME AND ADDRESS Albany Medical Surgical Center OF FACILITY 5086 North Elston Ave., Chicago, IL 60630				
	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	T AND SPECIFICALLY	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	DRRECTION AND	COMPLETION DATE
Section 205.620	Statistical Data				
	(a) Each ambulatory surgical treatment center shall collect, compile and maintain the following clinical statistical data at the facility to be made available to the Department during a survey or inspection(3) the number and type of complications reported, including the specific procedure associated with each complication; (4) the number of patients requiring transfer to a licensed hospital for treatment of complications. List the procedure performed and the complication that prompted each transfer (b) This clinical statistical data shall be collected and maintained quarterly, with reports completed no later than January 31, April 30, July 31 and October 31 for the preceding quarter. This requirement is not met as evidenced by:	reatment center ntain the at the facility spartment during a number and type luding the specific h complication; uiring transfer to a t of complications. and the a shall be terly, with reports ry 31, April 30, e preceding			
DATE OF SURVEY 1/5/15	В	30195			
NOTE IS BLY INDIGAT	ATE OF BRIOD STRUCK	(Surveyor)		(Provider's Representative)	itive)

ADDRESS		
A DDRESS Albany Medical Surgical Center	E ASTC	
enter	□ HHA	
	□ HMO	
	☐ HOSPICE	
	□HOSPITAL	

DATE OF SURVEY_1/5/15		S-			Section 205.620 (cont'd)	OF FACILITY LIST RULE VIOLATED 5086 North Eiston Ave, Chicago ENTER SUMMAR WHAT IS WRONG
BY 30195 (Surveyor)	2. During an interview with the Facility Administrator (E #2) on 1/5/15 at approximately 10:00 am, E #2 stated that the	2. On 12/29/14 at approximately 9:30 am, the list of patients transferred from the facility to a hospital from 01/2014 – 09/30/14 was reviewed and included 7 patients.	1. The statistical data collected quarterly by the facility was reviewed for the first 3 quarters of 2014 and included "0" patient transfers to a hospital.	Findings include:	Based on document review and interview, it was determined for 1 of 1 (E #2) Facility Administrators, the facility failed to ensure the quarterly clinical statistical data reports included the number of patients who were transferred to a hospital.	5086 North Elston Ave., Chicago, IL 60630 ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG
(Provider's Representative)						PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED
entative)						COMPLETION DATE

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

Section 205.620 (cont'd)	OF FACILITY OF FACILITY OF FACILITY ON North Elston Ave., Chicago LIST RULE VIOLATED WHAT IS WRONG WHAT IS WRONG	
da the da las	North Elst WH	E ASTC
data was comp the facility was transfer data in that company. done manually last four years.	Elston Ave., Chicago, ENTER SUMMARY WHAT IS WRONG	
data was compiled by an outside company, and the facility was not able to enter the specific transfer data into the spreadsheet format used by that company. E #2 stated this would have to be done manually but had not been entered for the last four years.	5086 North Elston Ave., Chicago, IL 60630 ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	о нна
n outside to enter readshee ted this vent been	REMENT	
the spect format would have entered	AND SPECII	□нмо
used by re to be for the	FICALLY	
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	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	ICE
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	COMPLETION DATE	
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NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

BY_30195_ (Surveyor)

(Provider's Representative)

DATE OF SURVEY_1/5/15_

DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH,) STATE OF ILLINOIS,)		
Complainant,	Docket No.	ASTC 15-001
v. (
ALBANY MEDICAL SURGICAL CENTER, License No. 7000789		
Respondent.		

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached NOTICE OF VIOLATIONS, NOTICE OF FINE ASSESSMENT, and NOTICE OF OPPORTUNITY FOR HEARING was sent by certified US mail in a sealed envelope, postage prepaid to:

REGISTERED AGENT:

Richard Kates 111 W Washington Street Suite 1900 Chicago, IL 60602

Walter Dragosz President, Albany Medical Corporation 5086-N Elston Avenue Chicago, IL 60630

That said document was deposited in the United States Post Office at Chicago, Illinois, on the day of tebruary, 2015.

Sharon Morris
Illinois Department of Public Health

Cc: Karen Senger, OHCR



DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH, STATE OF ILLINOIS,)		
Complainant,	}	Docket No.	ASTC 15-001
v.	{	2001101	115101000
ALBANY MEDICAL SURGICAL CENTER, License No. 7000789	}		
Respondent.	}		

NOTICE OF VIOLATIONS; NOTICE OF FINE ASSESSMENT; AND NOTICE OF OPPORTUNITY FOR ADMINISTRATIVE HEARING

Pursuant to the authority granted to the Illinois Department of Public Health (hereinafter "Department") by the Ambulatory Surgical Treatment Center Act (210 ILCS 5/1 et seq.) (hereinafter "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF VIOLATIONS

The Department has determined through inspection, review of records, or other means of investigation that Albany Medical Surgical Center (hereinafter "Respondent" or "Facility") located at 5086 North Elston Avenue, Chicago, Illinois 60630 is in substantial violation of the Act and the Ambulatory Surgical Treatment Center Licensing Requirements Code (77 Ill. Admin. Code 205) (hereinafter "Code"). In accordance with Sections 5/10b and 5/10g(a) of the Act, Section 205.820 of the Code, and Section 10-65(d) of the Illinois Administrative Procedure Act (5 ILCS 100/1-5 et seq.) (hereinafter "APA"), incorporated into the Act at 210 ILCS 5/10a, the Department hereby issues this Notice of Violations to the facility known as Albany Medical Surgical Center.

ALLEGATIONS OF NONCOMPLIANCE

The Department has found conditions in the Facility that are threatening to public interest, health, safety or welfare. These conditions include, but are not limited to, a substantial or continued failure to comply with the Act or rules promulgated thereunder as referenced below and in attached Exhibit A.

- 1. On January 5, 2015, the Department conducted a complaint investigation survey (hereinafter "Survey") at the Facility.
- Consequent to the Survey, the Department determined that Respondent substantially failed to comply with the Act and Code Section 205.320, Presence of a Qualified Physician:

A qualified physician shall be present at the facility until all patients are medically discharged. The discharge criteria shall be defined by the qualified consulting committee.

- 3. Consequent to the Survey, the Department determined that Respondent substantially failed to comply with the Act and Code Section 205.620, Statistical Data:
 - a) Each ambulatory surgical treatment center shall collect, compile and maintain the following clinical statistical data at the facility to be made available to the Department during a survey or inspection, or upon the Department's request:
 - 1) The total number of surgical cases treated by the ASTC;
 - 2) The number of each specific surgical procedure performed;
 - 3) The number and type of complications reported, including the specific procedure associated with each complication;
 - 4) The number of patients requiring transfer to a hospital for treatment of complications. The procedure performed and the complication that prompted each transfer shall be listed;
 - 5) The number of deaths, including the specific procedure that was performed; and
 - 6) The results of the monitoring of the ASTC's hand hygiene program in Section 205.550(h).
 - b) The clinical statistical data shall be collected, compiled and maintained quarterly, with reports completed no later than January 31, April 30, July 31 and October 31 for the preceding quarter.
- 4. The nature of each failure referenced in Paragraphs 2 and 3 above is further described in the Statement of Deficiencies which is attached hereto as Exhibit A and made a part hereof.

PLAN OF CORRECTION

Respondent shall file with the Department a written plan of correction ("POC") as required by Section 5/10c of the Act and Sections 205.820b)4) and 205.830 of the Code for the deficiencies cited above within ten days of receipt of this notice. Such plan of correction shall state with particularity the method by which the facility intends to correct the violations and shall contain a stated date by which each violation shall be corrected. The POC is subject to approval by the Department and must be sent to: Karen Senger, Illinois Department of Public Health, Division of Health Care Facilities and Programs, Central Office Operations Section, 525 West Jefferson Street, 4th Floor, Springfield, Illinois 62761.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 10d of the Act and Sections 205.820b)3), 205.850a), and 205.850b) of the Code, the Department hereby assesses a fine of Ten Thousand Dollars (\$10,000.00) for violations of Code Section 205.320 as previously set forth herein:

(January 5, 2015 – February 5, 2015) 30 days x 333.33/day = 10,000.00

Pursuant to Section 205.850c)1) of the Code, all fines shall be paid to the Department by Respondent no later than ten days after the notice of assessment, if the assessment is not contested by Respondent.

NOTICE OF OPPORTUNITY FOR HEARING

Respondent has a right to a hearing to contest these actions pursuant to, without limitation, Section(s) 5/10b, 5/10c, 5/10d, and 5/10g of the Act and Section 205.860 of the Code. A written request for hearing must be sent within ten days of receipt of this Notice to the Department. Such request for a hearing must be sent to Snigdha Acharya, Deputy General Counsel, Illinois Department of Public Health, 122 South Michigan Avenue, 7th Floor, Chicago, Illinois 60603.

FAILURE TO REQUEST A HEARING AS SPECIFIED HEREIN SHALL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

ANSWER BY RESPONDENT

In accordance with Section 100.7(d) of the Department's General Rules of Practice and Procedure in Administrative Hearings (77 Ill. Admin. Code 100), a copy of which is enclosed, the Respondent shall file a written answer to the Allegations of Noncompliance within twenty days of receipt of this Notice. Such answer must be sent to Snigdha Acharya, Deputy General Counsel, Illinois Department of Public Health, 122 South Michigan Avenue, 7th Floor, Chicago, Illinois 60603.

FAILURE TO FILE AN ANSWER WITHIN TWENTY DAYS OF THE RECEIPT OF THIS NOTICE SHALL CONSTITUTE RESPONDENT'S ADMISSION OF THE ALLEGATIONS OF NONCOMPLIANCE.

Nirav D. Shah, M.D., J.

Director

Illinois Department of Public Health

Dated this day of February 2015



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NAME AND ADDRESS Albany M OF FACILITY 50%6 Nor	Albany Medical Surgical Center 5086 North Elston Ave., Chicago, IL 60630		
	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
000	An investigation survey was conducted on 1/5/15 for complaint #142856. The facility was not in compliance with Rules and Regulations for Ambulatory Surgical Treatment Centers for this survey as evidenced by:		
Section 205.320	Presence of a Qualified Physician		
	A qualified physician shall be present at the facility at all times during the operative and postoperative period for all patients.		,
	This requirement is not met as evidenced by:		
	Based on document review and interview, it was determined for 3 of 14 (Pts #13, 14, & 15) patients who had surgical procedures on 12/20/14, the facility failed to ensure a physician was present during the postoperative period.		
	Findings include:		
	1. Pt #2's clinical record included Pt #2 was a 22 year old pregnant female at 18 3/7 weeks		

NOTE: IF PLY, INDICALE DATE OF PRIOR SURVEY_		DATE OF SURVEY_1/5/15
	(Surveyor)	BY 30195
	(Provider's Representative)	

Section 205.320 (cont'd)	NAME AND ADDRESS OF FACILITY LIST RULE VIOLATED	
gestation wh 12/20/14 for report includ revealed a hi posterior asp extention int recognition o ambulance w to [Hospital] Gynecology Planning fell the patient, h [Hospital] El the cervical i during ambu [Hospital] El hemodynami to the ER ph and transfer; The laparoscopy injury" Pt and the phys facility at tha	Albany Medical Surgical Center 5086 North Eiston Ave., Chicago, IL 60630 ENTER SUMMARY OF REC WHAT IS WRONG	EASTC
gestation who was admitted to the facility on 12/20/14 for a D & B by MD #1. The operative report included, "palpation of the cervix revealed a high cervical laceration in the left posterior aspect of the cervix with possible extention into the fundus of the uterusUpon recognition of the high cervical laceration, an ambulance was immediately called for transport to [Hospital] at 11:25 am. At 11:34, the Gynecology on call team and the Family Planning fellow at [Hospital] were informed of the patient, her condition, her pending arrival at [Hospital] ER and the need for surgical repair of the cervical injuryThe patient remained stable during ambulance transportUpon arrival to [Hospital] ER, the patient remained hemodynamically stable. I presented the patient to the ER physicians and the Gynecology team and transferred the patients care. [MD #1 accompanied Pt #1 in the ambulance for transfer] The plan was for diagnostic laparoscopy to evaluate the extent of the injury" Pt #1 was transferred at 11:45 am, and the physician on duty (MD #1) left the facility at that time to accompany Pt #2.	iteni Surgical Center Elston Ave., Chicago, IL 60630 ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	D HHA
re facility on The operative the cervix on in the left th possible uterusUpon laceration, an led for transport 34, the Family re informed of remained stable remained stable on arrival to ned inted the patient necology team [MD #1] ance for ostic ot of the at 11:45 am, f1) left the y Pt #2.		□ HMO □
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NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

BY_30195_ (Surveyor)

(Provider's Representative)

DATE OF SURVEY _1/5/15_

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NOTE: IF PLV. INDICATE DATE OF PRIOR SURVEY	DATE OF SURVEY 1/5/15	Section 205.320 (cont'd)	NAME AND ADDRESS Albuny Medical Surgical Center OF FACILITY 5086 North Elston Ave., Chicago LIST RULE ENTER SUMMAR VIOLATED WHAT IS WRONG
	S0108 A8	2. On 1/5/15 at approximately 10:00 am, the clinical records were reviewed for the 14 patients admitted to the facility on 12/20/14 for surgical procedures. 3 of the 14 clinical records included that these patients were in the postoperative recovery room at the time the physician was not present in the facility. The times are as follows: -Pt #13 was a 24 year old female admitted to the facility on 12/20/14 for a D & E. Pt #13 was in recovery from 9:06 am - 12:15 pm. -Pt #14 was a 24 year old female admitted to the facility on 12/20/14 for a D & E. Pt #14was in recovery from 10:46 am - 12:51 pm. -Pt #15 was a 28 year old female admitted to the	Albany Medical Surgical Center 5086 North Elston Ave., Chicago, IL 60630 ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG
(Provider's Representative)			PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED
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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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NAME AND ADDRESS Albany Medical Surgical Center OF FACILITY 5086 North Elston Ave., Chicago, IL 60630	cal Center a., Chicago, IL 60630				
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Section 205.320 facility (cont'd)	facility on 12/20/14 for a D & E. Pt #15 was in recovery from 11:43 am - 1:10 pm.	. E. Pt #15 was in 0 pm.			
3. On 1 intervious facility transfer complication doing the facility hospita MD #3 the facility physicile	3. On 12/30/14 at approximately 10:00 am, an interview was conducted with the Medical Director (MD #3). MD #3 stated that the facility's practice is that when a patient is transferred to the hospital because of a complication during surgery, the physician doing the surgery accompanies the patient to the hospital in the ambulance. The surveyor asked MD #3 who was responsible for the patients at the facility in recovery during the time the physician was accompanying a patient to the hospital. MD #3 stated that there was always a registered nurse (RN), a nurse practitioner (NP) or physician's assistant (PA), and a certified	ely 10:00 am, an the Medical ted that the 1 a patient is ause of a the physician as the patient to the e surveyor asked for the patients at the time the a patient to the ere was always a practitioner (NP) and a certified			

DATE OF SURVEY_1/5/15_

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BY_30195_ (Surveyor)

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NAME AND ADDRESS Albany Medical Surgical Center OF FACILITY 5086 North Elston Ave., Chicago	Albany Medical S	Albany Medical Surgical Center 5086 North Eiston Ave., Chicago, IL 60630				
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Section 205.320 (cont'd)	faci pati phy his/	facility to be responsible for the care of the patients at the facility. MD #3 stated the physician was always available by phone during his/her absence from the facility.	te care of the stated the e by phone during ty.			
	4. Trevitran sung phys prac sche cover facil	4. The physician and staff schedules were reviewed for the dates of the 12 patient transfers. The schedules for each day on which surgeries were performed included one physician, one CRNA, and one advanced practice nurse or physician's assistant. The schedules did not include a physician on call to cover in case the physician needs to leave the facility if a patient is transferred.	edules were 2 patient 2 patient 1 patient 1 patient 2 pa			
	5. O inter Adn Adn (MI pati)	5. On 1/5/15 at approximately 8:45 am, an interview was conducted with the Facility Administrator (E #2). E # stated that a physician (MD #4) is called to come to the facility when a patient is being transferred to assume care of the patients in recovery and continue the surgeries as scheduled. The physician does not leave the	8:45 am, an the Facility ad that a physician he facility when a assume care of the nue the surgeries ses not leave the		ega myong garana papan	
DATE OF SURVEY 1/5/15		BA 30102	30195			
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F FACILITY	Albany Medical Surgical Center 5086 North Elston Ave., Chicago, IL 60630	l Center Chicago, IL 60630				
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Section 205.320 (cont'd)	MD #4 is requested required all times recovery call sche be transfinot have physician physician #2 stated available duty) left transfer there weil physician physician physician physician there weil physician physician physician was series at the series weil physician physician physician physician physician series weil physician requirements and the series was series at the seri	MD #4 is present at the facility. The surveyor requested the facility's policy or procedure that required a physician's presence at the facility at all times when patients are in surgery or recovery and documentation of the physician on call schedule to cover when a patient needs to be transferred. E #2 stated that the facility does not have a policy or documentation that a physician is available to cover should the physician on duty need to leave the facility. E #2 stated that on 12/20/14, MD #4 was not available, and MD #1 (the physician/surgeon on duty) left the facility to accompany Pt #2 during transfer to the hospital at 11:45 am. At this time there were three patients in recovery with no physician present at the facility.	ity. The surveyor y or procedure that ace at the facility at a surgery or of the physician on a patient needs to at the facility does at the facility does at the facility. E ar should the ar should the live the facility. E ID #4 was not a hysician/surgeon on a pany Pt #2 during 45 am. At this time ecovery with no lity.			
ATE OF SURVEY_1/5/15	5/15	ВУ	BY 30195		(Provider's Despesant	phys)
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DATE OF SURVEY_1/5/15	Section 205.620	NAME AND ADDRESS Albany Medical Surgical Center OF FACILITY 5086 North Elston Avc., Chicage LIST RULE ENTER SUMMAR VIOLATED WHAT IS WRON	[1] >>
ВУ	(a) Each ambulatory surgical treatment center shall collect, compile and maintain the following clinical statistical data at the facility to be made available to the Department during a survey or inspection(3) the number and type of complications reported, including the specific procedure associated with each complication; (4) the number of patients requiring transfer to a licensed hospital for treatment of complications. List the procedure performed and the complication that prompted each transfer (b) This clinical statistical data shall be collected and maintained quarterly, with reports completed no later than January 31, April 30, July 31 and October 31 for the preceding quarter. This requirement is not met as evidenced by:	Albany Medical Surgical Center 5086 North Elston Ave., Chicago, IL 60630 ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	E ASTC HHA
BY 30195 (Surveyor)	treatment center tintain the lata at the facility bepartment during a number and type cluding the specific ch complication; quiring transfer to a at of complications. I and the sach transfer ta shall be arterly, with reports ary 31, April 30, he preceding	 	OMH D
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NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY					Section 205.620 (cont'd)	NAME AND ADDRESS Albuny M OF FACILITY 5086 Nort LIST RULE VIOLATED
BY 30195 (Surveyor)	2. During an interview with the Facility Administrator (E #2) on 1/5/15 at approximately 10:00 am, E #2 stated that the	2. On 12/29/14 at approximately 9:30 am, the list of patients transferred from the facility to a hospital from 01/2014 – 09/30/14 was reviewed and included 7 patients.	1. The statistical data collected quarterly by the facility was reviewed for the first 3 quarters of 2014 and included "0" patient transfers to a hospital.	Findings include:	Based on document review and interview, it was determined for 1 of 1 (E #2) Facility Administrators, the facility failed to ensure the quarterly clinical statistical data reports included the number of patients who were transferred to a hospital.	Albany Medical Surgical Center 5086 North Elston Ave., Chicago, IL 60630 ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG
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MAME AND ADDRESS. Albany Medical Surgical Center PERCILITY SORE North Elson, Ara, Chicago, LL 60630 WHAT IS WINDARD OF REQUIREMENT AND SPECIFICALLY VIOLATED Section 205.620 data was compiled by an outside company, and the facility was not able to enter the specific transfer data into the spreadsheet format used by that company. E #2 stated this would have to be done manually but had not been entered for the last four years. SATE OF SURVEY_1/5/15 BY_30195 [Freview's Regressent]
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