

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER <i>7002140</i>	SURVEYOR ID 30461	(X3) DATE SURVEY COMPLETED 8/9/2016
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NAME OF FACILITY Advantage Health Care	STREET ADDRESS, CITY, STATE, ZIP CODE 203 E Irving Park Rd, Wood Dale IL 60191
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(X4) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A000	An Annual Licensure Survey was completed at Advantage Health Care on 8/9/2016. The Facility was found to be in compliance with Illinois Administrative Code: Title 77, Chapter 1, Subpart b: Hospital and Ambulatory Care Facilities Part 205 Ambulatory Surgical Treatment Center Licensing Requirements			

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE	TITLE	DATE
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 7002140	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING B. Wing	DATE OF REVISIT 5/9/2017
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NAME OF FACILITY ADVANTAGE HEALTH CARE LTD	STREET ADDRESS, CITY, STATE, ZIP CODE 203 EAST IRVING WOOD DALE, IL 60191
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix L0029 Reg. # 38.2.1/39.3.2 LSC	Correction Completed 05/09/2017	ID Prefix L0046 Reg. # 20.2.9.1/21.2.9.1 LSC	Correction Completed 05/09/2017	ID Prefix L0051 Reg. # 20.3.4/21.3.2 LSC	Correction Completed 05/09/2017
ID Prefix L0130 Reg. # as indicated LSC	Correction Completed 05/09/2017	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 2/28/2017	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED R 05/09/2017
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NAME OF PROVIDER OR SUPPLIER ADVANTAGE HEALTH CARE LTD	STREET ADDRESS, CITY, STATE, ZIP CODE 203 EAST IRVING WOOD DALE, IL 60191
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{L 000}	<p>Initial Comments</p> <p>On February 28, 2017, the Life Safety Code portion of a State Licensure Survey was conducted at the above facility. The surveyor was accompanied during the survey walk-through by the following provider representatives:</p> <p style="padding-left: 40px;">The Chief of Operations (CO). The Administrator (A).</p> <p>The facility was observed to be the sole tenant in a single story building of Type II (000) construction. The building was observed to be partially covered by an automatic sprinkler system, in selected hazardous areas only.</p> <p>The facility was surveyed as an existing ambulatory health care occupancy under the 2000 Edition of the NFPA 101 Life Safety Code, including Chapter 21.</p> <p>Unless otherwise noted, those code sections listed herein that do not include a reference to a specific NFPA code and year of issue (such as NFPA 70 2010) are taken from the 2012 Edition of the NFPA 101 Life Safety Code.</p> <p>Unless otherwise noted, all deficiencies cited herein were found through observation during the survey walk-through, staff interview, or document review.</p> <p>The requirements of the Ambulatory Surgical Treatment Center Licensing Requirements (77 Illinois Administrative Code 205) are NOT MET as evidenced by the deficiencies cited under the following K-Tags.</p> <p>On May 9, 2017, the monitoring survey for the Life Safety Code portion of a State Licensure</p>	{L 000}		

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7002140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED R 05/09/2017	
NAME OF PROVIDER OR SUPPLIER ADVANTAGE HEALTH CARE LTD		STREET ADDRESS, CITY, STATE, ZIP CODE 203 EAST IRVING WOOD DALE, IL 60191		
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{L 000}	Continued From page 1 Survey was conducted at the above facility. The requirements of the Ambulatory Surgical Treatment Center Licensing Requirements (77 Illinois Administrative Code 205) are NOW MET	{L 000}		

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L 000	<p>Initial Comments</p> <p>On February 28, 2017, the Life Safety Code portion of a State Licensure Survey was conducted at the above facility. The surveyor was accompanied during the survey walk-through by the following provider representatives:</p> <p style="padding-left: 40px;">The Chief of Operations (CO). The Administrator (A).</p> <p>The facility was observed to be the sole tenant in a single story building of Type II (000) construction. The building was observed to be partially covered by an automatic sprinkler system, in selected hazardous areas only.</p> <p>The facility was surveyed as an existing ambulatory health care occupancy under the 2000 Edition of the NFPA 101 Life Safety Code, including Chapter 21.</p> <p>Unless otherwise noted, those code sections listed herein that do not include a reference to a specific NFPA code and year of issue (such as NFPA 70 2010) are taken from the 2012 Edition of the NFPA 101 Life Safety Code.</p> <p>Unless otherwise noted, all deficiencies cited herein were found through observation during the survey walk-through, staff interview, or document review.</p> <p>The requirements of the Ambulatory Surgical Treatment Center Licensing Requirements (77 Illinois Administrative Code 205) are NOT MET as evidenced by the deficiencies cited under the following K-Tags.</p>	L 000		
L 029	38.2.1/39.3.2 HAZARDOUS AREAS	L 029		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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L 029	<p>Continued From page 1</p> <p>39.3.2.1 Hazardous Areas: Hazardous areas that include, but are not limited to general storage, boiler or furnace rooms, and maintenance shops shall be protected in accordance with Section 8.4.</p> <p>High hazard areas shall comply with 39.3.2.2.</p> <p>This Regulation is not met as evidenced by: Based on observation during the survey walk-through, not all hazardous areas are protected as required. These deficiencies could affect any patients, staff, or visitors in the building because fire could spread to other parts of the building.</p> <p>Findings include:</p> <p>On February 28, 2017 at 8:56 AM, while accompanied by the CO, the following deficiencies were observed at the (unsprinklered) Medical Records Room as prohibited by 21.3.2 and 39.3.2.1:</p> <p>A. The enclosure walls were observed to not extend to the underside of the deck above.</p> <p>B. The door to the room was observed to not carry a minimum 3/4 fire resistance rating as required by 8.2.3.2.3.1(2).</p> <p>C. The door to the room was observed to be held open by an unapproved device (a basket) as prohibited by 8.2.3.2.3.1(2).</p>	L 029		
L 046	<p>20.2.9.1/21.2.9.1 Emergency Illumination</p> <p>Emergency lighting shall be provided in</p>	L 046		

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L 046 Continued From page 2
accordance with 7.9 and 21.2.9.2.
This Regulation is not met as evidenced by:
Based on observation during the survey walk-through, not all emergency lights are installed and maintained as required. These deficiencies could affect any patients, staff, or visitors in the facility because the required egress path may not be illuminated under emergency conditions.

Findings include:

On February 28, 2017, while accompanied by the CO, exterior exit doors were observed that are not equipped with battery-powered emergency lights required by 7.8.1.1. Locations observed include:

A. 9:09 AM: East exit door.

B. 9:11 AM: South exit door (main entry).

L 046

L 051 20.3.4/21.3.2 FIRE ALARM SYSTEM

A manual fire alarm system, not a pre-signal type, is provided to automatically warn the building occupants. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4 and 21.3.4
This Regulation is not met as evidenced by:
Based on observation during the survey walk-through, not all portions of the facility fire alarm system are installed as required. These deficiencies could affect any patients, staff, or visitors in the building because the fire alarm system could fail to operate properly under emergency conditions.

L 051

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L 051	<p>Continued From page 3</p> <p>Findings include:</p> <p>A. On February 28, 2017, while accompanied by the CO, smoke detectors were observed that are located within 3'-0" of supply air diffusers as prohibited by NFPA 72 1999 2-3.5.1. Locations observed include:</p> <ol style="list-style-type: none"> 1. 8:38 AM: Corridor adjacent to Specimen Lab. 2. 8:50 AM: Specimen Lab. 3. 9:12 AM: Lobby/Reception Area (adjacent to door to Vestibule). <p>B. On February 28, 2017 at 9:05 AM, while accompanied by the CO, the following deficiencies were observed at Electrical Panel 1B located in the Specimen Lab, all as prohibited by NFPA 72 199 1-5.2.5.2:</p> <ol style="list-style-type: none"> 1. Circuit 23, which was identified as serving the fire alarm system, was observed to lack a mechanical lock-on device. 2. Circuit 39, which is not indicated on the Fire Alarm Control Panel as providing power to it, was observed to be labeled "Fire Alarm." 	L 051		
L 130	<p>as indicated OTHER REFERENCED REQUIREMENTS</p> <p>Other Referenced Requirements:</p> <p>NFPA 70 - 2002 NFPA 13 -1999 NFPA 25 - 1998</p>	L 130		

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L 130	<p>Continued From page 4</p> <p>Illinois State Plumbing Code Illinois Accessibility Code</p> <p>As Indicate below: This Regulation is not met as evidenced by: Based on observation during the survey walk-through, not all portions of the facility's automatic sprinkler system are installed or maintained as required. This deficiency could affect any patients, staff, or visitors in the building because the sprinkler system could fail to operate properly under fire conditions.</p> <p>Findings include:</p> <p>On February 28, 2017 at 8:49 AM, while accompanied by the CO, the sprinkler head in the Medical Gas Storage Room was observed to lack an escutcheon required by NFPA 25 1998 2-4.1.8.</p>	L 130		
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