

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7000789	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING: _____	(X3) DATE SURVEY COMPLETED 08/28/2013
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NAME OF PROVIDER OR SUPPLIER ALBANY MEDICAL SURGICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5086 NORTH ELSTON AVENUE CHICAGO, IL 60630
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L 000	<p>Initial Comments</p> <p>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.</p> <p>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.</p> <p>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 Administrative Code 205, Ambulatory Surgical Treatment Center Licensing Requirements. The adjacent Business occupancy was surveyed as an Existing Business Occupancy under the 2000 Edition of the NFPA 101 Life Safety Code, including Chapter 39.</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 1999) are taken from the 2000 Edition of the NFPA 101 Life Safety Code.</p>	L 000		

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

TITLE

(X6) DATE



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L 000	Continued From page 1 Unless otherwise noted, all deficiencies cited herein were found through random observation during the survey walk-through, staff interview, or document review. The Licensing requirements are NOT MET as evidenced by the deficiencies cited under the following L-Tags.	L 000		
L 012	20.1.6.1/21.1.6.1 Construction Type 21.1.6 Minimum Construction Requirements 21.1.6.2 Buildings of one story in height housing ambulatory health care facilities shall be of any construction type in accordance with NFPA 220. 21.1.6.3 Buildings two or more stories in height..... shall be Type I, Type II (222), Type II (111), Type III (211) Type IV (2HH), or Type V (111) construction. Exception: Buildings of unprotected construction (000), if protected throughout by an approved supervised automatic sprinkler system. This Regulation is not met as evidenced by: The building housing certain ASTC required functional spaces is not of an acceptable construction type to comply with 21.1.6.3. Findings include: A. The ASTC surgical area is located within the one-story with a basement portion of the building which is of minimum Type II (000) construction type as permitted under 21.1.6.2. However, the two-story Business occupancy building houses	L 012		

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L 012	Continued From page 2 multiple ASTC required functional spaces (see L130). Although the one-story with a basement building was reviewed as the ASTC occupancy and the two-story building was reviewed only as a Business occupancy, it provides required functional spaces for the ASTC occupancy. Not all required functional spaces in the Business occupancy building are permitted to be outside the ASTC occupancy as outlined under IL Administrative Code 205.1350. Therefore, the entire facility must be considered the ASTC occupancy and be of a permitted construction type. The Business occupancy building is determined to be Type III (200) construction type and not provided with a sprinkler system to comply with 21.1.6.3 Exception.	L 012		
L 020	20.3.1/21.3.1, 38.3.1/39.3.1 VERTICAL OPENINGS, SHAFTS, STAIRS Vertical openings such as stairways, elevator shaftways, escalators, HVAC shafts and building service shaftways are enclosed in accordance with Section 8.2.5. (Note: Some exceptions are permitted in 38.3.1.1 and 39.3.1.1) 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: A. 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	L 020		

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L 020	Continued From page 3 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. B. Refer to L032 deficiencies regarding enclosure of exit stairs relative to protection of vertical openings.	L 020		
L 029	38.2.1/39.3.2 HAZARDOUS AREAS 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. High hazard areas shall comply with 39.3.2.2. This Regulation is not met as evidenced by: Hazardous areas are not protected to comply with NFPA 101-2000, 21.3.2, 39.3.2, and 8.4. A. The Men's and Women's Locker rooms for the ASTC are located in the basement and accessed through the general storage area. The location and arrangement does not comply with the requirements of 21.3.2, 39.3.2, and 8.4 relative to the separation of hazardous storage areas. Access and exiting from the Locker rooms does not comply with 7.5.1.7 relative to movement through the hazardous storage area. B. Three of three Storage rooms on the second floor of the Business occupancy used for the storage of boxes of file records are not protected as hazardous areas in accordance with 39.3.2.1	L 029		

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L 029	Continued From page 4 and 8.4.1.1. The building is not sprinklered nor is 1-hour enclosure provided, including at ceilings and doors. 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 and doors. The door was labeled as fire rated but installed in a non-rated wood frame. The door also had a ventilation louver which does not comply with the requirements for the fire label.	L 029		
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. 1. The exit stair from the basement which leads only to the exterior is not separated from the interior Storage/workshop area by fire rated construction to comply with 7.1.3.2.1(a) and 7.1.3.2.1(c). The door with window and wood frame is not minimum 1-hour rated and the door is not self-closing.	L 032		

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L 032	Continued From page 5 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. 3. The exit stair from the basement which leads only to the exterior was observed to have a clothes dryer exhaust vent running through the stair enclosure in non-compliance with 7.1.3.2.1(e). 4. The exit stair from the basement which leads only to the exterior was observed to lack at least one handrail (when considered an existing stair as permitted under 7.2.2.4.2 exception no. 3). Handrails at both sides of the stair are required for new construction to comply with 7.2.2.4.2. 5. The exit stair from the basement which leads only to the exterior was observed to have the exterior door at the top of the stair equipped with a slide bolt lock in addition to panic hardware in non-compliance with 7.2.1.5.4 and 7.2.1.5.6. 6. 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 a door at the basement level which was not self-closing to a latched condition. The frame lacked a strike plate and the door could not be confirmed to be minimum 1-hour rated because the label was painted.	L 032		

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L 032	<p>Continued From page 6</p> <p>7. 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 a door at the main level from the ASTC OR/Recovery area which was not self-closing to a latched condition.</p> <p>8. 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 a permanently installed hinged wooden ramp along one side of the stair in non-compliance with 7.1.3.2.3.</p> <p>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).</p> <p>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.</p> <p>B. The Business occupancy means of egress Stair from the second floor level is not in accordance with 7.2.2.5 relative to enclosure and 7.1.3.2.1 relative to separation.</p>	L 032		

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L 032	Continued From page 7 1. 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 is not separated with 1-hour rated construction to comply with 7.1.3.2.1(a) and 7.1.3.2.1(c). The ceiling at the second floor is suspended acoustical tile open to the underside of the wood frame roof system and adjacent spaces. The door at the second floor is labeled, but is in a wood frame and has a non-rated window cut into the door. The door did not self-close to a latched 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. 3. 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 metal access panel at the ceiling of the discharge level which could not be confirmed to be fire rated to comply with 7.1.3.2.1(a). 4. The exit stair in the Business occupancy which serves as the discharge for the ASTC stair from the basement and leads through an exit passageway space which leads to the exterior	L 032		

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L 032	<p>Continued From page 8</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>1. The door and path thereto is obstructed by chairs in non-compliance with 7.1.10.2.1.</p> <p>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.</p> <p>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.</p>	L 032		

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L 046	<p>20.2.9.1/21.2.9.1 Emergency Illumination</p> <p>Emergency lighting shall be provided in accordance with 7.9 and 21.2.9.2. This Regulation is not met as evidenced by: Emergency lighting is not provided in accordance with 21.2.9.1 and 7.9. Findings include:</p> <p>A. The facility utilizes a generator system for emergency power and battery powered emergency lighting. A checklist is provided that documents that checking of the battery powered system(s) is done on a monthly basis. However, no information is available as a written policy to describe what procedures are performed during the required monthly and annual inspection/testing of the battery powered emergency lighting system to comply with 7.9.3.</p> <p>1. Battery powered emergency lighting system could not be confirmed to be tested every 30 days for a duration of 30 seconds. Testing of lamps could not be determined from the testing documentation because a list of lighting locations observed was not available or recorded.</p> <p>2. Battery powered systems are not 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.</p> <p>3. Upon random testing of the battery powered emergency lighting, fixtures failed to operate at OR II and at the Business occupancy stair from the second floor.</p> <p>B. Illumination of the means of egress is not provided in accordance with 21.2.8 and 7.8. The</p>	L 046		

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L 046	Continued From page 10 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. 2. No lighting is provided at the designated exterior exit door near the waiting room stair to comply with 7.8.1.4 and 7.9.2.1. 3. Lighting provided at the exterior exit door from the interior stair/exit passageway from the second floor could not be confirmed to be of instant-on type (fluorescent, incandescent, quartz, LED, halogen) and to be connected to the emergency generator to comply with 7.9.1.2 and 7.9.2.1. This lighting could not be determined to adequately illuminate the main waiting room entry door (if this door becomes the required exit).	L 046		
L 048	21.7.1, 4.6.10.1 Written Fire Plan, &/or Interim Measures There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. A simple floor plan, showing the evacuation routes, is posted in prominent locations on all floors. 31.4.1.1 This Regulation is not met as evidenced by: The written Fire & Emergency Policy &	L 048		

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L 048	Continued From page 11 Procedures for the facility are not in accordance with 21.7.1.1. Findings include: A. The Fire Safety Policy #7.2, Title Fire Response Plan (specific to Elston location only) last revision 12/1/06 notes that fire alarm notification system is activated by: manual pulls, fire sprinkler system, and Heat and/or smoke detection devices. The Elston location is not provided with sprinkler protection.	L 048		
L 050	21.7.1.2 FIRE DRILLS Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift, using the fire alarm system, except at night. The staff is familiar with procedures and is aware that drills are part of established routine. 21.7.1.2 This Regulation is not met as evidenced by: Fire drills are not conducted to comply with NFPA 101-2000, 21.7.1 and 21.7.2. Findings include: A. Fire Drill records do not document that alarm signals are functional to verify that the signal has been transmitted to the monitoring agency and/or fire department to comply with 21.7.2.1. Response documents do not indicate that transmission of the signal to the monitoring agency was verified to be received during the fire alarm system activation. B. The Fire Drill for the first quarter conducted on 3/20/13 was not determined to qualify with required training procedures because response documentation was not fully completed.	L 050		

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L 051	Continued From page 12	L 051		
L 051	<p>20.3.4/21.3.2 FIRE ALARM SYSTEM</p> <p>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</p> <p>This Regulation is not met as evidenced by: The fire alarm system is not maintained in accordance with 21.3.4.1, 9.6.1.4 and NFPA 72-1999.</p> <p>A. Semi-annual and annual testing of the fire alarm system components by a third party is not documented to be performed as required by NFPA 72-1999, 7-3.2. No testing documentation was available on-site for review at the time of the survey.</p>	L 051		
L 075	<p>Waste Receptacles 20.7.5.3, 21.7.5.5</p> <p>Soiled linen or trash collection receptacles do not exceed 32 gallons (121L) in capacity.</p> <p>Mobile soiled linen or trash collection receptacles with capacity greater than 32 gallons (121L) are located in a room protected as a hazardous area. 20.7.5.3, 21.7.5.5</p> <p>This Regulation is not met as evidenced by: Soiled linen and trash collection facilities are not in compliance with 21.7.5.5. Findings include:</p> <p>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</p>	L 075		

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NAME OF PROVIDER OR SUPPLIER ALBANY MEDICAL SURGICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5086 NORTH ELSTON AVENUE CHICAGO, IL 60630		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 075	Continued From page 13 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).	L 075		
L 106	Type I ESS 3.4.2.2, 3.4.2.1.4 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 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: A. The ASTC is permitted under its License to administer anesthesia and required by IL Administrative Code 205.1780 to have an emergency generator. Section 205.115 requires compliance with NFPA 99-1999 Health Care Facilities, NFPA 110-1999 Standard for Emergency and Standby Power Systems and NFPA 70-1999 National Electric Code. NFPA 99-1999, 3-4.2.2.1 and NFPA 70-1999, 517-45(c) Essential Electrical Systems for Ambulatory Health Care Centers requires compliance with 517-30 thru 517-35 for those areas classified as Critical Care. Critical Care is defined as those areas in which patients are intended to be subject to invasive procedures and where connected to	L 106		

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L 106	<p>Continued From page 14</p> <p>line-operated, patient-care-related electrical appliances.</p> <p>1. The generator is not provided with a remote manual stop to comply with NFPA 110-1999, 3-5.5.6.</p> <p>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.</p> <p>3. The generator was not observed to be provided with a remote alarm annunciator panel 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:</p> <ul style="list-style-type: none"> a. Overcrank (fail to start) 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 <p>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 existence of a separate Emergency Power Supply shut-off valve.</p>	L 106		

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L 106	Continued From page 15 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). 4. Available existing emergency receptacles are not provided with labels to identify the panel and circuit from which they are fed to comply with NFPA 99-1999, 3-4.2.2.4 and NFPA 70-1999, 517 -19 & 517-33(c).	L 106		
L 130	as indicated OTHER REFERENCED REQUIREMENTS Other Referenced Requirements: NFPA 70 - 2002 NFPA 13 -1999 NFPA 25 - 1998 Illinois State Plumbing Code Illinois Accessibility Code	L 130		

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L 130	<p>Continued From page 16</p> <p>As Indicate below: This Regulation is not met as evidenced by: Based on random observation during the survey walk-through, document review, and staff interview, the facility is not in compliance with a series of Life Safety and other code requirements that are not documented under other L-Tags. Findings include:</p> <p>A. Due to the number, variety, and severity of the life safety deficiencies observed during the survey walk-through, the provider shall institute appropriate interim life safety measures until all cited deficiencies are corrected. The provider shall include, as an attachment to its Plan of Correction (PoC) and referenced therein, a detailed narrative and proposed schedule for all such measures. The narrative shall describe all measures to be implemented, as well as the frequency with which they are to be conducted, and shall indicate the manner in which the measures are to be documented. The narrative shall also include comments related to changes in the interim life safety measures to remain in place as work toward the completion of its PoC progresses.</p> <p>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.</p> <p>C. The ASTC Locker rooms located in the</p>	L 130		

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L 130	<p>Continued From page 17</p> <p>basement which are accessed through the storage room area are not provided in accordance with IL Administrative Code 205.1370(k).</p> <p>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.</p> <p>2. A lounge for the exclusive use of the personnel working within the surgical area does not appear to be provided.</p> <p>3. The one-way flow for staff entering the surgical area through the locker rooms is not provided. Staff entering the surgical area must traverse the stair, proceed through the general storage area of the basement (deemed to be a hazardous area), enter the locker rooms to change/gown, and reverse direction and follow the same path through the general storage area of the basement and proceed up the stairs to enter the surgical area. The stair provides the only interior access to the basement storage room which allows co-mingling of both gowned and ungowned personnel.</p> <p>D. The ASTC surgical area is not provided with a minimum 8'-0" wide corridor for transport of stretcher borne patients to an exit to comply with IL Administrative Code 205.1400(a)1.</p> <p>E. The doors providing access to the OR/Procedure rooms and the Stage I Recovery room needing access for stretchers were not confirmed to be minimum 3'-8" width to comply with IL Administrative Code 205.1400(b)3.</p>	L 130		

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L 130	<p>Continued From page 18</p> <p>F. The Recovery rooms (Stage I & Stage II) are not provided with toilet facilities within the recovery rooms to comply with IL Administrative Code 205.1360(d)3. A toilet room is provided within the surgical environment but movement through the general circulation hall is required.</p> <p>G. Change areas for patients in accordance with IL Administrative Code 205.1370(l) are not provided within the ASTC occupancy. Changing areas outside the ASTC occupancy in the adjacent Business occupancy appear to be available and utilized.</p> <p>H. Interview spaces for private interviews relating to social services, credit, and admissions is not provided within the ASTC occupancy to comply with IL Administrative Code 205.1350(d). Interview areas outside the ASTC occupancy in the adjacent Business occupancy appear to be available and utilized.</p> <p>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.</p> <p>J. A control station located to permit visual surveillance of all traffic that enters the semi-restricted surgical environment (ASTC occupancy) to comply with in accordance with IL Administrative Code 205.1370(a) does not appear to be provided.</p> <p>K. The 'Central Supply' room believed to provide the support services for the surgical area Soiled Workroom required by IL Administrative Code 205.1370(e) & (f) appeared to be located outside</p>	L 130		

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L 130	Continued From page 19 the ASTC occupancy in the Business occupancy portion of the building.	L 130		
L 144	Generator Testing 3.4.4.1, NFPA 110, 8.4.2 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1, NFPA 110, 8.4.2 This Regulation is not met as evidenced by: The emergency generator system is not inspected and tested in accordance with NFPA 99-1999, 4.3.3.1 and NFPA 110-1999, 6.4.2. Findings include: A. The facility is provided with a roof mounted natural gas fired generator system indicated to be new in 2001. The system is indicated to be 35 KW, 120/240v, single phase power. 1. The generator system weekly and monthly testing does not appear to indicate tabulation of load values for each run of the generator. Generator logs indicate "0" for all amp load tabulations. It could not be determined that loads are actually applied to the generator system. 2. Documentation indicates that the transfer time for emergency power was 30-45 seconds, thus not within the maximum 10 seconds permitted by IL Administrative Code 205.1780 and NFPA 99-1999, 3-4.4.1.1(a). 3. The starting battery is not documented to be maintained in accordance with NFPA 99-1999,	L 144		

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L 144	Continued From page 20 3-4.4.1.3 and NFPA 110-1999, 6-3.6. If the generator is provided with a 'maintenance free' battery which precludes the checking of the electrolyte levels and specific gravity testing on a weekly basis, conductance testing of the 'maintenance free' battery is not otherwise documented (as permitted under NFPA 110-2005, 8.3.7.1).	L 144		
L 145	Type 1 EES 3.4.2.2.2 The Type I EES is divided into the critical branch, life safety branch and the emergency system in accordance with NFPA 99. 3.4.2.2.2 This Regulation is not met as evidenced by: The ASTC Essential Electrical System is not installed as a Type I system in conformance with Licensing Requirements, NFPA 110, NFPA 99 and NFPA 70. Findings include: A. The ASTC is permitted under its License to administer anesthesia and required by IL Administrative Code 205.1780 to have an emergency generator. Section 205.115 requires compliance with NFPA 99-1999 Health Care Facilities and NFPA 70-1999 National Electric Code. NFPA 99-1999, 3-4.2.2.1 and NFPA 70-1999, 517-45(c) Essential Electrical Systems for Ambulatory Health Care Centers requires compliance with 517-30 thru 517-35. NFPA 99-1999, 3-4.2.2.1 and NFPA 70-1999, 517-30(b)2 require the generating system to be comprised of a Life Safety branch and a Critical branch. The installed system did not appear to be arranged to provide power from two separate branches because only a single "emergency" panel was observed with mixed loads required to be on	L 145		

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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.	L 145		