

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005623</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/08/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>LYDIA HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>13901 SOUTH LYDIA ROBBINS, IL 60472</b>		
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Z 000	COMMENTS  Complaint Survey 11 93308/IL 55016	Z 000		
Z9999	FINDINGS  FINAL OBSERVATIONS  LICENSURE FINDINGS  Skilled Nursing and Intermediate Care Facilities Code, 77 Illinois Administrative Code 300.  300.340a)1)E)i - xi) 300.670c)1-3) 300.3020 b)  Section 300.340 Incorporated and Referenced Materials  a) The following regulations and standards are incorporated in this Part: 1) Private and professional association standards: E) For existing facilities (see Subpart O), National Fire Protection Association (NFPA) Standard No. 101: Life Safety Code, Appendix B (1981) and the following additional standards, which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169: i) No. 10 (1978): Standards for Portable Extinguishers ii) No. 13 (1980): Standards for the Installation of Sprinkler Systems iii) No. 54 (1999): National Fuel Gas Code iv) No. 56F (1977): Standards for Non-Flammable Medical Gas Systems v) No. 70 (1981): National Electric Code vi) No. 90A (1999): Standard for the Installation of Air Conditioning and Ventilating Systems	Z9999		

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TITLE

(X6) DATE

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

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Z9999	Continued From page 1  vii) No. 96 (1998): Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations viii) No. 220 (1979): Standard Types of Building Construction ix) No. 253 (1978): Flooring Radiant Heat Energy Test x) No. 255 (1972): Test of Surface Burning Characteristics of Building Materials xi) Appendix C (1981): Fire Safety Evaluation System for Health Occupancies  Section 300.670 Disaster Preparedness  c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and 3) Evaluate the effectiveness of disaster plans and procedures.  Section 300.3020 Codes and Standards  a) Nothing stated herein shall relieve the sponsor from compliance with building codes, ordinances and regulations which are enforced by city, county or other local jurisdictions.  b) The 1981 Edition of the National Fire Protection Association (NFPA) Standard No. 101, Life Safety Code for existing structures and all appropriate references under Appendix "B" of that Code, but no subsequently amended edition of the Code, shall apply to and become a part of	Z9999		

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Z9999	Continued From page 2 these standards.  These requirements were not met as evidenced by:  Based on observation, document review and interview, the facility failed to:  1) Building construction type and height meets one the following: 13-1.6.2, 13-1.6.3,13-1.6.4, 13-3.5.1 of NFPA 101, 1981 Edition. Based on observation and interview the facility failed to maintain an acceptable construction rating for the height of the structure. This deficient practice could affect all residents and an indeterminable number of staff and visitors in the event of a fire. Findings include: Based on observation during a facility tour on 11-1-11 these surveyors and E3 observed that the stairwell roof is not rated for a fire resistive construction type; the ceiling/roof in the south stairwell is constructed of exposed steel beams and corrugated metal decking. (11:05 am) Interview with E3 at time of observation confirmed the findings.  2) Doors in fire separation walls, hazardous area enclosures, stairway enclosures, horizontal exits, or smoke partitions may be held open only be devices arranged to automatically close the doors upon activation of the required manual alarm system and at least one of the following: (a) local smoke detectors designed to detect smoke passing through the opening, or (b) a complete approved automatic sprinkler system or (c) a complete automatic fire detection system 13-2.11.5. of NFPA 101, 1981 Edition. Based on observation and interview the facility failed to maintain stairways as required. This	Z9999			

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Z9999	<p>Continued From page 3</p> <p>deficient practice could affect all residents and an indeterminable number of staff and visitors in the event of a fire.</p> <p>Findings include:</p> <p>Based on observation during a facility tour on 11-1-11 these surveyors and E3 observed that the stairway doors were held open inappropriately: in the North stairway the 7th floor stairway door to the corridor was held open with a chair (11:20 am) and on the first floor the stairway door to the corridor sticks to the floor in the open position therefore the floor is wedging the door open (11:30 am). Interview with E3 at time of observation confirmed the findings.</p> <p>3) Smoke barriers are constructed to provide at least a half hour fire resistance rating. (wired glass panels are not limited in size). 13-3.7.3, 13-3.7.5, 13-1.6.5 of NFPA 101, 1981 Edition.</p> <p>Based on observation and interview the facility failed to maintain acceptable smoke barriers. This deficient practice could affect all residents on this floor and an indeterminable number of staff and visitors in the event of a fire.</p> <p>Findings include:</p> <p>Based on observation during a facility tour on 11-1-11 these surveyors and E3 observed that the smoke barrier wall on the 6th floor has holes around piping and cables that penetrate the wall. (10:55 pm) Interview with E3 at time of observation confirmed the findings.</p> <p>4) Doors in smoke barriers have at least a 20-minute fire protection rating or are at least 1 3/4 inch thick solid bonded wood core swinging</p>	Z9999			

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Z9999	<p>Continued From page 4</p> <p>doors. (Neither latching or swing with exit travel is required.) 13-3.7.5 and 13-3.7.6 of NFPA 101, 1981 Edition.</p> <p>Based on observation and interview the facility failed to maintain smoke barrier doors as required. This deficient practice could affect all residents on this floor and an indeterminable number of staff and visitors in the event of a fire.</p> <p>Findings include:</p> <p>Based on observation during a facility tour on 11-1-11 these surveyors and E3 observed that the smoke barrier doors on the 6th floor when in the closed position have an undercut of 1 ¼ inches - undercuts are not allowed. Interview with E3 at time of observation confirmed the findings.</p> <p>5) Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with constructions having a fire-resistance rating of at least one hour. 13-3.1.1 of NFPA 101, 1981 Edition.</p> <p>Based on observation and interview the facility failed to maintain an acceptable stairway enclosure. This deficient practice could affect all residents and an indeterminable number of staff and visitors in the event of a fire.</p> <p>Findings include:</p> <p>Based on observation during a facility tour on 11-1-11 these surveyors and E3 observed that the stairway one hour fire rating was breached on the 6th floor: there are 2 holes in the wall above the door in the south stairway and the door and frame rating labels were painted over and</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>therefore not legible (11:05 am); and there are holes around conduit and piping in the north stairwell and the door and frame rating labels were painted over and therefore not legible (11:20 pm). Interview with E3 at time of observation confirmed the findings.</p> <p>6) Stairways are smokeproof towers used as exits are in accordance with Section 5-2. 13-2.2.2, 13-2.2.3 of NFPA 101, 1981 Edition.</p> <p>Based on observation and interview the facility failed to maintain an acceptable stairways. This deficient practice could affect all residents and an indeterminable number of staff and visitors in the event of a fire.</p> <p>Findings include:</p> <p>Based on observation during a facility tour on 11-1-11 these surveyors and E3 observed that the stairways handrails gaps are greater than the 6 inches allowed by code - +/- 12 inches observed in the north (11:05 am) and south (11:20 am) stairways. Interview with E3 at time of observation confirmed the findings.</p> <p>7) Exit access is so arranged that exits are readily accessible at all times. 5-5, 13-2.1 of NFPA 101, 1981 Edition.</p> <p>Based on observation and interview the facility failed to maintain accessible exits. This deficient practice could affect all residents and an indeterminable number of staff and visitors in the event of a fire.</p> <p>Findings include:</p> <p>Based on observation during a facility tour on</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>11-1-11 these surveyors and E3 observed that the exit doors to the exterior on the north side of the building have magnetic locking devices locking the doors which is not allowed by code. (11:30 am) Interview with E3 at time of observation confirmed the findings.</p> <p>8) 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, 31-4.2.5 of NFPA 101, 1981 Edition.</p> <p>Based on record review and interview the facility failed to provide/comply with a written emergency plan. This deficient practice could affect all residents and an indeterminable number of staff and visitors in the event of a fire.</p> <p>Findings include:</p> <p>Based on record review of the facility fire and evacuation policy on 11-1-11 at 1:00 pm:</p> <p>a) The facility did not evacuate the residents from the facility (due to the fire on 10-30-11) to one of the listed evacuation sites; per the facility " Statement Of Investigation " report dated 10-30 -11 the residents were evacuated to a different location.</p> <p>b) Per interview with E1, E3 and E4; the manual pull station was never activated as required per code and the facility " Fire Safety and Disaster Preparedness Plan " page DPP-13 " activate the fire alarm pull station nearest you " .</p> <p>c) Per interview with E1, E3 and E4; no one in the facility called 911 or the fire department to verify transmission of the fire alarm as required by code and per the facility policy " Fire Safety and Disaster Preparedness Plan " page DPP-15</p>	Z9999			

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Z9999	<p>Continued From page 7</p> <p>" when the fire alarm system in this facility is activated, it shall automatically notify the local fire department. Additionally, the switchboard operator shall contact the fire department by phone (911) to assure them that the alarm was sounded. "</p> <p>d) Per the " Fire Safety and Disaster Preparedness Plan " - page DPP-11 XXV. " In the event of a minor fire in which the fire alarm was not activated " - the code does recognize a "minor" fire - therefore all fire should be treated the same and the alarms activated. Interview with E3 at time of record review confirmed the findings.</p> <p>9) Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 31-4.1.3 of NFPA 101, 1981 Edition.</p> <p>Based on record review and interview the facility failed to provide fire drills per code. This deficient practice could affect all residents and an indeterminable number of staff and visitors in the event of a fire. Findings include: Based on review of the fire drill log on 11-11 at 1:00 pm the facility failed to:</p> <p>a) Provide a fire drill in the third quarter on the third shift.</p> <p>b) Provide fire drills documenting the transmission of the alarms to the fire department. Interview with E3 at time of record review confirmed the findings.</p>	Z9999		



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Z9999	<p>Continued From page 8</p> <p>10) All required smoke detectors, including those activating door hold open devices, are approved, maintained, inspected and tested in accordance with the manufacturer ' s specifications. 7-6.1.2 of NFPA 101, 1981 Edition.</p> <p>Based on record review and interview the facility failed to test smoke detectors as required. This deficient practice could affect all residents and an indeterminable number of staff and visitors in the event of a fire.</p> <p>Findings include:</p> <p>Based on review of the smoke detector testing logs on 11-1-11 at 1:00 pm: No documentation provide for semi-annual testing of the smoke detectors only annual testing. Interview with E3 at time of record review confirmed the findings.</p> <p>11) Patient sleeping rooms have an outside window or outside door which can be open form the inside. 13-3.8.1 of NFPA 101, 1981 Edition.</p> <p>Based on observation and interview the facility failed to provide openable windows. This deficient practice could affect all residents and an indeterminable number of staff and visitors in the event of a fire.</p> <p>Findings include:</p> <p>Based on observation during a facility tour on 11-1-11 these surveyors and E3 observed that the windows in resident room 612 and the corridor were covered with plywood due to the fire department breaking the windows - they are double hung windows which are screwed shut. (11:00 am) Interview with E3 at time of</p>	Z9999			

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Z9999	Continued From page 9 observation confirmed the findings.  12) Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 31-1.3.1, 31-1.3.2 of NFPA 101, 1981 Edition.  Based on observation and interview and record review the facility failed to maintain the sprinkler system as required. This deficient practice could affect all residents and an indeterminable number of staff and visitors in the event of a fire.  Findings include:  a) Based on observation during a facility tour on 11-1-11 these surveyors and E3 observed that there are painted sprinkler heads in the north (11:20 am) and south (11:05 am) stairwells. b) Based on review of the sprinkler maintenance log on 11-1-11 at 1:00 pm the facility failed to correct deficiencies noted on the outside contractor ' s test of 7-18-11 - numerous painted sprinkler heads.  Interview with E3 at time of observation and record review confirmed the findings.	Z9999			