#### STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING IL6005623 11/08/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 13901 SOUTH LYDIA LYDIA HEALTHCARE ROBBINS, IL 60472 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID 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) Z 000 COMMENTS Z 000 Complaint Survey 11 93308/IL 55016 Z9999 FINDINGS Z9999 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 Illinois Department of Public Health TITLE (X6) DATE

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

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLANOF CORRECTION     (M) PROVIDERSUPPLIER LIBODS523     023 MULTIPLE CONSTRUCTION A PLULIDING 3. WING     023 DATE SUPPLY CONFLICTED 11008201       MARE OF PROVIDER OR SUPPLIER LYDIA HEALTHCARE     ISTREET ADDRESS, CITY, STATE, ZP CODE 13901 SOUTH LYDIA REGULATORY OR USE OF ENCINC PARTY     ISTREET ADDRESS, CITY, STATE, ZP CODE 13901 SOUTH LYDIA REGULATORY OR USE OF ENCINC REGULATORY OR USE OF ENCINC REGULATORY OR USE OF ENCINC REGULATORY OR USE OF ENCINC PRETIX     ID PRETIX TAG     PROVIDERS IP AN OF CONFRECTION PRETIX TAG     OWNELTE CARD SOUTH CONTON SUBJECT PRECORD BY FULL (PAD) DEFICIENT WIST OF ENCINC PRETIX     OWNELTE CARD SOUTH CONTON SUBJECT PRECORD BY FULL (PAD) DEFICIENT ACTION SITUMATION PRETIX     OWNELTE CARD SOUTH CONTON SUBJECT PRECORD BY FULL (PAD) DEFICIENT ACTION SITUMATION (PAD) DEFICIENT ACTION SITUMATION (PAD) DEFICIENT ACTION SUBJECT PRECORD BY FULL (PAD) DEFICIENT ACTION SUBJECT ACTION SUBJECT ACTION SUBJECT ACTION SUBJECT (PAD) DEFICIENT ACTION SUBJECT ACTION S	Illinois D	epartment of Public	Health				FORM	APPROVED
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<ul> <li>vii) No. 96 (1998): Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations</li> <li>viii) No. 220 (1979): Standard Types of Building Construction</li> <li>ix) No. 253 (1978): Flooring Radiant Heat Energy Test</li> <li>x) No. 255 (1972): Test of Surface Burning Characteristics of Building Materials xi) Appendix C (1981): Fire Safety Evaluation System for Health Occupancies</li> <li>Section 300.670 Disaster Preparedness</li> <li>c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held wice annually for each shift of facility personnel. Disaster drills for other than fire shall be held takes;</li> <li>2) Ensure that all personnel on all shifts are trained to perform assigned tasks;</li> <li>2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and and procedures.</li> <li>Section 300.3020 Codes and Standards</li> <li>a) Nothing stated herein shall relieve the sponsor from compliance with building codes, ordinances and regulations.</li> <li>b) The 1981 Edition of the National Fire Protection Association (NFRA) 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</li> </ul>	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I SHOULD BE	COMPLETE
the Code, shall apply to and become a part of	Z9999	<ul> <li>vii) No. 96 (1998): S and Fire Protection Operations</li> <li>viii) No. 220 (1979) Construction</li> <li>ix) No. 253 (1978): Test</li> <li>x) No. 255 (1972): Characteristics of E xi) Appendix C (198 System for Health O</li> <li>Section 300.670 Di</li> <li>c) Fire drills shall be each shift of facility other than fire shall each shift of facility under varied condit</li> <li>1) Ensure that all p trained to perform a 2) Ensure that all p familiar with the use in the facility; and 3) Evaluate the effe and procedures.</li> <li>Section 300.3020 O</li> <li>a) Nothing stated h from compliance w and regulations wh or other local jurisd</li> <li>b) The 1981 Edition Protection Associat Life Safety Code fo appropriate referen Code, but no subset</li> </ul>	Standard for Ventilation of Commercial Cook : Standard Types of F Flooring Radiant Heat Test of Surface Burni Building Materials B1): Fire Safety Evalu Occupancies saster Preparedness e held at least quarter personnel. Disaster I be held twice annual personnel. Drills shat ions to: ersonnel on all shifts assigned tasks; ersonnel	king Building at Energy ing Jation arition arity for drills for ly for drills for drill for drills for drill for drills for drill for drills for drill for dril	Z9999			

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	these standards.						
	These requirement by:	s were not met as ev	videnced				
	Based on observat interview, the facilit	ion, document review y failed to:	v and				
	one the following: 1 3.5.1 of NFPA 101, Based on observat failed to maintain a rating for the heigh practice could affect indeterminable nun event of a fire. Findings include: Based on observat 11-1-11 these surve stairwell roof is not construction type; t stairwell is construct and corrugated me Interview with E3 at the findings.	ion and interview the n acceptable constru- t of the structure. Thi ct all residents and an nber of staff and visit ion during a facility to eyors and E3 observer rated for a fire resist he ceiling/roof in the cted of exposed stee tal decking. (11:05 and t time of observation	1.6.4, 13- facility iction s deficient ors in the our on ed that the ive south I beams m) confirmed				
	area enclosures, st exits, or smoke par be devices arrange doors upon activati alarm system and a local smoke detect passing through the approved automatic complete automatic 2.11.5. of NFPA 10 Based on observat	paration walls, hazar airway enclosures, h titions may be held of do automatically clo on of the required ma at least one of the fol ors designed to deter e opening, or (b) a co c sprinkler system or c fire detection system of, 1981 Edition. ion and interview the tairways as required.	orizontal open only ose the anual lowing: (a) ct smoke omplete (c) a m 13- facility				

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		ould affect all resider nber of staff and visit					
	Findings include:						
	<ul> <li>11-1-11 these survers stairway doors were the North stairway the corridor was here am) and on the first corridor sticks to the therefore the floor if (11:30 am). Intervition observation confirm</li> <li>3) Smoke barrieres least a half hour first glass panels are not 3.7.5, 13-1.6.5 of the Based on observat failed to maintain a This deficient pract</li> </ul>	ion during a facility to eyors and E3 observe e held open inapprop the 7th floor stairway eld open with a chair t floor the stairway due floor in the open pois wedging the door of ew with E3 at time of ned the findings. s are constructed to p e resistance rating. (1) of limited in size). 13- NFPA 101, 1981 Edit ion and interview the acceptable smoke bat tice could affect all re- n indeterminable num	ed that the priately: in door to (11:20 por to the osition open provide at wired 3.7.3, 13- ion. facility urriers. sidents				
	staff and visitors in Findings include:	the event of a fire.					
	Based on observat 11-1-11 these surve smoke barrier wall around piping and	ion during a facility to eyors and E3 observ on the 6th floor has l cables that penetrate ew with E3 at time of ned the findings.	ed that the noles the wall.				
	20-minute fire prote	e barriers have at lea ection rating or are at ided wood core swin	t least 1 3/4				

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do rec 19 Ba fai rec res nu Fir Ba 11 sm clo un tim 5) ve op co lea Eo Ba fai en res nu Fir Ba 11 sm clo un tim tim tim tim tim tim tim tim tim tim	quired.) 13-3.7.5 81 Edition. ased on observational devices and an analysis of the server quired. This deficies is a sed on observational devices and an analysis of the server ased on observational devices and a server of the server poke barrier doors and a server of the server and the server of the server obsed position have a sed on observational devices and a server obsed position have a set on observational server ast one hour. 13-3 dition. ased on observational devices and an indi- a set on observational devices and an indi- a set on observational server and visitors in the endings include: a sed on observational devices and an indi- a set on observational devices and a set on a se	and 13-3.7.6 of NFI on and interview the noke barrier doors a ient practice could af or and an indetermin visitors in the event on during a facility to cyors and E3 observe s on the 6th floor whe e an undercut of 1 1/4 llowed. Interview wit confirmed the finding ator shafts, light and hutes, and other vert loors are enclosed w g a fire-resistance ra 3.1.1 of NFPA 101, 1 on and interview the n acceptable stairway cient practice could determinable numbe	PA 101, facility s fect all hable of a fire. ur on ed that the en in the inches - th E3 at gs. ical vith ting of at 981 facility y affect all r of staff ur on ed that the hed on ll above	Z9999			
	nt of Public Health	were painted over ar	Ia				

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<ul> <li>holes around constairwell and the over painted over pm). Interview with confirmed the find.</li> <li>6) Stairways are exits are in accord 2.2.2, 13-2.2.3 of Based on observation deficient practice indeterminable nuevent of a fire.</li> <li>Findings include:</li> <li>Based on observation confirmed the north (11:08 stairways handraitinches allowed by in the north (11:08 stairways. Intervition observation confirmed the north (11:08 stairways. Intervitions and the north (11:08 stairways. Intervitions and the north (11:08 stairways. Intervitions allowed by in the north (11:08 stairways. Intervitions allowed by in the north (11:08 stairways. Intervitions allowed by in the north (11:09 stairways. Intervitions allow</li></ul>	ble (11:05 am); and the duit and piping in the r door and frame rating r and therefore not leg h E3 at time of observ- lings. smokeproof towers u dance with Section 5-2 in NFPA 101, 1981 Edit ation and interview the an acceptable stairwa could affect all resider imber of staff and visit ation during a facility to veyors and E3 observ ls gaps are greater that code - +/- 12 inches of 5 am) and south (11:20 ew with E3 at time of rmed the findings. so arranged that exite a t all times. 5-5, 13-2	north labels ible (11:20 vation sed as 2. 13- ion. facility tys. This nts and an tors in the bur on ed that the an the 6 observed 0 am) s are 2.1 of facility deficient n tors in the	Z9999			

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	exit doors to the ex building have magn the doors which is am) Interview with confirmed the findin 8) There is a writt patients and for the an emergency. As evacuation routes, locations on all floo 101, 1981 Edition. Based on record re failed to provide/co plan. This deficient	en plan for the protect in evacuation in the estimple floor plan show is posted in prominent ors 31-4.1.1, 31-4.2.5 eview and interview the imply with a written en- practice could affect ideterminable numbe	de of the locking (11:30 ation ction of all event of ving the nt of NFPA ne facility mergency all				
	evacuation policy o a) The facility did from the facility (du	eview of the facility fir on 11-1-11 at 1:00 pm not evacuate the res ie to the fire on 10-30	: idents I-11) to				
	<ul> <li>one of the listed evacuation sites; per the facility</li> <li>"Statement Of Investigation " report dated 10-30</li> <li>-11 the residents were evacuated to a different location.</li> <li>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</li> <li>" activate the fire alarm pull station nearest you ".</li> <li>c) Per interview with E1, E3 and E4; no one in the facility called 911 or the fire department to</li> </ul>						
	by code and per the	of the fire alarm as r e facility policy " Fire aredness Plan " page	Safety				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE S COMPL	
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Z9999	<ul> <li>"when the fire alart activated, it shall at department. Additi operator shall conta phone (911) to assi sounded. "</li> <li>d) Per the "Fire S Preparedness Plan the event of a minor was not activated " "minor" fire - there the same and the a Interview with E3 a confirmed the findin</li> <li>9) Fire drills are h varying conditions, shift. The staff is fa aware that drills are Responsibility for p is assigned only to qualified to exercise conducted betweer announcement ma alarms. 31-4.1.3 o</li> <li>Based on record ref failed to provide fire practice could affect indeterminable num event of a fire. Findings include: Based on review of 1:00 pm the facility a) Provide a fire of third shift.</li> <li>b) Provide fire drill transmission of the</li> </ul>	m system in this facil utomatically notify the ionally, the switchboa act the fire departmen ure them that the alar Safety and Disaster " page DPP-11 XXV or fire in which the fire - the code does rec fore all fire should be alarms activated. t time of record revier ngs. weld at unexpected tim at least quarterly on amiliar with procedure e part of established in alanning and conducti competent persons v e leadership. Where n 9 PM and 6 AM a co y be used instead of f NFPA 101, 1981 Ed eview and interview the e drills per code. This ct all residents and ar nber of staff and visite f the fire drill log on 1 <sup>-</sup>	<ul> <li>iocal fire rd</li> <li>int by</li> <li>rm was</li> <li>/. " In</li> <li>alarm</li> <li>cognize a</li> <li>treated</li> <li>w</li> <li>nes under</li> <li>each</li> <li>es and is</li> <li>routine.</li> <li>ng drills</li> <li>who are drills are</li> <li>oded</li> <li>audible</li> <li>lition.</li> <li>ne facility</li> <li>deficient</li> <li>ors in the</li> <li>1-11 at</li> <li>r on the</li> <li>partment.</li> </ul>	Z9999			

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	activating door hold maintained, inspect with the manufactu of NFPA 101, 1981 Based on record re failed to test smoke deficient practice co	oke detectors, includ d open devices, are a ted and tested in acc rer's specifications. Edition. eview and interview the detectors as require ould affect all resider nber of staff and visit	pproved, ordance 7-6.1.2 ne facility ed. This its and an				
	Findings include:						
	logs on 11-1-11 at a provide for semi-an detectors only annu	the smoke detector 1:00 pm: No docume nual testing of the sr ual testing. Interview view confirmed the fi	ntation noke with E3				
	window or outside of	g rooms have an out door which can be op of NFPA 101, 1981	en form				
Based on observation and interview failed to provide openable windows practice could affect all residents an indeterminable number of staff and event of a fire.		enable windows. This t all residents and ar	s deficient				
	Findings include:						
	11-1-11 these surve windows in residen were covered with department breakin double hung window	ion during a facility to eyors and E3 observe t room 612 and the c plywood due to the fin ng the windows - they ws which are screwe ew with E3 at time of	ed that the orridor re v are				

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	continuously mainta condition and are in periodically. 31-1.3 1981 Edition. Based on observati review the facility fa system as required affect all residents	natic sprinkler system ained in reliable oper aspected and tested 1, 31-1.3.2 of NFPA on and interview and ailed to maintain the . This deficient pract and an indeterminab in the event of a fire	ating 101, d record sprinkler ice could le number				
	Findings include: a) Based on obset 11-1-11 these surverses there are painted sp (11:20 am) and sour b) Based on revier log on 11-1-11 at 1: correct deficiencies contractor ' s test of sprinkler heads.	rvation during a facil eyors and E3 observe prinkler heads in the th (11:05 am) stairwe w of the sprinkler ma 00 pm the facility fail noted on the outside f 7-18-11 - numerous t time of observation	ity tour on ed that north ells. aintenance led to e s painted				
	tment of Public Health						