Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					С	
IL6001663		B. WING		07/15/2015		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
HIGHLA	ND HEALTH CARE CE	=NIEK	STREET			
	OURBIADYOTA		D, IL 62249		1	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
S9999	Final Observations		S9999			
	a) A resident may be after he or she give physician, or a nurs of his or her desire has been appointed resident is a minor, discharged upon we guardian or if the reparent unless there contrary. In such care discharge, the facility responsibility for the well-being. (Section b) Each resident's responsibility for the well-being. (Section b) Each resident's responsibility for the well-being. (Section b) Each resident's reasons for Trar 1) A facility may involve a resident only for creasons: A) for medical reasons for the resident's C) for the physical seacility staff or facility of the resident's cone of the following 1) When an emergence or the residence of the	Fransfer or Discharge be discharged from a facility as the administrator, a se of the facility written notice to be discharged. If a guardian d for a resident or if the the resident shall be ritten consent of his or her esident is a minor, his or her esident is a minor, his or her esident is a minor, his or her esident is a court order to the ases, upon the resident's ity is relieved from any er resident's care, safety or a 2-111 of the Act) rights regarding involuntary the from a facility shall be as ections (c) through (y) of this ensier or Discharge foluntarily transfer or discharge one or more of the following ons. The physical safety the preceded by the discussion section (j) of this Section and the notice of 21 days, except in instances: ency transfer or discharge is dent's attending physician dent's health care needs;		Attachment of Licensu		

Illinois Department of Public Health

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

TITLE

(X6) DATE 08/07/15

PRINTED: 08/27/2015 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	PLETED
	J	'			1	C
		IL6001663	B. WING			15/2015
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, §	STATE, ZIP CODE		
LICHI AND	D HEALTH CARE CE	1450 26TF	H STREET			
HIGHLAND) HEALIN CARE OF	ENIER	ID, IL 62249			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPROFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999 C	Continued From pa	age 1	S9999			
sc pd tites ntless tis pald 2 d3 will to saP n la gd h b e o to h	staff, or facility visited clinical record. The prior to any such involusional such arguments of the Depteransfer, or discharge to residents transfer to residents transfer subsection (d), and relocation teams as the Act; or (Section e) For transfer or discharge for the following: The stated reason of the following: The stated reason of the following: The stated reason of the following: The effective date of the following is a statement in now the reads: You have a right to the following is a transfer or discharge; (Section of the following is a transfer or discharge; (Section of the following is a transferred or discharge i	age 1 fors, as documented in the Department shall be notified avoluntary transfer or partment will immediately offer ge and relocation assistance erred or discharged under this if the Department may place is provided in Section 3-419 of a 3-402(b) of the Act) ischarge made under notice of transfer or discharge oon as practicable before the ge. The notice required by his Section shall be on a form Department and shall contain on for the proposed transfer or a 3-403(a) of the Act) to the proposed transfer or a 3-403(b) of the Act) to the proposed transfer or a 3-403(b) of the Act) to the proposed transfer or a 3-403(b) of the Act) ot less than 12-point type, of appeal the facility, you may fill arge you. If you think you leave this facility, you may fill arge you. If you think you leave this facility, you may fill arge you. If you think you leave this facility, you may fill arge you. If you think you leave this facility, you may fill arge you. If you think you set transferred or discharged the decision following the ur favor, you generally will not scharged prior to the arterior or discharge. A form y's decision and to request a lif you have any questions, a of Public Health at the	S9999			
te	ephone number ان	isted below."; (Section				

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3-403(c) of the Act)

STATE FORM 6899 VWIM11 If continuation sheet 2 of 5

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					c	
IL6001663		B. WING		07/1	5/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
HIGHLA	ND HEALTH CARE CE	ENTER 1450 26TH	1 STREET D, IL 62249			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	D, IL 02248	PROVIDER'S PLAN OF CORRECTION		(VE)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999			S9999			
		st form, together with a ddressed envelope to the				
	Department; and (S	Section 3-403(d) of the Act)				
	5) The name, addre	ess, and telephone number of with the responsibility of				
	supervising the tran	nsfer or discharge. (Section				
	3-403(e) of the Act)	ice required by subsection (d)				PT-000004-0010 ET-000-0
	(1) of this Section a	nd Section 3-402 of the Act				
	shall be placed in the resident's clinical record and a copy shall be transmitted to the Department, the resident, the resident's representative, and, if the resident's care is paid for in whole or part through Title XIX, to the Department of Healthcare and Family Services.					
	(Section 3-405 of th	e Act)				
	discharge from a fa	t to involuntary transfer or cility, the resident's guardian				
	or if the resident is a	a minor, his or her parent shall				
	with the Departmen	y to file a request for a hearing t within 10 days following				
	receipt of the written notice of the involuntary transfer or discharge by the facility. (Section 3-410 of the Act)					
		as not met as evidenced by:			The state of the s	
	Based on record review and interview the facility failed to properly administer the involuntary discharge notification for 1 of 3 residents (R2) reviewed for discharge requirements in the					
					a many protocolation	
	sample of 3.	g- / equilibrium in the				
	Findings include:	TOTAL COLUMN TO THE COLUMN TO			TITA A	
	1. R2's clinical recor	d documents that R2 was				
	hospital 2 times in the	ehavioral unit of the local vo days because of suicidal			THE PROPERTY AND ADDRESS OF THE PARTY AND ADDR	
	behaviors.	To days because of suicidal				
	R2's Social Service	Contact Log documents the				

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STATE FORM 6899 VWIM11 If continuation sheet 3 of 5

Illinois Department of Public Health

A. BUILDING: COMPLETED COMPLE						
IL6001663 B. WING 07/15/201						
	015					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
HIGHLAND HEALTH CARE CENTER 1450 26TH STREET HIGHLAND, IL 62249						
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	(X5) DMPLETE DATE					
S9999 Continued From page 3 following: "6/10/15 - Resident was trying to harm herself with a butter knife. Resident did not harm herself, but states she would like to die. Resident was put on 1:1 and then sent to [local hospital]." R2's Nurses Notes documents the following: "6/10/15, 7:50 PM - Returned from [local hospital] ER with new order for Synthroid 6/11/15, 12 PM - told aidshe just wants to die but we won't let her. 6 PM - had res. sign consent to transport to [local hospital]. 6:15 PM Ambulance here to to transport res." R2's Patient Progress Notes (of the local hospital), dated 06/17/20/15 and written by 23 (local hospital Licensed Practical Nurse), documents the following: "at 12:03 PM, Phone call received from Highland Healthcare regarding pt. [R2]. Facility stated that they are no longer able to meet the needs of pt and are no longer able to meet the needs of pt and are no longer willing to accept pt back." On 07/13/2015, at 2:15 PM, E1 (Administrator) and E2 (Director if Nurses) stated that on the 17th of July they did ask the local hospital to fax information to them about R2's status. After reviewing the information they told 22 (hospital Social Worker) that they would not be able to take R2 back due to the facility not being able to care for her. They stated it was based on R2's previous suicidal behaviors and that R2 had stopped eating at the hospital. They stated "E1 and E2 also stated. at that time, that they interpret the regulations to be that the facility was not obligated to issue a 30-day notice for this "emergency transfer" to the hospital. They stated						

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R2 was ready to be discharged from the hospital

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STATEMENT OF DEFICIENCIES (X1) PRO

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		IL6001663	B. WING	****	07/1	5/2015	
NAME OF DROUBER OF QUARTER			DRESS, CITY,	STATE, ZIP CODE		The state of the s	
HIGHLAI	HIGHLAND HEALTH CARE CENTER 1450 26TH STREET HIGHLAND, IL 62249						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
\$9999	back to the facility of never issued a 30-of they declined to tak because they were. They stated R2 was their review of hosp. R2's clinical record discharge notice for R2 on 06/11/2015 a documentation was subsequent refusal hospital was ready to facility on 06/17/201. On 07/14/2015, at 2 Social Worker) state on 06/17/2015 at 12 on the line, told ther family's wish to be dand E2 wanted more what they requested later, while she was message from E1 the able to take R2 back.	on the 17th. They stated they lay notice document when e R2 back on the 17th still "unable" to care for R2. Is "still a high risk" based on ital documents. contained no involuntary of the involuntary discharge of nd again no involuntary in her record for the to take R2 back when the to discharge R2 back to the stone discharge R2 back to the stone discharge R2 back to the stone discharge R2 and her lischarged there. Z2 stated E1 e information so she faxed stone discharge R2 back to the stone about R2 and her lischarged there. Z2 stated E1 e information so she faxed stone discharged there as short while on the phone, she received a neat the facility would not be cought other placement after days later, 06/19/2015 at was discharged to another	S9999				

Illinois Department of Public Health

FAC. NAME: HIGHLAND HEALTH CARE CENTER COMPLAINT #: 0078132

LIC. ID #: 0042853

DATE COMPLAINT RECEIVED: 06/22/15 16:25:00

IDPH Code	Allegation Summary	Determination
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	THE NAME AND ADDRESS OF THE PARTY OF THE PAR
401 406	INVOLUNTARY TRANSFER ADMINISTRATION	12



The facility has committed violations as indicated in the attached* No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

- 1 = VALID A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 2 = INVALID A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 3 = UNDETERMINED A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.