

Quarterly Report

Oct-Dec 2015

The Illinois Department of Public Health has initiated action, as indicated, against the following facilities which have been determined to be in violation of the Nursing Home Care Act, or has recommended decertification to the Director of the Department of Healthcare and Family Service, or the Secretary of the United States Department of Health and Human Services for violations in relation to patient care, pursuant to Titles XVIII and XIX of the Federal Social Security Act.

FACILITY NAME: Alden Long Grove Rehab & HCC
FACILITY ADDRESS: P.O. Box 2308 – RFD Old Hicks Road
FACILITY CITY, STATE, ZIP: Long Grove, IL 60047

DOCKET NUMBER: NH 14-C0529

LICENSEE INFO: Alden Long Grove Rehabilitation and Health Care Center, Inc
LICENSEE ADDRESS: 4200 West Peterson Ave, Ste 140
LICENSEE CITY, STATE, ZIP: Chicago, IL 60047

Survey Date – 11/19/2014

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Alden Princeton Rehab & HCC
FACILITY ADDRESS: 255 West 69th Street, P.O. Box 24588
FACILITY CITY, STATE, ZIP: Chicago, IL 60621

DOCKET NUMBER: NH 14-S0309
NH 14-C0310

LICENSEE INFO: Alden Princeton Rehabilitation and Health Care Center, Inc
LICENSEE ADDRESS: 4200 W. Peterson Ave., Ste 140
LICENSEE CITY, STATE, ZIP: Chicago, IL 60646

Survey Date – 05/29/2014

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: [Anna Rehab and Nrsg Center](#)
FACILITY ADDRESS: 315 South Brady Mill Road
FACILITY CITY, STATE, ZIP: Anna, IL 62906

DOCKET NUMBER: NH 15-C0527

LICENSEE INFO: Anna Rehabilitation and Nursing Center, LLC
LICENSEE ADDRESS: 8170 N. McCormick Blvd, Ste. 219
LICENSEE CITY, STATE, ZIP: Skokie, IL 60076

Survey Date – 10/26/2015

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210c)2), 300.1210c)3), 300.1210d)5) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)5), and 300.3240a). Total fine of \$25,000.00.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: [Arba Care Center of Bloomington](#)
FACILITY ADDRESS: 1509 N Calhoun St
FACILITY CITY, STATE, ZIP: Bloomington, IL 61701

DOCKET NUMBER: NH 15-S0434

LICENSEE INFO: Arba Care Center of Bloomington, LLC
LICENSEE ADDRESS: 1340 N McLean Blvd
LICENSEE CITY, STATE, ZIP: Elgin, IL 60123

Survey Date – 09/14/2015

Type A violation for violating one or more sections: 300.1210b), 300.1210d)6), 300.1220b)3), and 300.3240a).. The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the following sections of the Code with a high risk designation: 300.1210b), 300.1210d)6), and 300.3240a). For a total fine of \$25,000.00

Type A violation for violating one or more sections: 300.610a), 300.1210b), 300.1210d)6), 300.1220b)2), 300.1220b)7), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the following sections of the Code with a high risk designation: 300.1210b), 300.1210d)6), and 300.3240a). For a total fine of \$25,000.00

Type B violation for violating one or more sections: 300.3240b)c)d)f), 300.2100, 300.3130c)4), 300.696c)2)6)7), 300.1020a)b), 300.1210d)1), and 300.3100d)2). No fine

Type C violation for violating one or more sections: 300.1650a). No fine

FACILITY NAME: [Arba Care Center of Colfax](#)
FACILITY ADDRESS: 402 South Harrison
FACILITY CITY, STATE, ZIP: Colfax, IL 61728

DOCKET NUMBER: NH 15-S0505

LICENSEE INFO: Arba Care Center of Colfax, LLC
LICENSEE ADDRESS: 134 N. McLean Blvd.
LICENSEE CITY, STATE, ZIP: Elgin, IL 60123

Survey Date – 10/22/2015

Type B violation for violating one or more sections: 300.3260c). No fine

Type B violation for violating one or more sections: 300.3260c). No fine

FACILITY NAME: [Arba Care Center of Toluca](#)
FACILITY ADDRESS: 101 East Via Ghiglieri
FACILITY CITY, STATE, ZIP: Toluca, IL 61369

DOCKET NUMBER: NH 15-S0426

LICENSEE INFO: Arba Care Center of Toluca, LLC
LICENSEE ADDRESS: 134 N. McLean Blvd
LICENSEE CITY, STATE, ZIP: Elgin, IL 60123

Survey Date – 08/26/2015

Type B violation for violating one or more sections: 300.2100. No fine.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Arba Care Center of Toluca
FACILITY ADDRESS: 101 East Via Ghiglieri
FACILITY CITY, STATE, ZIP: Toluca, IL 61369

DOCKET NUMBER: NH 15-S0479

LICENSEE INFO: Arba Care Center of Toluca, LLC
LICENSEE ADDRESS: 134 N. McLean Blvd
LICENSEE CITY, STATE, ZIP: Elgin, IL 60123

Survey Date – 10/16/2015

Type B violation for violating one or more sections: 300.686b). No file

Type B violation for violating one or more sections: 300.696c)2). No file

Type B violation for violating one or more sections: 300.1210B)D)1)2)5. No file

Type B violation for violating one or more sections: 300.1650c). No fine

Type B violation for violating one or more sections: 300.2210b)6). No fine

FACILITY NAME: Aspen Rehab & Health Care
FACILITY ADDRESS: 1403 9th Avenue
FACILITY CITY, STATE, ZIP: Silvis, IL 61282

DOCKET NUMBER: NH 15-S0526

LICENSEE INFO: Petersen Health Business, LLC
LICENSEE ADDRESS: 830 W. Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 12/04/2015

Type B violation for violating one or more sections: 300.1035a)d) - No fine

Type B violation for violating one or more sections: 300.1620a). No fine

Administrative Warning for violating the following section of the Code: 300.230b)1)6 - No fine

Administrative Warning for violating the following section of the Code: 300.670a)c)f – No fine

Administrative Warning for violating the following section of the Code: 300.686a)1) - No fine

Administrative Warning for violating the following section of the Code: 300.1060a)b)c)d) - No fine

Administrative Warning for violating the following section of the Code: 300.2100 - No fine

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Ballard Respiratory and Rehab
FACILITY ADDRESS: 9300 Ballard Road
FACILITY CITY, STATE, ZIP: Des Plaines, IL 60016

DOCKET NUMBER: NH 15-C0493

LICENSEE INFO: Ballard Respiratory and Rehabilitation Center, LLC.
LICENSEE ADDRESS: 55 W. Monroe Street, Ste 2400
LICENSEE CITY, STATE, ZIP: Chicago, IL 60603

Survey Date – 09/08/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.121b), 300.1210d)2), 300.1210d)5), 300.3220f) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)5) and 300.3240a). Total fine of \$2,200.00

FACILITY NAME: Bellwood Developmental Center
FACILITY ADDRESS: 105 Eastern Avenue
FACILITY CITY, STATE, ZIP: Bellwood, IL 60104

DOCKET NUMBER: NH 15-S0520

LICENSEE INFO: Bellwood Nursing Center, LLC
LICENSEE ADDRESS: 5750 Old Orchard Rd, Ste 420
LICENSEE CITY, STATE, ZIP: Skokie, IL 60077

Survey Date – 10/26/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 350.620a), 350.1210, 350.3240a) and 350.3240d). For a fine of \$750.00.

FACILITY NAME: Bement Health Care Center
FACILITY ADDRESS: 601 North Morgan
FACILITY CITY, STATE, ZIP: Bement, IL 61813

DOCKET NUMBER: NH 15-S0427

LICENSEE INFO: Petersen Health Quality, LLC
LICENSEE ADDRESS: 830 W. Trailcreek Dr
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 08/19/2015

Type B violation for violating one or more sections: 300.610a), 300.1210b)5), 300.1210d)6), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the following sections of the Code with a high risk designation: 300.1210b), 300.1210d)6), and 300.3240a). For a fine of \$2,200.00.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Bement Health Care Center
FACILITY ADDRESS: 601 North Morgan
FACILITY CITY, STATE, ZIP: Bement, IL 61813

DOCKET NUMBER: NH 15-C0460

LICENSEE INFO: Petersen Health Quality, LLC
LICENSEE ADDRESS: 830 W. Trailcreek Dr
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date - 09/22/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a). Total Fine \$2,200.00.

FACILITY NAME: Benton Rehab & Health Care Ctr.
FACILITY ADDRESS: 1409 North Main Street
FACILITY CITY, STATE, ZIP: Benton, IL 62812

DOCKET NUMBER: NH 15-C0475

LICENSEE INFO: Peterson Health Operations L.L.C.
LICENSEE ADDRESS: 830 West Trailcreek Dr.
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date - 10/13/2015

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a) 300.1210d)6), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.121b), 300.1210d)6) and 300.3240a). Total Fine of \$25,000.00.

FACILITY NAME: Beverly Farm Foundation
FACILITY ADDRESS: 6301 Humbert Road
FACILITY CITY, STATE, ZIP: Godfrey, IL 62035

DOCKET NUMBER: NH 14-C0207
NH 14-S0223

LICENSEE INFO: Beverly Farm Foundation
LICENSEE ADDRESS: 190 South LaSalle St., Ste 3700
LICENSEE CITY, STATE, ZIP: Chicago, IL 60603

Survey Date – 03/24/2014

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Brentwood Sub-Acute Healthcare Center
FACILITY ADDRESS: 5400 West 87th Street
FACILITY CITY, STATE, ZIP: Burbank, IL 60459

DOCKET NUMBER: NH 15-S0458

LICENSEE INFO: Brentwood Operating Company, LLC
LICENSEE ADDRESS: 208 S. LaSalle St., Ste 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 09/22/2015

Type B violation for violating one or more sections: 300.690b) and 300.690c). No fine.

FACILITY NAME: Briarbrook Place
FACILITY ADDRESS: 228 Briarbrook Drive
FACILITY CITY, STATE, ZIP: East Peoria, IL 61611

DOCKET NUMBER: NH 15-C0491
NH 15-S0492

LICENSEE INFO: Progressive Housing, Inc.
LICENSEE ADDRESS: 20180 Governors Drive, Ste 300
LICENSEE CITY, STATE, ZIP: Olympia Fields, IL 60461

Survey Date – 09/24/2015

Type A violation of an occurrence for violating one or more of the following sections of the Code: 350.620a), 350.1060e), 350.1210, 350.3240a) 350.340b) and 350.3240e. For a fine of \$6,250.00.

FACILITY NAME: Brookdale Hoffman Estates Golf Rd
FACILITY ADDRESS: 2150 West Golf Rd
FACILITY CITY, STATE, ZIP: Hoffman Estates, IL 60169

DOCKET NUMBER: NH 15-C0446

LICENSEE INFO: S-H OPCO Hoffman Estates, LLC
LICENSEE ADDRESS: 801 Adlai Stevenson Drive
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 09/23/2015

Type B violation for violating one or more sections: 330.710a), 330.720b), and 33.4240a). No fine.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Bryan Manor
FACILITY ADDRESS: 2150 East McCord
FACILITY CITY, STATE, ZIP: Centralia, IL 62801

DOCKET NUMBER: NH 15-S0538

LICENSEE INFO: Penta Group, Inc.
LICENSEE ADDRESS: 623 E. Broadway
LICENSEE CITY, STATE, ZIP: Centralia, IL 62801

Survey Date – 11/24/2015

Type A violation of an occurrence for violating one or more of the following sections of the Code: 350.620a), 350.1210, 350.1220j), 350.1230b)3), 350.1230b)7), 350.1230c), 350.1230d)1), 350.1230d)2), 350.1240b)1), 350.1610g), 350.1620d)3) and 350.3240a). Total fine of \$12,500.00.

FACILITY NAME: Capitol Hlthcare & Rehab Ctr.
FACILITY ADDRESS: 555 West Carpenter
FACILITY CITY, STATE, ZIP: Springfield, IL 62702

DOCKET NUMBER: NH 14-S0525

LICENSEE INFO: Capitol Healthcare and Rehabilitation Centre, LLC
LICENSEE ADDRESS: 4600 West Touhy Ave., Ste. 200
LICENSEE CITY, STATE, ZIP: Lincolnwood, IL 60712

Survey Date – 10/31/2014

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Champaign County Nursing Home
FACILITY ADDRESS: 500 South Art Bartell Dr
FACILITY CITY, STATE, ZIP: Urbana, IL 61802

DOCKET NUMBER: NH 15-C0456

LICENSEE INFO: Champaign County Board
LICENSEE ADDRESS: 1776 East Washington St
LICENSEE CITY, STATE, ZIP: Urbana, IL 61802

Survey Date – 09/15/2015

Type B violation for violating one or more sections: 300.610a), 300.1210a), 300.1210b)5), 300.1210d)6), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the following sections of the Code with a high risk designation: 300.1210d)6) and 300.3240a). For a total fine of \$2,200.00

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Charleston Rehab & Health CC
FACILITY ADDRESS: 716 Eighteenth Street
FACILITY CITY, STATE, ZIP: Charleston, IL 61920

DOCKET NUMBER: NH 15-S0521

LICENSEE INFO: Petersen Health Network, LLC
LICENSEE ADDRESS: 830 W. Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 10/23/2015

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 300.1210c), 300.1210d)6), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6), and 300.3240a). Total fine of \$25,000.00.

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a) 300.1010h), 300.1210a) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.3240a). Total fine of \$2,200.00.

Administrative Warning for violating the following section of the Code: 300.2010a)1)- No fine

Administrative Warning for violating the following section of the Code: 300.1230d)- No fine

FACILITY NAME: Children's Habilitation Center
FACILITY ADDRESS: 121 West 154th Street
FACILITY CITY, STATE, ZIP: Harvey, IL 60426

DOCKET NUMBER: NH 14-C0401

LICENSEE INFO: Children's Habilitation Center, Inc.
LICENSEE ADDRESS: 121 West 154th Street
LICENSEE CITY, STATE, ZIP: Harvey, IL 60426

Survey Date – 09/17/2014

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Claridge Healthcare Center
FACILITY ADDRESS: 700 Jenkisson
FACILITY CITY, STATE, ZIP: Lake Bluff, IL 60044

DOCKET NUMBER: NH 15-S0428

LICENSEE INFO: Claridge Operations, LLC
LICENSEE ADDRESS: 325 N Wells, 9th Fl
LICENSEE CITY, STATE, ZIP: Chicago, IL 60610

Survey Date – 09/03/2015

Type B violation for violating one or more sections: 300.615e) and 300.615f). No fine.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Clayton Residential Home
FACILITY ADDRESS: 2026 North Clark Street
FACILITY CITY, STATE, ZIP: Chicago, IL 60614

DOCKET NUMBER: NH 15-S0349

LICENSEE INFO: Clayton Residential Home, Inc.
LICENSEE ADDRESS: 465 Central Avenue, Ste 100
LICENSEE CITY, STATE, ZIP: Northfield, IL 60093

Survey Date – 07/09/2015

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Community Nursing & Rehab Center
FACILITY ADDRESS: 1136 North Mill St.
FACILITY CITY, STATE, ZIP: Naperville, IL 60563

DOCKET NUMBER: NH 15-C0463

LICENSEE INFO: Community Nursing & Rehabilitation Center, LLC
LICENSEE ADDRESS: 191 N. Wacker Dr., Ste. 1800
LICENSEE CITY, STATE, ZIP: Chicago, IL 60606

Survey Date – 09/23/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 300.1210d)b), and 300.324a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a). Total Fine \$2,200.00.

FACILITY NAME: Countryside Care Centre
FACILITY ADDRESS: 2330 West Galena Blvd
FACILITY CITY, STATE, ZIP: Aurora, IL 60506

DOCKET NUMBER: NH 15-S0457

LICENSEE INFO: Symphony Countryside, LLC
LICENSEE ADDRESS: 801 Adlai Stevenson Drive
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 09/30/2015

Type B violation for violating one or more sections: 300.610a), 300.1210b), 300.1210d)6), and 300.3240a).. The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the following sections of the Code with a high risk designation: 300.1210b), 300.1210d)6), and 300.3240a). For a total fine of \$2,200.00

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Countryview Care Center-Macomb
FACILITY ADDRESS: 400 W. Grant Street
FACILITY CITY, STATE, ZIP: Macomb, IL 61455

DOCKET NUMBER: NH 15-S0466

LICENSEE INFO: Petersen Health Properties, LLC
LICENSEE ADDRESS: 830 W. Trailcreek Dr.
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 09/17/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210d)5), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210d)5) and 300.3240a). Total Fine \$2,200.00.

FACILITY NAME: Crossroads Care Ctr Woodstock.
FACILITY ADDRESS: 309 McHenry Avenue
FACILITY CITY, STATE, ZIP: Woodstock, IL 60098

DOCKET NUMBER: NH 15-S0086
NH 15-C0145

LICENSEE INFO: Crossroads Care Center of Woodstock, LLC
LICENSEE ADDRESS: 5750 Old Orchard Rd, Ste. 420
LICENSEE CITY, STATE, ZIP: Skokie, IL 60077

Survey Date – 01/13/2015

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Fair Havens Christian Homes
FACILITY ADDRESS: 1790 South Fairview Ave
FACILITY CITY, STATE, ZIP: Decatur, IL 62521

DOCKET NUMBER: NH 15-C0441

LICENSEE INFO: Fair Havens Christian Homes, Inc
LICENSEE ADDRESS: 200 N. Postville Dr
LICENSEE CITY, STATE, ZIP: Lincoln, IL 62656

Survey Date – 09/16/2015

Type B violation for violating one or more sections: 300.610a), 300.1210b)3), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the following sections of the Code with a high risk designation: 300.1210b) and 300.3240a). For a total fine of \$2,200.00.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Forest City Rehab & Nrsg Ctr.
FACILITY ADDRESS: 321 Arnold Avenue
FACILITY CITY, STATE, ZIP: Rockford, IL 61108

DOCKET NUMBER: NH 15-C0305

LICENSEE INFO: Forest City Rehab and Nursing Center, LLC
LICENSEE ADDRESS: 4711 Golf Rd, Ste 200
LICENSEE CITY, STATE, ZIP: Skokie, IL 60076

Survey Date – 06/01/2015

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Frankfort Terrace Nursing Center
FACILITY ADDRESS: 40 North Smith St
FACILITY CITY, STATE, ZIP: Frankfort, IL 60423

DOCKET NUMBER: NH 15-C0450
NH 15-S0455

LICENSEE INFO: FT Care, LLC
LICENSEE ADDRESS: 1S443 Summit Ave, Ste 204
LICENSEE CITY, STATE, ZIP: Oakbrook Terrace, IL 60181

Survey Date – 09/18/1205

Type A violation for violating one or more sections: 300.1210a), 300.1210b), 300.1220b)3), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the following sections of the Code with a high risk designation: 300.1210b) and 300.3240a). For a total fine of \$25,000.00.

FACILITY NAME: Gardenview Manor
FACILITY ADDRESS: 14792 Catlin-Tilton Rd.
FACILITY CITY, STATE, ZIP: Danville, IL 61834

DOCKET NUMBER: NH 15-S0445

LICENSEE INFO: Gardenview Manor, LLC
LICENSEE ADDRESS: 5750 Old Orchard Rd., Ste. 420
LICENSEE CITY, STATE, ZIP: Skokie, IL 60077

Survey Date – 09/01/2015

Type A violation for violating one or more sections: 300.610a), 300.1210a), 300.1210d)6), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the following sections of the Code with a high risk designation:300.1210b), 300.1210d)6) and 300.3240a). For a total fine of \$25,000.00.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Good Samaritan - Flanagan
FACILITY ADDRESS: 205 North Adams Street
FACILITY CITY, STATE, ZIP: Flanagan, IL 61740

DOCKET NUMBER: NH 15-C0518

LICENSEE INFO: Good Samaritan Home of Flanagan Illinois
LICENSEE ADDRESS: 205 North Adams Street
LICENSEE CITY, STATE, ZIP: Flanagan, IL 61740

Survey Date – 11/04/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1010h), 300.1210b)5), 300.1210d)6), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210d)6) and 300.3240a). For a fine totally \$2,200.00

FACILITY NAME: Hamilton Memorial Rehab & HCC
FACILITY ADDRESS: 609 South Marshall Ave
FACILITY CITY, STATE, ZIP: McLeansboro, IL 62859

DOCKET NUMBER: NH 15-C0453

LICENSEE INFO: Hamilton Memorial Nursing and Rehab, LLC
LICENSEE ADDRESS: 412 East Lawrence
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 09/08/2015

Type B violation for violating one or more sections: 300.610a), 300.1010h), 300.1210b), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the following sections of the Code with a high risk designation: 300.1210b) and 300.3240a). For a total fine of \$2,200.00

Type B violation for violating one or more sections: 300.610a), 300.1210a), 300.1210b), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the following sections of the Code with a high risk designation: 300.1210b) and 300.3240a). For a total fine of \$2,200.00

FACILITY NAME: Heartland of Champaign
FACILITY ADDRESS: 309 East Springfield
FACILITY CITY, STATE, ZIP: Champaign, IL 61820

DOCKET NUMBER: NH 15-C0447

LICENSEE INFO: Heartland of Champaign IL, LLC
LICENSEE ADDRESS: 208 S LaSalle St., Ste 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 09/10/2015

Type B violation for violating one or more sections: 300.655a)b)c)d)1). No fine.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Heartland of Decatur
FACILITY ADDRESS: 444 West Harrison Street
FACILITY CITY, STATE, ZIP: Decatur, IL 62526

DOCKET NUMBER: NH 15-S0525

LICENSEE INFO: Heartland of Decatur, IL, LLC
LICENSEE ADDRESS: 208 S. LaSalle Street, 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 11/20/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b)5), 300.1210b)6), 300.1210d)6), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a). For a fine totally \$2,200.00.

FACILITY NAME: Heather Health Care Center
FACILITY ADDRESS: 15600 South Honore Street
FACILITY CITY, STATE, ZIP: Harvey, IL 60426

DOCKET NUMBER: NH 15-C0161

LICENSEE INFO: Heather Health Care Center, Inc.
LICENSEE ADDRESS: 4200 W. Peterson Ave, Ste 140
LICENSEE CITY, STATE, ZIP: Chicago, IL 60646

Survey Date – 03/12/2015

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Hilltop Skilled Nsg and Rehab
FACILITY ADDRESS: 910 West Polk Street
FACILITY CITY, STATE, ZIP: Charleston, IL 61920

DOCKET NUMBER: NH 15-S0533

LICENSEE INFO: Covenant Care Hilltop, LLC
LICENSEE ADDRESS: 2015 W. Main Street, Ste 111
LICENSEE CITY, STATE, ZIP: Carbondale, IL 62901

Survey Date – 10/30/2015

Type B violation for violating one or more sections: 300.1230k). No fine

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Illinois Veterans' Home - Anna
FACILITY ADDRESS: 792 North Main Street
FACILITY CITY, STATE, ZIP: Anna, IL 62906

DOCKET NUMBER: NH 15-C0509

LICENSEE INFO: Illinois Department of Veterans' Affairs
LICENSEE ADDRESS: 833 South Spring Street, P.O. Box 19432
LICENSEE CITY, STATE, ZIP: Springfield, IL 62794

Survey Date – 11/18/2015

Type B violation for violating one or more sections: 340.1505b)5). No fine

FACILITY NAME: Jerseyville Manor
FACILITY ADDRESS: 1251 North State Street
FACILITY CITY, STATE, ZIP: Jerseyville, IL 62052

DOCKET NUMBER: NH 15-C0462

LICENSEE INFO: UDI #11, LLC
LICENSEE ADDRESS: 285 S. Farnham St.
LICENSEE CITY, STATE, ZIP: Galesburg, IL 61401

Survey Date - 09/15/2015

Type B violation of an occurrence for violation one or more of the following sections of the Code: 300.610a), 300.1210b, 300.1210b)4), 300.1210c), 300.1220b)3), and 300.3240a). The fine was doubled in this instance in accordance with 300.282I) and J) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b and 300.3240a). Total fine \$2,200.00.

FACILITY NAME: Lebanon Terrace
FACILITY ADDRESS: 221 East Third Street
FACILITY CITY, STATE, ZIP: Lebanon, IL 62254

DOCKET NUMBER: NH 15-S0480

LICENSEE INFO: Home and Environments for Living and Programs, Inc.
LICENSEE ADDRESS: 208 South LaSalle Street, Ste 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 09/08/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 350.1060e), 350.1210, 350.1220j), 350.1230b)7), 350.1230d)1), 350.1230d)2), 350.3240a). A fine of \$550.00.

Type B violation of an occurrence for violating one or more of the following sections of the Code: 350.1060e), 350.1210, 350.1230b)7), 350.1230d)1), 350.1230d)2), and 350.3240a). A fine of \$550.00.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Lewis Memorial Christian VLG
FACILITY ADDRESS: 3400 West Washington Street
FACILITY CITY, STATE, ZIP: Springfield, IL 62711

DOCKET NUMBER: NH 15-C0482

LICENSEE INFO: Lewis Memorial Christian Village
LICENSEE ADDRESS: 200 North Potsville Road
LICENSEE CITY, STATE, ZIP: Lincoln, IL 62656

Survey Date – 10/16/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1010h), 300.1210b), 300.1210D)2)3)5), AND 300.3240A). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210D)5) AND 300.3240A). Total fines of \$2,200.00,

FACILITY NAME: Manor Court of Carbondale
FACILITY ADDRESS: 2940 W. Westridge Place
FACILITY CITY, STATE, ZIP: Carbondale, IL 62901

DOCKET NUMBER: NH 15-C0461

LICENSEE INFO: UDI#5, LLC
LICENSEE ADDRESS: 295 S. Farnham St.
LICENSEE CITY, STATE, ZIP: Galesburg, IL 61401

Survey Date – 09/18/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 300.1210d)1), 300.1210d)3), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b) and 300.3240a). Total Fine \$2,200.00.

FACILITY NAME: Manor Court of Freeport
FACILITY ADDRESS: 2170 West Navajo Drive
FACILITY CITY, STATE, ZIP: Freeport, IL 61032

DOCKET NUMBER: NH 15-S0473

LICENSEE INFO: Residential Alternatives of Illinois, Inc.
LICENSEE ADDRESS: 285 South Farnham Street
LICENSEE CITY, STATE, ZIP: Galesburg, IL 61401

Survey Date – 10/16/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)5) and 300.3240a). Total fine \$2,200.00.

Type B violation of an occurrence for violating the following section of the Code: 300.690b). No fine.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Manor Court of Peru
FACILITY ADDRESS: 3230 Becker Drive
FACILITY CITY, STATE, ZIP: Peru, IL 61354

DOCKET NUMBER: NH 15-S0487

LICENSEE INFO: Residential Alternatives of Illinois, Inc.
LICENSEE ADDRESS: 285 South Farnham Street
LICENSEE CITY, STATE, ZIP: Galesburg, IL 61401

Survey Date – 10/22/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.2320b), 300.1210d)6), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the section of the Code with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a). Total fine of \$2,200.00

FACILITY NAME: Manorcare of Kankakee
FACILITY ADDRESS: 900 West River Place
FACILITY CITY, STATE, ZIP: Kankakee, IL 60901

DOCKET NUMBER: NH 15-S0499

LICENSEE INFO: Manor Care of Kankakee, LLC
LICENSEE ADDRESS: 208 S. LaSalle Street, Ste 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 10/01/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)2), 300.1210d)3), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b) and 300.3240a). For a fine totaling \$2,200.00

FACILITY NAME: Manorcare of Oak Lawn East
FACILITY ADDRESS: 9401 South Kostner Ave
FACILITY CITY, STATE, ZIP: Oak Lawn, IL 60453

DOCKET NUMBER: NH 15-C0433

LICENSEE INFO: Manor Care of Oak Lawn (East) IL, LLC
LICENSEE ADDRESS: 208 S LaSalle Ste., Ste 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 09/11/2015

Type B violation for violating one or more sections: 300.1630d)e). No fine.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Manorcare of Oak Lawn East
FACILITY ADDRESS: 9401 South Kostner Ave
FACILITY CITY, STATE, ZIP: Oak Lawn, IL 60453

DOCKET NUMBER: NH 15-C0513

LICENSEE INFO: Manor Care of Oak Lawn (East) IL, LLC
LICENSEE ADDRESS: 208 S LaSalle Ste., Ste 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 11/09/2015

Type B violation for violating one or more sections: 300.1210d03). No fine

FACILITY NAME: Marigold Rehabilitation HCC
FACILITY ADDRESS: 275 East Carl Sandburg Dr.
FACILITY CITY, STATE, ZIP: Galesburg, IL 61401

DOCKET NUMBER: NH 15-C0432

LICENSEE INFO: Petersen Health Network, LLC
LICENSEE ADDRESS: 830 W. Trailcreek Dr
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 08/25/2015

Type AA violation for violating one or more sections: 300.610a), 300.1210b), 300.1210d)6), 300.2420j), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the following sections of the Code with a high risk designation: 300.1210b), 300.1210d)6), and 300.3240a). For a total fine of \$50,000.00

FACILITY NAME: Meadows Mennonite Home
FACILITY ADDRESS: 23488 Church Street
FACILITY CITY, STATE, ZIP: Chenoa, IL 61726

DOCKET NUMBER: NH 15-S0474

LICENSEE INFO: Meadows Mennonite Retirement Community Association, Inc.
LICENSEE ADDRESS: 24588 Church Street
LICENSEE CITY, STATE, ZIP: Chenoa IL 61726

Survey Date – 10/09/2015

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6), soo.1220b)3) and 300.3240a). The fine was doubled in this instance in accordance with 300.292i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6), and 300.3240a). Total fine of \$25,000.00.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Meadows Mennonite Home
FACILITY ADDRESS: 24588 Church Street
FACILITY CITY, STATE, ZIP: Chenoa, IL 61726

DOCKET NUMBER: NH 15-S0508

LICENSEE INFO: Meadows Mennonite Retirement Community Association, Inc.
LICENSEE ADDRESS: 24588 Church Street
LICENSEE CITY, STATE, ZIP: Chenoa, IL 61726

Survey Date – 11/17/2015

Type B violation for violating one or more sections: 300.610a), 300.1210d), 300.1620a), 300.1810, 300.1630c), and 300.3240a). No fine

FACILITY NAME: Moweaqua Rehab and HCC
FACILITY ADDRESS: 525 S. Macon St
FACILITY CITY, STATE, ZIP: Moweaqua, IL 62550

DOCKET NUMBER: NH 15-S0439

LICENSEE INFO: Moweaqua Rehab and HCC, LLC
LICENSEE ADDRESS: 412 E. Lawrence Ave
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 09/10/2015

Type B violation for violating one or more sections: 300.670c), 300.670c)3), 300.670d), 300.670k)1)2)3), and 300.1210b). No fine.

FACILITY NAME: Mulberry Manor
FACILITY ADDRESS: 612 East Davie St
FACILITY CITY, STATE, ZIP: Anna, IL 62906

DOCKET NUMBER: NH 15-C0430

LICENSEE INFO: Mulberry Manor, Inc
LICENSEE ADDRESS: 158 E Vienna St, PO Box 88
LICENSEE CITY, STATE, ZIP: Anna, IL 62906

Survey Date – 08/27/2015

Type B violation for violating one or more sections: 350.620a), 350.700a), 350.700b), 350.700c), 350.1210, 350.1230d)1), and 350.3240a). For a total fine of \$750.00

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Neighbors Rehabilitation Center
FACILITY ADDRESS: 811 West 2nd Street
FACILITY CITY, STATE, ZIP: Byron, IL 61010

DOCKET NUMBER: NH 14-C0509

LICENSEE INFO: Neighbors Rehabilitation Center, LLC
LICENSEE ADDRESS: 6840 North Lincoln Avenue
LICENSEE CITY, STATE, ZIP: Lincolnwood, IL 60712

Survey Date – 10/27/2014

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: North Aurora Care Center
FACILITY ADDRESS: 310 Banbury Road
FACILITY CITY, STATE, ZIP: North Aurora, IL 60542

DOCKET NUMBER: NH 15-C0497

LICENSEE INFO: Peterson Health Operations, L.L.C.
LICENSEE ADDRESS: 830 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 11/04/2015

Type B violation for violating one or more sections: 300.3240f). No fine

FACILITY NAME: Paris Health Care Center
FACILITY ADDRESS: 1011 N. Main St.
FACILITY CITY, STATE, ZIP: Paris, IL 61944

DOCKET NUMBER: NH 15-S0470

LICENSEE INFO: Paris Health Care Center Investors, LLC
LICENSEE ADDRESS: 8170 N. McCormick Blvd., Ste. 219
LICENSEE CITY, STATE, ZIP: Skokie, IL 60076

Survey Date – 10/02/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6), 300.2210b)1), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a). Total Fine \$2,200.00.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Pittsfield Manor
FACILITY ADDRESS: 610 Lowry Street
FACILITY CITY, STATE, ZIP: Pittsfield, IL 62363

DOCKET NUMBER: NH 15-S0529

LICENSEE INFO: UDI #9, LLC
LICENSEE ADDRESS: 285 South Farnham Street
LICENSEE CITY, STATE, ZIP: Galesburg, IL 61401

Survey Date – 11/12/2015

Type B violation for violating one or more sections: 300.7020b1)6), 300.7030, 300.7040, and 300.7050d). No fine

FACILITY NAME: Polo Rehabilitation & HCC
FACILITY ADDRESS: 703 East Buffalo
FACILITY CITY, STATE, ZIP: Polo, IL 61064

DOCKET NUMBER: NH 15-S0531

LICENSEE INFO: Petersen Health Network, LLC
LICENSEE ADDRESS: 830 W. Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 11/06/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1010h), 300.1210d)5), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210d)5) and 300.3240a). Total fine of \$2,200.00

FACILITY NAME: Presence Saint Benedict N & R
FACILITY ADDRESS: 6930 West Touhy Avenue
FACILITY CITY, STATE, ZIP: Niles, IL 60714

DOCKET NUMBER: NH 15-C0528

LICENSEE INFO: Presence RHC Senior Services
LICENSEE ADDRESS: 7435 West Talcott Avenue
LICENSEE CITY, STATE, ZIP: Chicago, IL 60631

Survey Date – 10/14/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210c), 300.1210d)6), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a). Fines total \$2,200.00

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Presence Villa Franciscan
FACILITY ADDRESS: 210 North Springfield Ave
FACILITY CITY, STATE, ZIP: Joliet, IL 60435

DOCKET NUMBER: NH 15-S0454

LICENSEE INFO: Presence Life Connections
LICENSEE ADDRESS: 9223 West Saint Francis Rd
LICENSEE CITY, STATE, ZIP: Frankfort, IL 60423

Survey Date – 09/25/2015

Type B violation for violating one or more sections: 300.1210a), 300.1210b), 300.1210d)3), 300.1210d)6), 300.1220b)3), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the following sections of the Code with a high risk designation: 300.1210b), 300.1210d)6), and 300.3240a). Total fine of \$2,200.00.

FACILITY NAME: Presence Villa Franciscan
FACILITY ADDRESS: 210 North Springfield Ave
FACILITY CITY, STATE, ZIP: Joliet, IL 60435

DOCKET NUMBER: NH 15-C0504

LICENSEE INFO: Presence Life Connections
LICENSEE ADDRESS: 9223 West Saint Francis Road
LICENSEE CITY, STATE, ZIP: Frankfort, IL 60423

Survey Date – 11/12/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)2), 300.1210d)3) 300.1210d)6), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a). Fines total \$2,200.00

FACILITY NAME: Providence Palos Heights
FACILITY ADDRESS: 13259 South Central Avenue
FACILITY CITY, STATE, ZIP: Palos Heights, Illinois 60463

DOCKET NUMBER: NH 15-C0459

LICENSEE INFO: Providence Operations, LLC
LICENSEE ADDRESS: 18601 N. Creek Dr., Ste. A
LICENSEE CITY, STATE, ZIP: Tinley Park, IL 60477

Survey Date – 09/03/2015

Type B Violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a). Total Fine \$2,200.00.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Rainbow Beach Care Center
FACILITY ADDRESS: 7325 South Exchange St
FACILITY CITY, STATE, ZIP: Chicago, IL 60649

DOCKET NUMBER: NH 15-C0429

LICENSEE INFO: Rainbow Beach QOC, LLC
LICENSEE ADDRESS: 2201 West Main St
LICENSEE CITY, STATE, ZIP: Evanston, IL 60202

Survey Date – 09/08/2015

Type B violation for violating one or more sections: 300.1620b)e) and 300.3220f). No fine.

FACILITY NAME: River Bluff Nursing Home
FACILITY ADDRESS: 4401 North Main Street
FACILITY CITY, STATE, ZIP: Rockford, IL 61103

DOCKET NUMBER: NH 15-C0517

LICENSEE INFO: Winnebago County
LICENSEE ADDRESS: 404 Elm Street, Room 504
LICENSEE CITY, STATE, ZIP: Rockford, IL 61101

Survey Date – 10/22/2015

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 300.1210d)2), 300.1210d)3), 300.1210d)5) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)5) and 300.3240a). Fine total of \$2,200.00

FACILITY NAME: Rivershores Hlth & Rehab Ctr.
FACILITY ADDRESS: 578 West Commercial Street
FACILITY CITY, STATE, ZIP: Marseilles, IL 60712

DOCKET NUMBER: NH 15-C0191

LICENSEE INFO: Rivershores Healthcare and Rehabilitation Centre, LLC
LICENSEE ADDRESS: 4600 West Touhy Ave., Ste 200
LICENSEE CITY, STATE, ZIP: Lincolnwood, IL 60712

Survey Date – 04/13/2015

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: River View Rehab Center
FACILITY ADDRESS: 50 North Jane
FACILITY CITY, STATE, ZIP: Elgin, IL 60123

DOCKET NUMBER: NH 15-S0514

LICENSEE INFO: River View Rehab Center, LLC
LICENSEE ADDRESS: 4711 Golf Road, Ste 200
LICENSEE CITY, STATE, ZIP: Skokie, IL 60076

Survey Date – 10/23/2015

Type B violation for violating one or more sections: 300.1210b), 300.1210d)2), 300.1210d)3) and 300.3240a). No fine

FACILITY NAME: Riverwood Rehab
FACILITY ADDRESS: 430 South 30th Avenue
FACILITY CITY, STATE, ZIP: East Moline, IL 61244

DOCKET NUMBER: NH 15-S0335

LICENSEE INFO: Riverwood Rehab, LLC
LICENSEE ADDRESS: 8131 N. Monticello
LICENSEE CITY, STATE, ZIP: Skokie, IL 61244

Survey Date – 07/17/2015

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Royal Oaks Care Center
FACILITY ADDRESS: 605 East Church St.
FACILITY CITY, STATE, ZIP: Kewanee, IL 61443

DOCKET NUMBER: NH 15-S0425

LICENSEE INFO: Petersen Health Care II, Inc
LICENSEE ADDRESS: 830 West Trailcreek Dr.
LICENSEE CITY, STATE, ZIP: Peoria, IL

Survey Date – 09/17/2015

Type B violation for violating one or more sections: 300.4090a)1), 300.4090a)2), 300.4090a)3), 300.4090b)1)A), and 300.4090b)1)B). No fine.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Sharon Health Care Elms
FACILITY ADDRESS: 3611 N. Rochelle
FACILITY CITY, STATE, ZIP: Peoria, IL 61604

DOCKET NUMBER: NH 14-C0384

LICENSEE INFO: Sharon Health Care Elms, Inc.
LICENSEE ADDRESS: 465 Central Avenue, Ste. 100
LICENSEE CITY, STATE, ZIP: Northfield, IL 60093

Survey Date – 08/19/2014

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Shawnee Christian Nursing Ctr.
FACILITY ADDRESS: 1901 North 13th Street
FACILITY CITY, STATE, ZIP: Herrin, IL 62948

DOCKET NUMBER: NH 15-C0044

LICENSEE INFO: Shawnee Christian Nursing Center, LLC
LICENSEE ADDRESS: 200 North Postville Road
LICENSEE CITY, STATE, ZIP: Lincoln, IL 62656

Survey Date – 12/11/2014

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: St. Anthony's Nsg & Rehab Ctr.
FACILITY ADDRESS: 767 30th Street
FACILITY CITY, STATE, ZIP: Rock Island, IL 61201

DOCKET NUMBER: NH 15-C0502

LICENSEE INFO: St. Anthony's Nursing and Rehabilitation Center, L.L.C.
LICENSEE ADDRESS: 330 N. Wabash #1700
LICENSEE CITY, STATE, ZIP: Chicago, IL 60611

Survey Date – 10/02/2015

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 300.1210d)2), 300.1210d)3), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b) and 300.3240a). Fines total amount of \$25,000.00.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: South Holland Home
FACILITY ADDRESS: 16300 South St. Louis Ave
FACILITY CITY, STATE, ZIP: South Holland, IL 60473

DOCKET NUMBER: NH 15-C0451
NH 15-S0452

LICENSEE INFO: South Holland Home, LLC
LICENSEE ADDRESS: 191 N Wacker Dr., Ste 1800
LICENSEE CITY, STATE, ZIP: Chicago, IL 60606

Survey Date – 09/09/2015

Type AA violation for violating one or more sections: 330.170a)2), 330.1155a)1), 330.1155a)2), 330.1155a)3), 330.1155a)4), 330.1510a)2), 330.1510b), 330.1510d)1), 330.1510e)1), 330.1530a), 330.1710a), 330.1710b), 330.1710g), and 330.4240a).. The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the following sections of the Code with a high risk designation: 330.4240a). For a total fine of \$50,000.00

Type B violation for violating one or more sections: 330.720b), 330.720h), and 330.1130b). No fine.

Type B violation for violating one or more sections: 330.2220a)1) and 330.2220d). No fine.

Type B violation for violating one or more sections: 330.2000. No fine.

Type B violation for violating one or more sections: 330.4220f). No fine.

FACILITY NAME: Southpoint Nsg & Rehab Ctr
FACILITY ADDRESS: 1010 West 95th Street
FACILITY CITY, STATE, ZIP: Chicago, IL 60643

DOCKET NUMBER: NH 13-C0424

LICENSEE INFO: Southpoint Nursing and Rehabilitation Center
LICENSEE ADDRESS: 321 N. Clark St. Ste 2800
LICENSEE CITY, STATE, ZIP: Chicago, IL 60654

Survey Date – 08/08/2013

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Spring Valley Nursing
FACILITY ADDRESS: 1300 North Greenwood Street
FACILITY CITY, STATE, ZIP: Spring Valley, IL 61362

DOCKET NUMBER: NH 15-C0166

LICENSEE INFO: Spring Valley Nursing Center – A Limited Partnership
LICENSEE ADDRESS: 1300 North Greenwood Street
LICENSEE CITY, STATE, ZIP: Spring Valley, IL 61362

Survey Date – 03/25/2015

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Thornton Heights Terrace
FACILITY ADDRESS: 160 West 10th Street
FACILITY CITY, STATE, ZIP: Chicago Heights, IL 60441

DOCKET NUMBER: NH 15-S0410

LICENSEE INFO: Thornton Heights Terrace, LTD.
LICENSEE ADDRESS: 465 Central Avenue, Suite 100
LICENSEE CITY, STATE, ZIP: Northfield, IL 60093

Survey Date – 08/13/2015

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Toulon Rehab and Health Center
FACILITY ADDRESS: Highway 17 East
FACILITY CITY, STATE, ZIP: Toulon, IL 61483

DOCKET NUMBER: NH 15-S0435

LICENSEE INFO: Petersen Management Company, LLC
LICENSEE ADDRESS: 830 W. Trailcreek Dr
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 09/03/2015

Type A violation for violating one or more sections: 300.610a), 300.1010h), 300.1210b), 300.1210d)3), 300.1210d)6), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the following sections of the Code with a high risk designation: 300.1210b), 300.1210d)6), and 300.3240a). For a total fine of \$25,000.00

FACILITY NAME: Toulon Rehan & Health Care Ctr.
FACILITY ADDRESS: Highway 17 East
FACILITY CITY, STATE, ZIP: Toulon, IL 61483

DOCKET NUMBER: NH 15-S0476

LICENSEE INFO: Petersen Management Company, LLC
LICENSEE ADDRESS: 830 W. Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 09/30/15

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a) 300.1210b), 300.3240a), and 300.3240f). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), and 300.3240a). Total fine of \$2,200.00.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Tri-State Nursing & Rehab Ctr.
FACILITY ADDRESS: 2500 East 175th Street
FACILITY CITY, STATE, ZIP: Lansing, IL 60438

DOCKET NUMBER: NH 15-S0303

LICENSEE INFO: Tri-State Nursing & Rehabilitation Center, Inc.
LICENSEE ADDRESS: 2201 Main Street
LICENSEE CITY, STATE, ZIP: Evanston, IL 60202

Survey Date – 06/04/2015

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Turner Manor
FACILITY ADDRESS: P.O. Box 303, 901 Oglesby Road
FACILITY CITY, STATE, ZIP: Harrisburg, IL 62946

DOCKET NUMBER: NH 14-S0205

LICENSEE INFO: Turner Manor, Inc.
LICENSEE ADDRESS: 105 So. Commercial St., P.O. Box 972
LICENSEE CITY, STATE, ZIP: Harrisburg, IL 62946

Survey Date – 03/17/2014

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Turner Manor
FACILITY ADDRESS: P.O. Box 303, 901 Oglesby Road
FACILITY CITY, STATE, ZIP: Harrisburg, IL 62946

DOCKET NUMBER: NH 14-C0290

LICENSEE INFO: Turner Manor, Inc.
LICENSEE ADDRESS: 105 So. Commercial St., P.O. Box 972
LICENSEE CITY, STATE, ZIP: Harrisburg, IL 62946

Survey Date – 05/07/2014

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Warren Barr Lincolnshire
FACILITY ADDRESS: 150 Jamestown Lane
FACILITY CITY, STATE, ZIP: Lincolnshire, IL 60069

DOCKET NUMBER: NH 15-S0411

LICENSEE INFO: Lincolnshire Living & Rehab Center, LLC
LICENSEE ADDRESS: 7040 N. Ridgeway
LICENSEE CITY, STATE, ZIP: Lincolnwood, IL 60712

Survey Date – 08/18/2015

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Waukegan Terrace
FACILITY ADDRESS: 860 South Lewis Avenue
FACILITY CITY, STATE, ZIP: Waukegan, IL 60085

DOCKET NUMBER: NH 15-S0500

LICENSEE INFO: Frances House
LICENSEE ADDRESS: 285 South Farnham Street
LICENSEE CITY, STATE, ZIP: Galesburg, IL 61401

Survey Date – 09/28/2015

Type A violation of an occurrence for violating one or more of the following sections of the Code: 350.620a), 350.1210), 350.1230d)2) and 350.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a). For fines totaling \$6,250.00

FACILITY NAME: Waverly Place of Stockton
FACILITY ADDRESS: 501 Front Street
FACILITY CITY, STATE, ZIP: Stockton, IL 61085

DOCKET NUMBER: NH 15-C0355

LICENSEE INFO: Waverly Place of Stockton, LLC
LICENSEE ADDRESS: 2711 W. Howard Street
LICENSEE CITY, STATE, ZIP: Chicago, IL 60645

Survey Date – 06/11/2015

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Whitehall North
FACILITY ADDRESS: 300 Waukegan Rd
FACILITY CITY, STATE, ZIP: Deerfield, IL 60015

DOCKET NUMBER: NH 15-S0431

LICENSEE INFO: Whitehall North, LLC
LICENSEE ADDRESS: 6633 North Lincoln Ave
LICENSEE CITY, STATE, ZIP: Lincolnwood, IL 60712

Survey Date – 08/12/2015

Type B violation for violating one or more sections: 300.610a), 300.1210b), 300.1210d)5), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the following sections of the Code with a high risk designation: 300.1210b), 300.1210d)5), and 300.3240a).. For a total fine of \$2,200.00

FACILITY NAME: Winchester House
FACILITY ADDRESS: 1125 North Milwaukee Avenue
FACILITY CITY, STATE, ZIP: Libertyville, IL 60048

DOCKET NUMBER: NH 15 C0323

LICENSEE INFO: County of Lake
LICENSEE ADDRESS: 18 North County Street
LICENSEE CITY, STATE, ZIP: Waukegan, IL 60085

Survey Date – 06/03/2015

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Windmill Nursing Pavilion, Ltd.
FACILITY ADDRESS: 16000 S. Wabash
FACILITY CITY, STATE, ZIP: South Holland, IL 60473

DOCKET NUMBER: NH 15-S0464

LICENSEE INFO: Windmill Nursing Pavilion, LTD.
LICENSEE ADDRESS: 191 N. Wacker Dr., Ste. 1800
LICENSEE CITY, STATE, ZIP: Chicago, IL 60606

Survey Date – 10/02/2015

Type B Violation of an occurrence for violating one or more of the following sections of the Code: 300.1010h), 3001010i), 300.1210b), 300.1210d)3), 300.1620a) and 300.3240a). The fine doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b) and 300.3240a). Total Fine \$2,200.00.

Type B violation of an occurrence for violating the following section of the Code: 300.661)- No fine.

Quarterly Report

Oct-Dec 2015

FACILITY NAME: Windsor Park Manor
FACILITY ADDRESS: 110 Windsor Park Drive
FACILITY CITY, STATE, ZIP: Carol Stream, IL 60188

DOCKET NUMBER: NH 13-C0498

LICENSEE INFO: Windsor Park Manor
LICENSEE ADDRESS: 801 Adlai Stevenson Drive
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 10/11/2013

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.