



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

June 11, 2020

David Aronin, Registered Agent
St. James Wellness Rehab and Villas, LLC
2201 Main Street
Evanston, Illinois 60202

RE: Complaint #: IL00121039
Survey Date: March 13, 2020
Docket #: 20-C0186
Violation Type: Level B

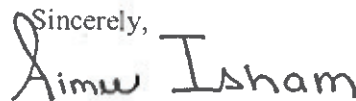
Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as St. James Wellness Rehab Villas.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Quality Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Aimee Isham
Bureau Chief, Long Term Care
Office of Health Care Regulation

Enclosure

cc: Administrator

File

St. James Wellness Rehab Villas/March 13, 2020/RegAgent S. Geer

PROTECTING HEALTH, IMPROVING LIVES

Nationally Accredited by PHAB

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH) Docket No. NH20-C0186
STATE OF ILLINOIS,)
Complainant,)
)
v.)
)
ST. JAMES WELLNESS REHAB AND VILLAS, LLC,)
D/B/A, ST. JAMES WELLNESS REHAB VILLAS,)
Respondent.)

**NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLAN OF CORRECTION REQUIRED;
NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF
VIOLATORS; NOTICE OF OPPORTUNITY FOR HEARING**

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "B" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Complaint IL00121039 Investigation conducted by the Department on March 13, 2020, at St. James Wellness Rehab Villas, 1251 East Richton Road, Crete, Illinois 60417. On June 01, 2020, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

- 1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
- 2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.

- 3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of \$ **2,200.00**, as follows:

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)5) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and 300.282j) of the code due to the violations of the sections of the Code with high risk designation: 300.1210b), 300.1210d)5) and 300.3240a).

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Attn: Sammye Geer
Illinois Department of Public Health
525 West Jefferson, 5th Floor, QA
Springfield, Illinois 62761

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

- (A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department.
- (B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license; the license shall not be renewed; or
- (C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

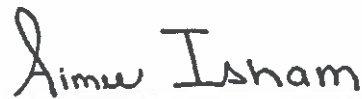
Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of "B" Violation(s); Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation. (Please refer to the Notice of Fine Assessment section on where to send your fine Payment).

Plan of Correction, Hearing Requests and Waivers can be emailed to the following email address: DPH.LTCQA.POChearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Sammie Geer, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.



Aimee Isham
Bureau Chief, Long Term Care
Office of Health Care Regulation

Dated this 11th day of June, 2020.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

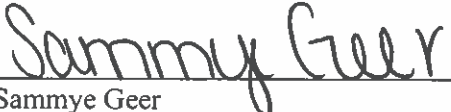
THE DEPARTMENT OF PUBLIC HEALTH)
STATE OF ILLINOIS) Docket No. NH 20-C0186
Complainant,)
v.)
ST. JAMES WELLNESS REHAB AND VILLAS, LLC,)
D/B/A, ST. JAMES WELLNESS REHAB VILLAS,)
Respondent.)

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent: David Aronin
Licensee Info: St. James Wellness Rehab and Villas, LLC
Address: 2201 Main Street
Evanston, Illinois 60202

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the
11th day of June, 2020.


Sammie Geer
Administrative Assistant I
Long Term Care – Quality Assurance
Office of Health Care Regulations

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010664	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2020
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NAME OF PROVIDER OR SUPPLIER ST JAMES WELLNESS REHAB VILLAS	STREET ADDRESS, CITY, STATE, ZIP CODE 1251 EAST RICHTON ROAD CRETE, IL 60417
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 2071989/IL121039- F684 G	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)5) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain	S9999		

Attachment A
Statement of Licensure Violations

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

TITLE

(X6) DATE

04/01/20

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.3240 Abuse and Neglect</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to monitor and notify the physician of a deteriorating wound. As a result, R1's sacral area deteriorated to multiple unstageable wounds. R1 was admitted to the hospital, treated with Intravenous antibiotic therapy and scheduled for surgical debridement. This applies to of 1 resident (R1) reviewed for wounds in the facility.</p> <p>The Findings Include:</p> <p>The Face Sheet says R1 was admitted on 12/11/2019 with the following pertinent diagnosis: Parkinson's disease, dysphagia, peripheral vascular disease, obesity, hemiplegia/hemaparesis and dementia.</p> <p>On 3/12/2020 at 3:50PM, V11(Hospital Nurse) showed pictures via computer of R1's sacral wounds. The pictures dated 3/10/2020 depicted 2 large excoriated areas with red and pink tissue, and one large opened area with necrotic/black tissue inside. V11 said R1 is on IV antibiotics for wound infection and will have surgical debridement on 3/13/2020. The computer documented the following measurements of the wounds, 1). 11.5 cm in length by 3 cm in depth 2). 9.5 cm in length by 5 cm in depth 3). 5 cm diameter opened wound.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>On 3/12/2020 at 4:13PM, R1 was in bed at the hospital with, V13 (Husband of R1) at her side. R1 had a midline to the left arm and intravenous antibiotic was infusing. R1 had a indwelling urinary catheter in place. R1 could not answer questions. V13 said R1's sacral area started as a small area about 3 cm in length, but it declined and no one did anything about. V13 said R1's undergarments would be soaked and wet with urine, " you could wring the urine out like a mop." V13 showed pictures of 3 large sacral wounds on his cell phone dated 3/10/2020. V13 said on March 10, 2020 the nursing home wanted to send R1 out for a high potassium level, "I was there and took these pictures before R1 was transferred to the hospital. We have been married for 58 years, I took the pictures, look at what they did to her." V13 said now R1 has a urinary bag and is on IV antibiotics and needs surgery to cut the black dead tissue away from this large wound. V13 said he was at the nursing home everyday and told everyone about the wet undergarments but could not remember any names.</p> <p>All Progress Notes were reviewed from 12/11/2019 to 3/10/2020. Progress Note dated 2/18/2020 says, " during incontinent care resident noted with dark purplish/black area to the left outer buttock. Skin intact around the area, small amount of bloody drainage noted." Physicians Ordered dated 2/18/2020 says mupirucin 2% to right upper buttock cleanse with normal saline, pat dry apply bactroban and cover with a dry dressing daily and as needed; start Augmentin 875 milligrams twice a day, the Augmentin was discontinued/complete on 3/2/2020. Again R1 was hospitalized on 3/10/2020 and started on IV antibiotics for wound infection at the hospital. Wound Evaluation Notes dated 2/18/2020,</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>2/26/2020 and 3/4/2020 were reviewed. The wound care doctor documented the last time R1 was examined 3/4/2020, " monitor, apply barrier cream to slight excoriation peri-wound area; hardness remains purple in the upper 3/4 area. There is no documentation of the wounds eruption or decline, no documentation about worsening excoriation, no documentation about notifying the physician of the declining wounds. The treatment did not change for R1's wounds.</p> <p>On 3/12/2020 at 11:17AM, V5 (Wound Care Doctor) said he saw R1 and R1 had a hard, indurated abscess/boil like area most likely from bacteria. V5 said R1 was started on antibiotic ointment and oral antibiotics. V5 was not notified of the abscess/boil/blisters's erosion.</p> <p>On 3/12/2020 at 1PM, V8 (Nurse) sent R1 out on March 10, 2020. V8 said R1 had a hard boil that was treated with ointment.</p> <p>On 3/13/2020 at 8:37AM, V3 (Wound Care Nurse). V3 said she was not in the facility due to medical reasons since 2/24/2020 and no descriptive wound notes were entered since 2/24/2020. After reviewing the hospital pictures of R1's sacral wounds, V3 said, the moisture associated skin dermatitis was not there when she saw the wound in February of 2020, but notes that the doctor saw slight excoriation on 3/4/2020. V3 said the blister erupted and has tissue protruding from the wound. I can see it needs debridement. V3 said it is not clear when the blister erupted or when the dermatitis worsened, the doctor should have been notified. V3 said she will start to re-educate the nurses on monitoring changes in wound status and notifying the doctor.</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>Wound Care Plan dated 2/18/2020 says to monitor for signs and symptoms of infection such as pain, odor, changes in exudate characteristics or redness, edema, or cellulitis. Notify physician if observed. Observe lesion characteristics weekly to monitor for effectiveness of treatment. Notify physician if lesion shows evidence of decline.</p> <p>(B)</p>	S9999		

FAC. NAME: ST JAMES WELLNESS REHAB VILLAS
LIC. ID #: 0052779
DATE COMPLAINT RECEIVED: 03/11/20 12:19:00

COMPLAINT #: 0121039

IDPH Code	Allegation Summary	Determination
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105	IMPROPER NURSING CARE	<u>1</u>

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.