IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

January 16, 2019

Marikay Snyder, Registered Agent
Petersen Health Business, LLC
830 West Trailcreek Drive
Peoria, Illinois 61614

RE:	Complaint #:	IL00107157
	Survey Date:	November 16, 2018
	Violation Type:	Level B
	Docket #:	18-C0535

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 Sandwich Rehab & HCC.

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,

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Enclosure
cc: Administrator
File
Sandwich Rehab & HCC/November 16, 2018//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. PETERSEN HEALTH BUSINESS, LLC, D/B/A, SANDWICH REHAB & HCC, Respondent.	)))))))))	Docket No. NH18-C0535

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 IL00107157 Investigation conducted by the Department on November 16, 2018, at Sandwich Rehab & HCC, 902 East Arnold Street, Sandwich, Illinois 60548. On January 15, 2019, 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), 300.1210b)3), 300.1210d)2)3), 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) 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:

Illinois Department of Public Health
P.O. Box 4263
Springfield, Illinois 62708

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: Sammye Geer, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulation

Dated this 16th day of January, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. PETERSEN HEALTH BUSINESS, LLC, D/B/A, SANDWICH REHAB & HCC, Respondent.	))))))))))	Docket No. NH 18-C0535

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:	Marikay Snyder
Licensee Info:	Petersen Health Business, LLC
Address:	830 West Trailcreek Drive Peoria, Illinois 61614

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 16th day of January, 2019.

Sammye Geer

Sammye 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008213	A. BUILDING: _____ B. WING _____	C 11/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDWICH REHAB & HCC	902 EAST ARNOLD STREET SANDWICH, IL 60548

(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 1817291/IL107157 investigation	S 000		
S9999	Final Observations Statement of Licensure Violation 300.610a) 300.1210b)3) 300.1210d)2)3) 300.3220f) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:

3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.

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:

2) All treatments and procedures shall be administered as ordered by the physician.

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

Section 300.3220 Medical Care

f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been

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S9999	Continued From page 2 issued to assure facility compliance with such orders. (Section 2-104(b) of the Act) Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These regulations were not met as evidence by: Based on interview and record review the facility failed to treat a urinary tract infection and failed to ensure a urinalysis test was obtained in a timely manner. This applies to 1 of 3 residents (R2) reviewed for urinary tract infections and laboratory services in the sample of 3. This failure resulted in R2 having to be sent to the local emergency room to be treated for sepsis. The findings include: R2's November 2018 Physician Order Sheet (POS) shows diagnoses including history of UTIs (urinary tract infections), history of sepsis, dementia, and diabetes mellitus. R2's cumulative diagnosis log shows additional diagnoses of anemia, coronary heart disease, and history of cystitis. R2's July 14, 2018 POS shows an order for a foley (indwelling) catheter related to urinary retention. The facility infection control log was reviewed for the last three months and showed R2 experienced UTIs on August 5, September 20, and November 14, 2018.	S9999		

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S9999	Continued From page 3 R2's progress notes dated September 12, 2018 stated: c/o (complaint) of burning at catheter. Note to MD (medical doctor) to notify of this. C/O lower body pain. New order received per (MD) for UA/C&S (urinalysis/culture and sensitivity - a laboratory test of urine to determine presence of infection and organism involved). R2's progress notes dated September 15, 2018 stated: UA reordered. VS-100.3 (vital sign temperature of 100.3 degrees Fahrenheit). R2's progress note dated September 17, 2018 stated: patient urine for UA/C&S collected, ready for pickup. R2's progress note dated September 19, 2018 stated: patient didn't sleep well, C/O discomfort and burning...in pain...foley (catheter) intact with dark urine. T99.7 (temperature 99.7 degrees Fahrenheit). R2's progress notes dated September 20, 2018 stated: New T.O. (telephone order) Keflex 500 mg p.o. x 10 days. Urine cloudy...large amount foul smelling milky drainage. Catheter flush attempted-Unable. D/C'ed (discontinued) with clumps noted at end of catheter...new catheter inserted...yellow then purulent (drainage indicative of infection) and bloody with small clots then purulent yellow. R2's progress notes dated September 21, 2018 stated: R2 continued with a high temperature of 100.2 degrees F and catheter with white sediment and blood clots. Small amounts of sediment and light brown tinged urine off and on. R2's September 22, 2018 progress note shows R2 was admitted to the local hospital emergency room with a diagnosis of sepsis.	S9999		

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S9999	Continued From page 4 R2's medical chart showed a telephone doctor order dated September 12, 2018 for a UA/C&S test. R2's medical chart showed a second telephone order dated September 20, 2018 (8 days later) for Keflex (antibiotic) 500 mg TID x 10 days. R2's laboratory results show a specimen collect date of September 17, 2108 (5 days after the initial order was placed). R2's September 18, 2018 preliminary laboratory report showed positive for urinary tract infection and R2's September 20, 2018 final laboratory report showed the organism responsible for the infection. R2's September 2018 Medication Administration Sheet shows the Keflex was finally begun on September 21, 2018, (9 days after symptoms began). On November 15, 2018 at 11:25 AM, V2 (Director of Nurses) stated in September 2018, R2 had a long lag between the time her UTI symptoms began and the time an antibiotic was finally administered. V2 said R2 was showing signs and symptoms of a urinary tract infection during the lag time. V2 said R2 continued to have intermittent fevers, cloudy urine, and pain while the facility was waiting for laboratory results. V2 stated waiting nine days to begin treating a UTI is too long. V2 (Director of Nurses) stated, "Our lab service is horrible, horrible!" V2 stated R2's urine test request was sent to the outside lab company on September 12, 2018. V2 stated they should have picked up the urine sample within 24 hours but they never did. V2 said facility staff called the lab company on September 13th and questioned	S9999		

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S9999	Continued From page 5	S9999		

when they would arrive to pick up the urine sample. V2 and the lab company "promised" they would be there on either the 13th or 14th. V2 said she came in to work on September 15th and the urine sample was still in the facility. V2 said she phoned the lab company and "threw a fit" over the urine still not picked up. V2 said she was promised it would be picked up on September 16th. V2 said on the 16th it had not been picked up and she again phoned the lab company and spoke with the lab supervisor. V2 said the lab supervisor "finally" came to the facility and picked up a freshly obtained urine sample on the 17th. V2 said the lab "dropped the ball" and it never should have taken that long for lab services. V2 said a preliminary report should be back within 48 to 72 hours and a final report available within the same time frame.

On November 15, 2018 at 12:40 PM, V1 (Administrator) stated residents should be assessed and treated for UTIs as soon as possible. V1 said there should not be any delays. V1 stated UTIs left untreated have the potential to progress into sepsis, kidney damage, and organ failure. V1 stated waiting an extended length of time increases the risk for an infection to spread throughout the body. V1 (Administrator) stated lab samples should be picked up as soon as possible and there should not be any delays in sending them out or getting the results. V1 said labs should be picked up within four to six hours after being ordered

The facility's undated Management of Catheter-Associated Urinary Tract Infections (CAUTI) guidelines show: Assess for signs or symptoms of CAUTI (such as) fever greater than 100.4 degree F (or an increase of 1.5 degree F above baseline), new costovertrebral (lower back)

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S9999	Continued From page 6 tenderness, rigors, new onset delirium, acute hematuria (blood in urine), lower abdominal pain. The guidelines show if CAUTI symptoms are present: obtain a urine sample prior to implementing antibiotic treatment for urinalysis with culture and sensitivity. If urinalysis shows criteria is met for treatment with antibiotic, treatment with an antibiotic should be considered. The facility did not have any policy related to the timeliness of obtaining a UA/C&S. The facility's laboratory services agreement start dated January 1, 2018 states under the Provider Services section: (a) Provider will complete all routine tests within a timely fashion. (b) Lab testing will be performed per agreed schedule between the parties. Laboratory services are available on the weekend as needed. (h) (Laboratory services) call center is available twenty four hours a day, seven days a week to schedule testing, relay results, and for customer service issues. The agreements states under the Results and Records section: When any laboratory service is requested by the client, (lab) shall process the request and will provide a report to the client ... (B)	S9999		

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: SANDWICH REHAB & HCC COMPLAINT #: 0107157
LIC. ID #: 0053546
DATE COMPLAINT RECEIVED: 11/07/18 14:55:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1

X 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.