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January 16, 2019

Cathy Lietz, Registered Agent
Friendship Manor Group, LLC
485 South Friendship Drive
Nashville, Illinois 62263

RE: Complaint #: IL00106616
Survey Date: November 16, 2018
Violation Type: B Level
Docket #: 18-C0547

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 Friendship Manor Health Care.

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
Division Chief of Quality Assurance
Office of Health Care Regulations

Enclosure

cc: Administrator

File

Friendship Manor Health Care/November 16, 2018//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. NH18-C0547
STATE OF ILLINOIS,	)	
Complainant,	)	
	)	
v.	)	
	)	
FRIENDSHIP MANOR GROUP, LLC,	)	
D/B/A, FRIENDSHIP MANOR HEALTH CARE,	)	
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 IL00106616 Investigation conducted by the Department on November 16, 2018, at Friendship Manor Health Care, 485 South Friendship Drive, Nashville, Illinois 62263. 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), 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).

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
Division Chief of Quality Assurance
Office of Health Care Regulation

Dated this 16th day of January, 2019.

THE DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS
Complainant,

v.

PROOF OF SERVICE

Registered Agent:
Licensee Info:
Address:

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

Sammy Geer
Sammy Geer

Sammeye 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: IL6015895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/16/2018
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NAME OF PROVIDER OR SUPPLIER FRIENDSHIP MANOR HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 485 SOUTH FRIENDSHIP DRIVE NASHVILLE, IL 62263
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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: 1846801/IL106616-F690 G	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 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 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest	S9999		

Attachment A
Statement of Licensure Violations

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

TITLE

(X6) DATE

11/30/18

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/16/2018
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S9999	Continued From page 1 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: 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on interview and record review, the facility failed to ensure Indwelling Urinary Catheter placement in the bladder before inflating bulb for 1 resident (R2) reviewed for Indwelling Urinary Catheter care. This failure resulted in R2's hospitalization for surgical removal of catheter	S9999			

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S9999	Continued From page 2 with the bulb improperly inflated in the urethra. Findings include: R2's Face Sheet documents an admission date of 6/19/18 with the Diagnoses of Quadriplegia, C1-C4 complete, Neuromuscular Dysfunction of Bladder, Personal History of Urinary Tract Infections (UTI). R2's Minimum Data Set (MDS), dated 6/26/18, documents a Brief Interview for Mental Status (BIMS) score of 11 indicating moderately impaired cognition, The MDS further documents R2 is total Dependence in all ADLS, ROM impairment upper and lower extremities both sides and has an Indwelling Urinary Catheter. R2's Physician Order Sheet, dated 8/8/18, documents: Obtain UA (Urinalysis) and C&S (Culture and Sensitivity) in AM related to cloudy, sediment in urine, Use new (Indwelling Urinary Catheter) to obtain specimen for UA and C&S. R2's Nurses Note by V17, Licensed Practical Nurse (LPN), dated 8/9/18 at 2:30 AM documents, Changed (Indwelling Urinary Catheter) 18 Fr. With 5 cc (cubic centimeter) bulb, After insertion noted bleeding small amount coming out around tubing at tip of penis. (Indwelling Catheter) removed. Peri care provided and reinserted #18 fr. With 30 cc inflated with 20 cc of normal saline, CNA (Certified Nurses Aide) did rounds and reported looked like catheter was coming out. Attempted to remove catheter and bulb would not deflate after several attempts. Will monitor for urine return. No complaints of pain or discomfort. R2's Nurses Note by V11, Register Nurse (RN),	S9999			

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S9999	Continued From page 3 dated 8/9/18 at 3:00 AM, documents: Noted catheter would not deflate, Bulb cut back to catheter and with syringe could not get water from bulb. Catheter would not come out. V16 (Physician) Nurse called. Stated "Dr. wants him (R2) to go to the emergency room to get (Indwelling Catheter) removed." R2's Resident Emergency Transfer Form, signed by V11, dated 8/9/18, documents: Reason for transfer: Changed (Indwelling Urinary Catheter), Inserted for UA, Balloon 20 cc. No urine, tried to deflate, no water will come out. Stuck. The local hospital report, dated 8/9/18, documents, Continuous charting: (R2) arrived to ED (Emergency Department) via EMS (Emergency Medical Service), from (name of facility) Report received from RN (V11) (V11) states she attempted to change the patient's (Indwelling Urinary Catheter) at approximately 2:45 AM. (V11) states after the (Indwelling Catheter) was placed, there was no return of urine. (V11) attempted to remove the (Indwelling Catheter) but was unable to remove the 20 cc of water from the (Indwelling Catheter) balloon. Upon arrival, notable dried blood at entrance of Urethra. (Indwelling Catheter) is not draining urine in ED. Port to remove water from balloon has been cut prior to arrival to ED. Attempts to remove water from balloon was ineffective. No attempt to remove (Indwelling Catheter) made. The local hospital report, dated 8/9/18, continues, 04:55 AM- Patient to radiology for CT (computerized tomography) scan. Results: Pelvic Contents: Bladder well distended, mildly inflamed. Small amount of calcified debris in the dependent bladder. (Indwelling Catheter) balloon is inflated within the urethra. Mild surrounding inflammation	S9999			

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S9999	Continued From page 4 but no frank urethral rupture. Impression: 1. (Indwelling Catheter) balloon lies retroflexed within the urethra. No frank urethral rupture identified. The local hospital report, continues, 8/9/18 at 5:51 AM- Attempt made by FNP (Family Nurse Practitioner) and this nurse to un-kink cath tubing unsuccessful. Call placed to another hospital for possible transfer to Urology. At 6:30 AM Patient was accepted to out of town hospital as patient may need an open procedure that requires another facility. The local hospital report, continues, Diagnosis: Mechanical Complication of Urinary Catheter. Impression: There is a complication of the urinary catheter likely due to improper insertion technique. The catheter was found kinked in the urethra in the shaft of the penis and the 20 cc balloon was inflated in the urethra. It was unable to be deflated or advanced. Plan: Due to the fact that the balloon of the catheter was unable to be deflated and the catheter was also unable to be advanced, as well as the CT shows a moderately distended bladder, and there is surrounding inflammation of the tissue in the penis and around the urethra, there is need for the consult of Urology. He has a neurogenic bladder and will need another catheter placed. Fluro (fluoroscopy) or OR (Operating Room) will likely be needed for (R2) ER discharge: 8:38 AM: Transfer to Hospital, Vitals Pulse 80, resp 20, B/P 122/77. Oxygen Sats 98%, Patients condition is stable. R2's operative report from receiving hospital, dated 8/9/18 at 2:20 PM, documents, Preoperative diagnosis: (Indwelling Urinary Catheter) with balloon inflated in urethra and	S9999			

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S9999	Continued From page 5 unable to remove. Operative procedure: Urethroscopy, deflation of the (Indwelling Urinary Catheter) balloon and removal of (Indwelling Urinary Catheter), cystoscopy, (Indwelling Urinary catheter) placement. History: 36 y/o quadriplegic male with neurogenic bladder who has a chronic (Indwelling Urinary Catheter). An attempt at the nursing home to place a new catheter was unsuccessful. The balloon unfortunately was accidentally inflated in the urethra. An attempt to deflate the balloon was unsuccessful. On 11/13/18 at 9:50 AM, V17, LPN, stated, "I remember the incident-The doctor had ordered a UA C&S and wanted a new 'fresh' (Indwelling Urinary Catheter) placed in for the specimen. (R2) had been treated for a UTI (Urinary Tract Infection). (R2) had not been drinking much. I removed the existing (Indwelling Urinary Catheter) without any issues. I went to insert the new one- blood started to come out with urine, and blood came out of his penis so I removed the (Indwelling Urinary Catheter) and did peri care and disposed of the catheter, I waited about ½ hour and the bleeding had stopped. I inserted the new (Indwelling Urinary Catheter) using sterile technique, I maybe got a dribble of urine and I inflated the balloon. I told (V22, CNA) to watch for urine output. About 20-30 minutes later, (V22) came and got me and told me the tubing was out of (R2's) penis more from when it was inserted. I tried to deflate the balloon, but was unable to. I had another nurse (V11) come to assist me and she tried to deflate the balloon by cutting the water port, but still was unable to remove the catheter. (V11) called the doctor and we sent him out before a problem occurred."	S9999			

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S9999	Continued From page 6 On 11/13/18 at 9:25 AM, V11, RN stated, "I came in that night to replace (V17). She had put in a (Indwelling Urinary Catheter) and couldn't get it out. I couldn't either. I cut the port to remove the water from the bulb and I still couldn't get it out. I knew there was a problem so I sent him out. I'm unsure if there was any urine present in the tubing or bag. I knew his bladder would start filling up. He did not seem in any distress." On 11/14/18 at 9:30 AM, V1, Administrator, along with V2, Director of Nursing, voiced concerns that R2's Catheter could have been in place when at the facility and there were Ambulance staff, the local hospital and numerous people involved that could have dislodged the catheter including R2 himself. On 11/15/18 at 9:19 AM, when asked if urine should be to flowing prior to inflation of the catheter bulb, V2 stated "I did my investigation. (V17) stated that when she inserted the first catheter there was blood noted in the urine." V2 also stated that V17 said that R2 had not been drinking a lot and wasn't expecting to see a lot of urine output after the first attempt because the first attempt emptied the bladder. V2 again voiced that she believes that R2 could have moved his arms and tugged on the (Indwelling Urinary Catheter) by accident, he wasn't able to grasp things with his fingers, but he could have gotten his arm around it somehow. V2 stated there was a period of time after the second insertion that no one was present. On 11/16/18 at 10:25 AM, V23, Medical Assistant to V24, R2's Surgeon, stated "Before inflating an Indwelling Catheter bulb you must ensure the tube is in the bladder by evidence of urine flow."	S9999			

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S9999	Continued From page 7 The facility's undated Catheter Insertion policy and procedure documents, Indwelling Urinary Catheters may be inserted by licensed nurse upon the order of a Physician. Physician's order must specify catheter size, balloon capacity, frequency of irrigation. It continues under Procedure for Male, 16. Raise penis upright, then gently advance catheter until urine flows. Place free end of catheter in sterile container. It continues, B. For (Indwelling Catheter), carefully: 1) take a pre-filled syringe and insert into lumen for balloon inflation. 2) Withdraw catheter slightly to be sure balloon has inflated. (B)	S9999			

COMPLAINT DETERMINATION FORM

FAC. NAME: FRIENDSHIP MANOR HEALTH CARE
LIC. ID #: 0050161
DATE COMPLAINT RECEIVED: 10/16/18 14:10:00

COMPLAINT #: 0106616

IDPH Code	Allegation Summary	Determination
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105	IMPROPER NURSING CARE	<u>2</u> F6906
118	RESIDENT RIGHTS	<u>1</u>

1 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.