IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

January 30, 2019

Patrick Cox, Registered Agent
Rutledge Joint Ventures L.L.C.
202 North Center
Bloomington, Illinois 61701

RE: Complaint #: **IL00107445**
Survey Date: **November 30, 2018**
Docket #: **19-C0009**
Docket 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 Heritage Health - Springfield.

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
Heritage Health - Springfield/November 30, 2018//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. RUTLEDGE JOINT VENTURES L.L.C., D/B/A, HERITAGE HEALTH - SPRINGFIELD, Respondent.	)))))))))	Docket No. NH19-C0009

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 IL00107445 Investigation conducted by the Department on November 30, 2018, at Heritage Health - Springfield, 900 North Rutledge, Springfield, Illinois 62702. On January 29, 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), 300.1210a), 300.1210b)5), 300.1210d)3)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
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: 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 30th day of January, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. RUTLEDGE JOINT VENTURES L.L.C., D/B/A, HERITAGE HEALTH - SPRINGFIELD, Respondent.	)	Docket No. NH 19-C0009

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:	Patrick Cox
Licensee Info:	Rutledge Joint Ventures L.L.C.
Address:	202 North Center Bloomington, Illinois 61701

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 30th day of January, 2019.

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
	IL6004279	A. BUILDING: _____ B. WING _____	C 11/30/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-SPRINGFIELD	900 NORTH RUTLEDGE SPRINGFIELD, IL 62702

(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 #1847557/IL107445	S 000		
S9999	Final Observations Statement of Licensure Violation 300.610a) 300.1210a) 300.1210b)5) 300.1210d)3)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. 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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: 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. 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: 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	S9999		

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S9999	Continued From page 2 resident's medical record. 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. These Regulations were not met as evidence by: Based on interview and record review, the facility failed to provide adequate supervision to prevent falls for one of 3 residents (R3) reviewed for falls in a sample of 3. This failure resulted in R3 falling and sustaining a fractured trochanter after continually trying to get up unassisted. Finding includes: 1. The Initial Nursing Assessment dated 11/14/18 documents R3 was admitted from an acute hospital with an anticipated stay less than 30 days for Physical and Occupational Therapy. The Assessment documents R3 to be alert to person, place, time and situation with okay memory. The Assessment also asked the question "is he confused?" with the answer being yes. Identified concerns on the assessment include: Syncope, lower extremity weakness, needs help with mobility assistive device of walker, unsteady gait, supervision with transfer/toilet identified as independent. Falls Interventions included in the	S9999		

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S9999	Continued From page 3	S9999		

initial assessment include:- nonskid foot wear, walker, call light in reach, clear pathway to Bathroom, remind to use walker, no safety devices such as alarms identified in use. The assessment documents skilled services are for fall prevention and personal safety.

R3's Fall Risk assessment completed on 11/14/18 documents him as a moderate risk and having no previous falls prior to admission.

The Interim Care Plan, dated 11/14/18, documents R3 to be at risk for falls with the goal being "I will resume usual activities without incident through the next review date." Interventions include: 11/19/18 review for fall risk interventions upon return from hospital, assist me to keep non-skid footwear on at all times while I am up, I use a walker for mobility, make sure my call light is always within my reach, make sure you keep a clear pathway to my bathroom, and · Remind me to use my walker when I am ambulating."

Entry into the Electronic Health Record (EHR) progress notes dated 11/16/18 entered by V3, Licensed Practical Nurse (LPN), documents "Writer heard a loud noise at 1820 and pt (patient) started yelling help help. Writer and CNA's (Certified Nurse Aides) ran into the room and observed pt laying by the bathroom door on his right side with his arm underneath his body. Writer asked pt if anything hurt and he said his right hip. When asked if pt could move his right leg pt stated no he could not and that it hurt. Pt stated that his right shoulder hurt as well. Upon assessment writer noted scratches from falling to pts back and right abd (abdomen). Pts vs (vital signs) are normal bp (blood pressure) 122/62, pulse 74, resp (respirations) 16. Pt was (lifted per

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S9999	Continued From page 4	S9999		

a full body mechanical lift) from floor to bed with writer and two CNAs. Pt continued to c/o (complain of) pain. Neuro checks initiated r/t (related to) Unwitnessed fall. Pt has no c/o loc (level of consciousness). Pt is confused per usual self. Writer called V8, NP (nurse practitioner) to inform her. N.O. (new order) send pt to (hospital) ER (emergency room) for evaluation and tx (treatment). Emergency contact (V7, Family) aware at 1835. Ambulance here at 1845 to transport pt to ER. Report called to charge nurse in emergency department."

R3's ED (Emergency Department) notes dated 11/16/18 documents under conclusion "Fractures of the right hip involving lesser trochanter and greater trochanter. This is likely part of an intertrochanteric fracture."

R3's Progress Notes between admission on 11/14/18 and 11/16/18 at 18:20 (6:20pm) do not reflect any attempts by R3 at getting up unattended.

On 11/30/18 at 9:20 AM, V10 CNA stated she was working R3's floor the evening R3 fell and entered his room right after the fall to move his walker as V6 and V3 used the full body mechanical lift to put him in bed from the floor. V10 stated R3 would try to get up on his own. V10 stated R3 was unsteady on his feet and had difficulty even using the walker with 2 CNA's.

On 11/30/18 at 12:35pm, V6 CNA stated she came in on 11/16/18 at 3:00 PM. She said R3 was constantly trying to get up without assistance stating "There was no way to stop him except 1:1 and I had others to put to bed." V6 stated after dinner she put him to bed and then he got up and fell. V6 stated her and V3, LPN used the full body

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mechanical lift to transfer him to bed from the floor because V3 said she needed to assess him. Didn't really notice if R3 was complaining of pain during the transfer or anything because it happened so fast. V6 stated R3 was confused but one minute he seemed fine and the next, he would try to get up. I would have had to do 1:1 to prevent him from falling. "I should have never put him to bed."

The interim care plan's falls prevention plan fails to address R3's confusion and his repeated attempts at getting up unassisted or his need for closer supervision when he is doing this. Facility staff failed to recognize R3's need for closer supervision on 11/16/18 and failed to provide it at the time in an effort to prevent him from falling.

Facility policy date Dated 3/20/12 - Documents the policy as "It is the policy of this facility to assess each resident's fall risk on admission. This will help facilitate an interdisciplinary approach for care planning to appropriately monitor, assess and ultimately reduce injury risk. Factors related to the risk will be addressed and care planned. " The policy documents "The potential for injury will be care planned when appropriate, based on the results of the Fall Assessment. The interdisciplinary care plan will be individualized to reflect the specific needs and risk factors of the resident." The policy documents under "Interventions to manage falls" that "Interventions will be based on the resident assessment and the circumstances surrounding the risk for injury or actual injury or fall. Some examples may be: Falls related to gait/balance deficits," confusion, positioning problems, toileting needs, syncope episodes, environmental hazards, sensory/perceptual problems, and poor judgment or knowledge deficits. Under

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S9999	Continued From page 6 "Procedure " , the policy documents " Resident Falls " - After a fall, the resident will not be moved from their position until a licensed nurse determines it is safe to do so. " (B)	S9999		

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: HERITAGE HEALTH-SPRINGFIELD COMPLAINT #: 0107445
LIC. ID #: 0041699
DATE COMPLAINT RECEIVED: 11/20/20 18:14:31

IDPH Code	Allegation Summary	Determination
131	RESIDENT INJURY	1
409	POLICY AND PROCEDURES	2

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.