IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

February 06, 2019

Marikay Snyder, Registered Agent
Peterson Health Operations, L.L.C.
830 West Trailcreek Drive
Peoria, Illinois 61614

RE: Complaint #: IL00107626, IL00107658, IL00107667
Survey Date: December 11, 2018
Docket Type: 19-C0044
Violation Type: Level A

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 Batavia Rehab & Hlth Care Ctr.

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
Batavia Rehab & Hlth Care Ctr/December 11, 2018//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. PETERSON HEALTH OPERATIONS, L.L.C., D/B/A, BATAVIA REHAB & HLTH CARE CTR, Respondent.	)))))))))	Docket No. NH 19-C0044

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE; NOTICE OF PLAN OF CORRECTION REQUIRED; NOTICE OF CONDITIONAL LICENSE; 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 "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE

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 IL00107626, IL00107658 and IL00107667 Investigation conducted by the Department on December 11, 2018, at Batavia Rehab & Hlth Care Ctr, 520 Fabyan Parkway, Batavia, Illinois 60510. On February 05, 2019, the Department determined that such violations constitute one or more Type "A" violations of the Act and the Skilled and Intermediate Care 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 Statement of Licensure Violations which is attached hereto and incorporated herein as Attachment A and made a part hereof.

Pursuant to Section 3-303 of the Act, the above-referenced facility is hereby ordered to abate and/or eliminate the above violation(s) immediately.

A Type "A" 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 CONDITIONAL LICENSE

In accordance with Sections 3-305 and 3-311 of the Act, the Department hereby issues a Conditional License for the operation of the Facility. This license replaces the unrestricted license issued to Batavia Rehab & Hlth Care Ctr, 520 Fabyan Parkway, Batavia, Illinois 60510 on October 08, 2018. The Facility's current license number is 0047399. The term of the conditional license shall be from March 05, 2019 to September 04, 2019. THE CONDITIONAL LICENSE SHALL FOLLOW UNDER A SEPARATE COVER LETTER. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON MARCH 05, 2019.

The Conditional License will be withdrawn and an unrestricted license will be issued to Respondent upon the expiration of the term of the Conditional License.

During the term of the Conditional License, Respondent will retain its status as a certified provider of Medicaid services so long as Respondent's facility complies with the applicable federal regulations.

If the Respondent timely requests a hearing to protest the basis for the issuance of the Conditional License, the terms of the Conditional License shall be stayed pending the issuance of the Final Order at the conclusion of the hearing and the facility may operate in the same manner as with an unrestricted license.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **$25,000.00**, as follows:

Type A violation of an occurrence for violating one or more of the following sections of the Code: 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 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 Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; 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.

Plans of Correction, Hearing and Waiver Requests 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 6th day of February, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. PETERSON HEALTH OPERATIONS, L.L.C. D/B/A, BATAVIA REHAB & HLTH CARE CTR, Respondent.	)))))))))	Docket No. NH 19-C0044

PROOF OF SERVICE

The Conditional License will follow under a separate cover letter.

The undersigned certifies that a true and correct copy of the attached Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; 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:	Peterson Health Operations, L.L.C.
Address:	830 West Trailcreek Drive Peoria, Illinois 61614

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 6th day of February, 2019.

Sammye Geer
Administrative Assistant
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
	IL6008171	A. BUILDING: _____ B. WING _____	C 12/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BATAVIA REHABILITATION & HEALTH CARE C	520 FABYAN PARKWAY BATAVIA, IL 60510

(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 #1877725/ IL107626: F656 and F700 #1877753/ IL107658: F656 and F700 #1877762/ IL107667: F656 and F700	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210d)6 300.1220b)3 300.3240a) 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 resident to meet the total nursing and personal care needs of the resident 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.	S9999	**Attachment A** **Statement of Licensure Violations**	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S9999	Continued From page 1	S9999		

Section 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

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 are not met as evidence

Based on observation, interview and record review, the facility failed to ensure that a resident was assessed for the need to use bedrails; consent was obtained for the use of the bedrails and a physician order was obtained prior to the application of the bed rails to ensure safety of the resident based on the facility's policy and procedure.

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This failure resulted in R1 being trapped between the bedrail and the mattress resulting in several abrasions, swollen face and knee, broken shoulder and hospitalization.

This applies to one of three resident (R1) reviewed for bedrails in the sample of 3.

The findings include:

On 12/3/18 at 9:30am, V1 (Administrator) stated R1 is hospitalized due to the incident that occurred at the facility on 11/29/18. V1 stated R1 is yet to be transferred back to the facility. R1's face sheet showed R1 was originally admitted to the facility 3/20/14 with diagnoses that included dysphagia, huntington's disease, dementia without behaviors, falls. R1's health records showed R1 with annual minimum data set dated 10/3/18. The MDS showed R1 requires extensive assistance of one person physical assist with transfer, bed mobility, toilet use, dressing and hygiene. R1's fall risk assessment dated 10/3/18 showed R1 with a score of 20 (high risk for falls). R1's fall risk assessment dated 11/24/18 after an un-witnessed fall was 22. R1's physician order sheet dated 11/1/18 through 11/30/18 showed R1 with an order dated 2/25/16 for bed alarm. R1's bed rail assessment dated October 3, 2018 identifies R1 as a risk for climbing over bed rails and documents that "Resident gets out of bed unassisted during HS (evening hours) at times. Side rails removed for safety."

On 12/4/18 at 2:10pm, V14 (CNA) certified nursing assistant stated she cared for R1 on the evening shift of 11/28/18. V14 stated after dinner, she took R1 to his room, changed him and brought R1 back to the dining area. V14 stated she took R1 back to room between 9:30pm and

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S9999	Continued From page 3	S9999		

9:45pm. V14 stated R1 is usually the last resident to be taking to his room because R1 would attempt to get out of bed. V14 stated she had R1's bed in low position before she left R1's room. V14 stated R1's bed alarm was placed but she did not check if the bed alarm was working.

V4 (CNA) cared for R1 on the night shift of 11/28/18 was interviewed on December 4, 2018 at 12:15PM. V4 stated she did not check whether R1's alarm was on but that R1's two side rails were up when she checked R1 around 10:30pm. V4 stated she did not check whether R1's bed alarm was working or not. V4 stated she made round again around between 2am and 3am. Then the next time she made rounds was at 5am. V4 stated that on 11/29/18 at 5am, she saw R1's head trapped between the bedside rail and the mattress. V4 stated R1's face was down on the bed frame because R1's mattress has been pushed against the wall. V4 stated she did not think the alarm was on because usually when R's alarm goes off, the other neighboring residents will call the nursing staff. V4 stated she immediately alerted V3 (Nurse) and then V3 called 911. On 12/4/18 at 12:28pm, V4 went to R1's old room and demonstrated the position she found R1. The position showed R1's head was trapped against the bedside rail and the head board with face on the bed frame. The mattress in this position has been pushed against the wall.

On 12/4/18 at 9:07am, V3 (Nurse) stated he worked the night shift on 11/28/18 and cared for R1 with V4. V3 stated around 5am on 11/28/18 she was prompted by V4 to go to R1's room. V3 stated he saw R1 face down, with the right arm under him and the head and left arm hanging outside the bed. V3 stated he flipped R1 over to his back and noticed R1 with some facial

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swelling, neck indentations and abrasions, both eyes swollen around the orbital. V3 also stated R1 was bleeding from his right ear and nose. V3 stated he panicked and called 911 immediately. V3 stated he did not do a head to toe assessment or check whether R1 had other bruises or abrasions.

On 12/5/18 at 12:21pm, V15 (ER Charge Nurse) stated on 11/29/18 she got a call from the ambulance/paramedics on route to the emergency room (ER). V15 sated she received R1 in the ER with "excessive abrasions" to the face, neck and left knee. V15 stated R1 had diffuse swelling to the right neck and face. V15 stated she called V3 and V3 stated R1 moved a lot in the bed and that R1's head was stuck in the side rail

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On 12/3/18 at 11:50am, V9 (Hospital social worker) stated emergency room (ER) staff were concerned of the extent of R1's injuries.

On 12/5/18 at 2:35pm, V17 (ER Nurse) stated she cared for R1 on 11/29/18 in the hospital ER. V17 she was taken aback about the extent of injuries and abrasions R1 presented with. V17 stated R1's left knee was red, and swollen. V17 stated R1's right eye was swollen, red and his "right jaw area was extremely swollen and red". V17 stated there were abrasions on R1's right neck. V17 further stated R1's shoulder area had several abrasions. V17 concluded R1 was in some pain but could not detect how much pain because R1 is non verbal.

On 12/5/18 at 2:35pm, V16 (ER Doctor) stated she treated R1 in the ER on 11/29/18. V16 stated R1 came in with multiple injuries/abrasions in the face, shoulder, knee, neck. V16 stated R1 has

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huntington's so he was not a good historian. V16 further stated R1's injuries showed R1 was trapped in some type of position but that it's hard to tell the position because of the abrasions all over R1's body. V16 stated R1 had fractures to his shoulder and pelvic area. V16 stated no surgery is indicated.

On 12/5/18 at 3.24pm, V19 (Doctor) stated she is R1's primary physician at the nursing home. V19 admitted R1 "has been at the facility for few years and that this was the first bad injuries R1 had". V19 stated she was informed of the extent of R1's injuries by the hospital records she received. V19 stated she just realized R1 had fractures to the right shoulder and the right pelvic area. V19 stated nursing staff should have followed her orders and have R1 with working bed alarm. V19 further stated the facility should not have put R1's bed side rail up because she did not write order for bedside rail and should have performed more frequent rounding on R1.

On 12/3/18 at 1:37pm, V6 (Family member) stated she received a call from V3 that "R1 was stuck and had marks on his neck". V6 stated she went to the hospital to check on R1 and could not recognize R1 because of the injuries to R1's face, neck and body.

On 12/3/18 at 9:45am, V2 (Director of Nursing) stated she received a call from V3 on 11/29/18 stating that R1's head was face down and hanging off the bed. V2 stated R1's bed side rail was discontinued after the care plan meeting on 10/3/18. V2 stated she informed the nursing staff to no longer use R1's bed side rail. On 12/4/18 at 2:55pm, V2 stated there was no formal in service as per side rail use but she informed the nursing staff by words of not to use R1's bed side rails.

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S9999	Continued From page 6	S9999		

R1's hospital records showed R1 was admitted to the ER 11/29/18 with injuries that included the following: rhabdomyolysis after an entanglement with bed rail, right sided facial and right scalp soft tissue swelling and parotid gland, small right shoulder avulsion fraction, small right hip avulsion fracture, multiple abrasions, several bruises. The hospital report also showed a progress note dated 11/29/18 5:50am "R1 was noted to have his neck stuck in the side rail of the bed, with swelling to the right face/eye".

When asked for the side bed rails, V2 stated "we are not allowed to use the rails and it was removed few days ago" after the incident to R1.

On 12/3/18 at 3:26pm, V12 (Facility Maintenance Director) stated V1 asked him to remove the bedside rails. V12 stated R1's bed rails were removed 11/30/18 and put in the facility's garage. V12 was asked to retrieve R1's bedside rails and re-applied one upper and one lower left side of the bed rails.

A review of R1's plan of care dated October 3, 2018 does not include a plan of care for the use of bed rails. R1's plan of care was updated after the incident on November 30, 2018 to include a special mattress.

A review of R1's record did not include consent for the use of the bed rails that was used to keep R1 in bed nor an assessment for the use of the side rail.

A review of R1's physician orders for November, 2018 indicates that R1 did not have a physician's order for the use of
bed rails.

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S9999	Continued From page 7 Review of facility's policy titled, 'Physical restraint/enabler policy' with a revised date 7/24/18 showed, " a device that may constitute a physical restraint may include, but is not limited to: bed rails.." The policy also showed, "complete physical enabler evaluation is required prior to using an enabler. The policy also showed facility must obtain verbal or written consent from resident's responsible party prior to use of an enabler. The facility's policy also showed doctors order must be obtained that would show specific medical/physical reason, type of enabler to be used. (A)	S9999		

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: BATAVIA REHAB & HLTH CARE CTR COMPLAINT #: 0107626
LIC. ID #: 0047399
DATE COMPLAINT RECEIVED: 11/29/18 05:00:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	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.

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: BATAVIA REHAB & HLTH CARE CTR COMPLAINT #: 0107658
LIC. ID #: 0047399
DATE COMPLAINT RECEIVED: 11/29/18 16:25:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1
409	POLICY AND PROCEDURES	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.

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: BATAVIA REHAB & HLTH CARE CTR COMPLAINT #: 0107667
LIC. ID #: 0047399
DATE COMPLAINT RECEIVED: 11/30/18 11:09:00

IDPH Code	Allegation Summary	Determination
131	RESIDENT INJURY	1

✓ The facility has committed violations as indicated in the attached*
___ No Violation

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