IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

February 19, 2019

Darlene Kloeppel, Registered Agent
Champaign County Board
1776 East Washington Street
Urbana, Illinois 61802

RE: Complaint #: IL00108100
Survey Date: December 19, 2018
Docket Type: 19-C0057
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 Champaign County Nursing Home.

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
Champaign County Nursing Home/December 19, 2018//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

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| THE DEPARTMENT OF PUBLIC HEALTH<br>STATE OF ILLINOIS,<br>Complainant,<br><br>v.<br><br>CHAMPAIGN COUNTY BOARD,<br>D/B/A, CHAMPAIGN COUNTY NURSING HOME,<br>Respondent. | )<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>) | Docket No. NH19-C0057 |

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 IL00108100 Investigation conducted by the Department on December 19, 2018, at Champaign County Nursing Home, 500 South Art Bartell Drive,Urbana , Illinois 61802. On February 14, 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: 300.1210a), 300.1210b), 300.1210c), 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
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 19th day of February, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

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| THE DEPARTMENT OF PUBLIC HEALTH<br>STATE OF ILLINOIS<br>Complainant,<br><br>v.<br><br>CHAMPAIGN COUNTY BOARD,<br>D/B/A, CHAMPAIGN COUNTY NURSING HOME,<br>Respondent. | ) | Docket No. NH 19-C0057 |

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:

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| Registered Agent: | Darlene Kloeppel |
| Licensee Info: | Champaign County Board |
| Address: | 1776 East Washington Street<br>Urbana, Illinois 61802 |

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 19th day of February, 2019.

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6001630 | A. BUILDING: _____ B. WING _____ | C 12/19/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHAMPAIGN COUNTY NURSING HOME | 500 SOUTH ART BARTELL DRIVE URBANA, IL 61802 |

| (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<br><br>Complaint survey 1868166/IL108100 | S 000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violation<br><br>300.1210a)<br>300.1210b)<br>300.1210c)<br>300.1210d)6)<br>300.3240a)<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>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 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)<br><br>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 | S9999 | Attachment A<br>Statement of Licensure Violations | |

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| S9999 | Continued From page 1 | S9999 | | |

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.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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.

These Regulations were not met as evidence by:

Based on record review, interview and observation, the facility failed to supervise a resident (R7) while in the dining room in a geriatric chair in the upright position. This failure resulted in R7 falling forward out of the chair and receiving a facial laceration requiring six sutures. R7 is one of four residents reviewed for falls in the sample of four.

Findings include:

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The Physician Order Sheet dated December 2018 for R7 includes the following diagnoses: Communicating Hydrocephalus, Alzheimer's Disease, Severe Protein-Calorie Malnutrition and Dementia.

R7's Minimum Data Set (MDS) dated 8/15/18 documents R7 as being severely cognitively impaired. This same MDS documents R7 as totally dependent upon one staff for all transfers, toileting and eating. The MDS documents R7 with impairment in all four extremities.

R7's Care Plan dated December 2018 documents the following problem and intervention area: Start date - 9/2/14, Falls - Risk for falls due to impaired mobility and transfers, cognitive deficit, poor balance and endurance. Intervention start date 2/10/15 - Be sure (geriatric) chair is in safe position reclined when in room and lounge area.

A facility report titled "Event Report" dated 10/26/18 at 2:43 pm for R7 documents an unwitnessed fall in the dining room. This same report documents that R7 sustained a left eyebrow laceration and Wound MD (V18) applied sutures.

Nursing Notes dated 10/26/18 document that R7 was found lying on the floor in the dining room after lunch, "face turned down on the floor." Laceration noticed to the left eyebrow measuring 3 centimeters by .3 centimeters by .4 centimeters.

A facility report titled "Incident Report Form - IDPH" (Illinois Department of Public Health) and documents the following: "(R7) was noted laying (sic) on floor in dining room in front of (R7's) chair. Upon assess from nurse, (R7) was noted to have an injury to the left side of (R7's) forehead.

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(R7) assessed and seen by Wound Doctor (V18), which received 6 (six) sutures to area. After interviews with staff, it appears that the injury occurred due to the resident (R7) leaning forward and falling out of the chair. Through interviews, staff was transporting residents out of dining room from lunch, when a CNA (Certified Nursing Assistant, V15) came back to transport (R7) out of the dining room, (V15) noted (R7) laying (sic) on the floor."

On 12/19/18 at 11:15 am, V1 Administrator stated V11, CNA was the staff member assigned to R1 and had left R7 in the dining room unattended in a (geriatric) chair that was in the wrong (upright) position. V1 stated "It was not reclined." V1 also stated that V11 was terminated by the former Director of Nursing (V10).

On 12/19/18 at 11:25 am, V7 Nurse Practitioner stated R7 received six sutures in the facility by V18, Wound Physician. V7 stated the sutures were a result of a fall from a (geriatric) chair that R7 was sitting in while in the dining room. V7 stated R7 was left alone in a chair that was not in a proper position (reclining, not upright). V7 stated R7 does not move R7's arms or legs, but leans and should have been reclined in the chair, instead of being in an upright position and left unattended.

On 12/19/18 at 4:00 pm, V6 Attending Physician stated R7's lacertion was caused from R7 falling out of an unreclined geriatric chair and R7 being left unattended that way.

On 12/19/18 at 2:05 pm, R7 was sitting in a geriatric chair reclined appproximately 30 degrees with pillows placed for positioning. R7 appears contracted in all four extremities and is

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| S9999 | Continued From page 4<br>non-verbal. R7's roommate is also R7's spouse. R8 was present at this time.<br><br>A report titled "Focused Wound Exam" dated 10/26/18 by V18 documents R7 sustained a fall after lunch. "(R7) has a full thickness laceration above (R7's) left eyebrow down to the bone. Wound was irrigated and cleansed with betadine. Six sutures were placed. Removed infected tissue."<br><br>A facility letter dated 10/30/18 addressed to V11, documents that V1's employment is terminated from the facility, effective that day (10/30/18). The letter further documents "After further investigation into the incident that occurred on October 26, 2018, it has been determined that your neglect lead to the injury of a resident." The letter is signed by V19, Human Resources Director.<br><br>(B) | S9999 | | |

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: CHAMPAIGN COUNTY NURSING HOME COMPLAINT #: 0108100
LIC. ID #: 0046664
DATE COMPLAINT RECEIVED: 12/17/18 10:57:00

| IDPH Code | Allegation Summary | Determination |
|---|---|---|
| 105 | IMPROPER NURSING CARE | 1 |
| 131 | RESIDENT INJURY | 1 |
| 409 | POLICY AND PROCEDURES | 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.