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

February 08, 2019

Avrum Weinfield, Registered Agent
Palos Hills Healthcare, LLC
5151 Church Street
Skokie, Illinois 60077

RE: Complaint #: IL00107281
Survey Date: December 12, 2018
Docket #: 19-C0059
Violation Type: A Level

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 Bria of Palos Hills.

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
Bria of Palos Hills/December 12, 2018//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. PALOS HILLS HEALTHCARE, LLC, D/B/A, BRIA OF PALOS HILLS, Respondent.	)))))))))	Docket No. NH 19-C0059

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 IL00107281 Investigation conducted by the Department on December 12, 2018, at Bria of Palos Hills, 10426 South Roberts, Palos Hills, Illinois 60465. On February 06, 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 Bria of Palos Hills, 10426 South Roberts, Palos Hills, Illinois 60465 on December 12, 2018. The Facility's current license number is 0051136. The term of the conditional license shall be from March 06, 2019 to September 05, 2019. THE CONDITIONAL LICENSE SHALL FOLLOW UNDER A SEPARATE COVER LETTER. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON MARCH 06, 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) 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 8th day of February, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. PALOS HILLS HEALTHCARE, LLC D/B/A, BRIA OF PALOS HILLS Respondent.	))))))))))	Docket No. NH 19-C0059

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:	Avrum Weinfield
Licensee Info:	Palos Hills Healthcare, LLC
Address:	5151 Church Street Skokie, Illinois 60077

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 8th day of February, 2019.

Sammye Geer
Administrative Assistant
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
	IL6010086	A. BUILDING: _____ B. WING _____	C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF PALOS HILLS	10426 SOUTH ROBERTS PALOS HILLS, IL 60465

(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 1897403/IL107281 -- F684G, F689G, cited.	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210d)6) 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. 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.	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

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 interviews and record reviews, this facility 1) failed to ensure adequate supervision to prevent an accident for (R5) and 2) failed to meet professional standards of quality care for one resident (R5) reviewed for a fall with injuries and timeliness of transport to the hospital. This failure resulted in sustaining significant injuries requiring hospitalization and a delay of 2 hours and 25 minutes in R5 receiving intensive monitoring and hospital-level treatment for an acute change in condition after a fall.

Findings include:

Review of the medical record notes R5 with diagnoses including: end stage kidney disease, dementia, anxiety disorder, and generalized muscle weakness, stroke with right sided Hemiplegia (paralysis on one side of body), rheumatoid heart disease, congestive heart failure, high blood pressure, and diabetes.

On 12/7/18 at 2:50pm, V7 CNA (certified nurse aide) stated that R5 was total dependence on staff for ADLs (activities of daily living). V7 stated that V7 had another CNA assist V7 with R5's care due to R5's inability to participate in care.

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S9999	Continued From page 2	S9999		

On 12/11/18 at 1:00pm, V2 DON (director of nursing) stated that after reviewing R5's medical record, R5 fell out of bed while receiving care by V11 CNA at 7:00pm on 11/10. V2 stated that at 7:30pm, EMS (emergency medical services) arrived to transport R5 to the hospital. This surveyor reviewed the EMS run sheet for 11/10/18 with V2. V2 acknowledged that EMS was not contacted by staff until 9:25pm. V2 was not able to articulate why EMS was not contacted for 2 hours 25 minutes or what, if any, care was provided to R5 during that time.

On 12/12/18 at 1:40pm, V15 LPN (licensed practical nurse) stated that V15 was called about 9:15pm by V12 LPN to see if V15 could sit with R5 while V12 called physician and paramedics. V15 stated that V12 did not inform V15 of what time R5 fell just that R5 fell while receiving care.

On 12/12/18 at 2:30pm, V16 CNA stated that a CNA came and got V16 to help lift R5 into bed. V16 stated that V11 CNA, V12 LPN, and another CNA were in room when V16 arrived. V16 stated that a mechanical lift device was used to transfer R5 back into bed.

V11 and V12 are no longer employed at this facility and were unavailable to speak with regarding this incident.

Review of R5's EMS (emergency medical services) run sheet, dated 11/10/18, notes EMS was contacted at 9:25pm to transport R5 to hospital due to bleeding from mouth. EMS arrived at this facility at 9:27pm. Crew knocked on facility door for approximately 5 minutes with no answer. The door the crew was knocking on is the designated door requested by this facility for EMS crew to enter. Crew waited several

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S9999	Continued From page 3	S9999		

minutes until a staff member escorted EMS crew around the building to a door on the west side. Crew waited an additional 1-2 minutes before accessing this facility. R5's room was on the opposite side of where crew entered. Upon EMS arrival to R5, R5 was found lying in bed, responsive to painful stimuli. Blood was observed coming from R5's mouth. R5 had a contusion around left eye. Blood was observed on the floor. R5's family relayed to EMS crew that the staff told them that R5 fell and was placed back in bed. No nurse was found on scene. CNA staff could not provide information of the incident to the crew. R5 was placed on cot and loaded into ambulance where ALS (advanced life support) continued.

Review of R5's hospital record, dated 11/10/18 at 9:50pm, R5 was taken emergently for a head CT (computed tomography) scan which noted an acute subdural hematoma with a 2mm (millimeter) shift of the midline towards the right. In the emergency department, R5's speech was incomprehensible and with decreased level of consciousness. At 11:30pm, R5 was transferred via ALS ambulance to a higher level of care for further treatment.

Review of R5's medical record, dated 11/10/18 at 7:00pm, notes while receiving care, R5 was repositioned to the left side by V11 CNA (certified nurse aide), V11 looked away, R5 fell to floor. V11 called V12 LPN (licensed practical nurse) to room to assess R5, body assessment done. V12 noted hematoma to left eye, ice pack applied, and bleeding from nostril, pressure applied to nasal area. Vital signs taken blood pressure 154/64, heart rate 84 beats/minute, respirations 20/minute, temperature 97.2 degrees Fahrenheit, and oxygen saturation 95%. Neurological checks

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S9999	Continued From page 4	S9999		

in place. R5 had no complaints of pain. R5's physician paged and family contacted made aware per family request 911 call immediately. R5 continues to be monitored by staff on duty.

Review of R5's MDS (minimum data set), dated 10/3/18, notes R5 required extensive assistance by two or more staff for physical assistance with bed mobility (turning/repositioning). R5 was totally dependent on two or more staff for toileting/incontinence care.

Review of R5's falls care plan, dated 9/1/18, notes R5 is at high risk for falls related to impaired mobility and dementia. R5 has limited range of motion to both upper and lower extremities. R5 is dependent on staff for all aspects of care. R5 is non-ambulatory and has poor trunk control. R5 requires two person assistance with ADLs (activities of daily living). Interventions identified include: anticipate and meet R5's care and safety needs and follow facility fall protocol.

Review of R5's range of motion screen, dated 10/17/18, notes R5 has severely limited mobility of left arm and no joint mobility of right arm, right leg, or left leg.

(A)

LTC07202

COMPLAINT DETERMINATION FORM

FAC. NAME: BRIA OF PALOS HILLS
LIC. ID #: 0051136
COMPLAINT #: 0107281
DATE COMPLAINT RECEIVED: 11/13/18 16:01:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1 f684G, f689G

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.