IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

March 18, 2019

Stephen Sher, Registered Agent
Glenwood Healthcare & Rehab, inc.
5750 Old Orchard Road, STE 420
Skokie, Illinois 60077

RE:	Complaint #:	IL0107904, IL0107014, IL0108752
	Survey Date:	January 18, 2019
	Docket #:	19-C0106. 19-S0117
	Violation Type:	Level A and 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 Glenwood Healthcare & Rehab.

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
Glenwood Healthcare & Rehab/January 18, 2019//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. GLENWOOD HEALTHCARE & REHAB, INC., D/B/A, GLENWOOD HEALTHCARE & REHAB Respondent.	)))))))))	Docket No. NH 19-C0106, 19-S0117

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 IL00107904, IL00107014, IL00108752 and Licensure Investigation conducted by the Department on January 18, 2019, at Glenwood Healthcare & Rehab, 19330 South Cottage Grove, Glenwood, Illinois 60425. On March 11, 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 Glenwood Healthcare & Rehab, 19330 South Cottage Grove, Glenwood, Illinois 60425 on January 01, 2019. The Facility's current license number is 0032839. The term of the conditional license shall be from April 11, 2019 to October 10, 2019. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON APRIL 11, 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. However, the Imposed Plan of Correction must be followed.

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: 300.610a), 300.1210a), 300.1210b)2)4)5), 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
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 18th day of March, 2019.

DISPLAY THIS PART IN A CONSPICUOUS PLACE

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi Ezike, M.D.
Director

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	I.D. NUMBER
10/10/2019	0032839

LONG TERM CARE LICENSE CATEGORY BGBE
SKILLED 184

CONDITIONAL 184 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

GLENWOOD HEALTHCARE & REHAB, INC.

GLENWOOD HEALTHCARE & REHAB
19330 SOUTH COTTAGE GROVE
GLENWOOD IL 60425
EFFECTIVE DATE: 04/11/19

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

REGION 9 03/13/19

GLENWOOD HEALTHCARE & REHAB
19330 SOUTH COTTAGE GROVE
GLENWOOD IL 60425

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. GLENWOOD HEALTHCARE & REHAB, INC., D/B/A, GLENWOOD HEALTHCARE & REHAB, Respondent.	)	Docket No. NH 19-C0106, 19-S0117

PROOF OF SERVICE

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:	Stephen Sher
Licensee Info:	Glenwood Healthcare & Rehab, inc.
Address:	5750 Old Orchard Road, STE 420 Skokie, Illinois 60077

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 18th day of March, 2019.

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

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. GLENWOOD HEALTHCARE & REHAB, INC., D/B/A, GLENWOOD HEALTHCARE & REHAB, Respondent.	)))))))))	Docket No. NH19-C0106, 19-S0117

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 IL00107904, IL00107014, IL00108752 and Licensure Investigation conducted by the Department on January 18, 2019, at Glenwood Healthcare & Rehab, 19330 South Cottage Grove,Glenwood , Illinois 60425. On March 11, 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), 300.1210c), 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 18th day of March, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. GLENWOOD HEALTHCARE & REHAB, INC., D/B/A, GLENWOOD HEALTHCARE & REHAB, Respondent.	)	Docket No. NH 19-C0106, 19-S0117

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:	Stephen Sher
Licensee Info:	Glenwood Healthcare & Rehab, inc.
Address:	5750 Old Orchard Road, STE 420 Skokie, Illinois 60077

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 18th day of March, 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
	IL6003628	A. BUILDING _____ B. WING _____	C 01/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD HEALTHCARE & REHAB.	19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425

(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 Investigations: 1897980/IL107904 1897159/IL107014 1990366/IL108752 Facility Reported Incident FRI of 1/2/2019 IL108580 Statement of Licensure Violations	S 000		
S9999	Final Observations Licensure 1 of 2 300.610a) 300.1210a) 300.1210b)5) 300.1210c) 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. 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	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003628	A. BUILDING _____ B. WING _____	C 01/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S9999	Continued From page 1	S9999		

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 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003628	A. BUILDING _____ B. WING _____	C 01/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD HEALTHCARE & REHAB.	19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425

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S9999	Continued From page 2 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 requirements were not met as evidenced by (1) Based on observation, interview and record review, the facility failed to use two staff members to assist a resident with bed mobility and dressing. This applies to one of three residents (R2) in a sample of 5 reviewed activity of daily living. This failure resulted in R2 sustaining a fracture of the right tibia. Findings Included: R2 was 70 years old who was first admitted to facility on 2/14/2014 and readmitted on 5/24/2018. His diagnoses included Multiple Sclerosis. His mental status was mildly impaired with a Brief Interview for Mental Status (BIMS)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD HEALTHCARE & REHAB.	19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425

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S9999	Continued From page 3	S9999		

score of 13 out of 15 in the Minimum Data Set(MDS) dated 11/05/2018. According to the MDS, R2 needed 2 staff members for dressing and transfer.
Section G0400 documented R2 had limited movement to one upper extremity and to both lower extremities.

Care plan for R2 noted he had contractures to the right shoulder, right elbow and right fingers. There was no care plan for R2 for transfers.
Fall risk assessment for R2 dated 12/7/2018 scored 11 considered moderate risk for falls.

Incident report for R2 dated 10/24/2018 documented R2 was observed lying on floor on back next to bed. According to report, there were two Certified Nursing Assistants (CNAs/ V20,V21) at bedside.
R2 was sent to community hospital for complaint of pain to the leg. He was diagnosed with fracture of the lower end of the right Tibia.

On 1/11/2019 at 1:25PM, V20 (Certified Nursing Assistant/CNA) said R2 rolled out of the bed on the left side when he turned too quickly. She did not answer when asked if there was another staff to help her.

On 1/15/2019 at 3:00PM, V21 said she was not in the room when R2 fell. She said she went into room to assist V20 to transfer R2 in chair with a mechanical lift. V21 said V20 dressed R2 by herself and was not finished. She said she left the room to return. According to V21, when she returned, R2 was on the floor on the left hand side.

On 1/17/2019 at 11:40AM, V22 (Nurse) said she was the nurse on duty when R2 fell. She said

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003628	A. BUILDING _____ B. WING _____	C 01/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD HEALTHCARE & REHAB.	19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425

(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
S9999	Continued From page 4	S9999		

when she was called to the room, V20 (CNA) was the only staff present with R2 who was on the floor on the left side of the bed. According to V22, R2 required 2 staff members for bed mobility and dressing and he could not turn by himself.

On 1/10/2019 at 11:20AM, R2 laid in bed. V2(Director of Nursing/DON) and V8 (Nurse) assisted to turn R2 in bed. R2 could not move his upper body without assistance. He was repositioned to the right side with extensive effort by staff. R2 was able to initiate the turn to the left side by staff extensive assistance to help him reach the rail on the left side, His grip was loose on the rail. R2 fell out of bed on the left side on 10/24/2018.

On 1/9/2019 at 10:15AM, R2 was alert, awake and was in power wheelchair in room. His right hand was contracted by the elbow and right fingers were also bent. When asked to move his legs he said he could not move them. He said he could not turn by himself but can hold on to the side rail on the right side with his left hand and someone had to assist him. According to him he could turn to the right side better than the left. R2's bed had two bar rails which were about 12 inches wide and were on the upper ends of the bed.

He said the reason why he fell out of bed on the left side in October was because he tried to hold on to the left side rail with his right hand which was contracted and V20 who stood on his right side picked up his feet and "threw" them over to the left side so far that he slid right out of the bed. He said she was by herself and dressed him by herself.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD HEALTHCARE & REHAB.	19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425

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S9999	Continued From page 5	S9999		

(2) Based on interview and record review the facility failed to plan and implement fall interventions to avoid a resident fall or decrease possible injury due to a fall, for a resident who was at risk for fall. This applies to one of three residents (R4) reviewed for fall in a sample of six. As a result, R4 a confused resident, sustained some broken ribs and a punctured lung as a result of a fall.

Findings Included:

R4 was 74 years old admitted to facility on 9/12/2018 at 7:00PM with Diagnoses to include Dementia with behavioral disturbance.

Nurse notes on 9/12/2018 upon admission documented: R4 was a fall risk and was confused and provided with floor mats. On 9/13/2018 at 5:48AM, nurse wrote, " noted R4 crawling on carpet next to her bed".
On 9/13/2018 at 7:43PM, nurse wrote," Resident was combative with staff, destroying phone wires and trying to knock down the computer, daughter was called and verbalized she will be there."
On 9/13/2018 at 8:33PM, nurse documented V15 (Family) left facility and notified her that R4 was asleep. According to nurses' note of 9/13/2018 at 8:37PM, call light was clipped to covers on bed of R4 by V13 (family member).
On 9/13/2018 at 8:37PM, V9 wrote R4 was observed on floor sitting upright in between the sink and the toilet seat. R4 was then observed holding on to her right side and complained of pain. She was subsequently sent out to community hospital.

The nurses' notes of 9/13/2018 had no documentation that floor mats were next to bed and there was no documentation that added

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003628	A. BUILDING _____ B. WING _____	C 01/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD HEALTHCARE & REHAB.	19330 SOUTH COTTAGE GROVE GLENWOOD, IL 60425

(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
S9999	Continued From page 6	S9999		

interventions were implemented after the first observation of R4 being on the floor.

R4's baseline care plan for the admission of 9/12/2018 was not individualized and did not include any safety measures for falls.

R4's hospital records dated 9/13/2019 noted, "Multiple right sided rib fractures with adjacent chest wall emphysema. Suspicious for right pneumothorax."

On 1/15/2019 at 2:30PM V9(Nurse) said she could not remember if any fall intervention was in place for R4 who was at risk for falls. She said when the family left (9/13/18), they clipped the call light to the covers of R4.When asked if R4 was able to use the call light, V9 said "Maybe not". She said she should have pinned the call light to R4's clothing.

On 1/17/2019 at 3:10PM, V29 (Nurse) said upon admission he documented R4 was a fall risk because hospital papers stated she had bilateral side rails. He said he did not speak with family in relation to falls of R4.

On 11/15/2019 at 12:40PM, V27 (Certified Nursing Assistant/CNA) said she could not remember if R4 had any fall interventions in place when she fell.

Facility's policy on falls dated 1/12/2013 noted," Provide ongoing risk reducing interventions and, Identify and implement related care link interventions."
(B)

Licensure 2of 2

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S9999	Continued From page 7	S9999		

300.610a)
300.1210a)
300.1210b)2)
300.1210b)4)
300.1210b)5)
300.1210c)
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. 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

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 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

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S9999	Continued From page 8 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: 2) All treatments and procedures shall be administered as ordered by the physician. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 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.	S9999		

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S9999	Continued From page 9	S9999		

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 requirements were not met as evidenced by:

Based on interview and record review the facility failed to provide a resident with a mechanical soft diet as ordered, supervise a resident with a behavior which puts the resident at risk for choking during meal time and have a staff member within the dining room to immediately start procedures to dislodge food from a resident throat while choking.

This applies to 1 of 1 resident (R5) with a modified diet in a sample of 17 residents. As a result, R5 who was identified with swallowing difficulties, choked on regular food served to him. R5 expired soon after the choking incident.

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S9999	Continued From page 10	S9999		

Findings include:

R5 was 58 years admitted to facility on 2/25/2013 with Diagnoses to include Dysphasia /Oropharyngeal phase. R5 ' s brief interview for mental status (BIMS) dated 12/20/2018 scored 5 out of 15 and his mental status was severely impaired. According to his Minimum Data Set (MDS) dated 12/20/2018, R4 required extensive assistance of one staff for eating. R5's January 2019 physician ' s order was for a mechanical soft diet with honey thickened liquids.

Nurses' notes for R5 documented on 1/2/2019 at 5:30PM, R5 was served a meal to include fried chicken sandwich (Regular diet). According to the notes, the tray was placed in front of him and he started to stuff a lot of the food in his mouth. He was then noted by staff to be choking and staff summoned the nurses. The Heimlich maneuver was performed by two nurses, one of whom was able to take out some food from his mouth.

The facility's incident report dated 1/08/2019 received by the state agency read: On 1/02/2019 at approximately 5:50PM; nursing staff was notified by CNA (Certified nurse aide) that R5 seemed to be choking in the main dining room. Two nurses responded immediately, and initiated the Heimlich maneuver, where particles of food were expelled. R5 became unresponsive and 911 was called. CPR was initiated until EMS arrived and EMTs continued CPR as R5 was transferred to the hospital.

On 1/03/2019 the facility was notified from the hospital the R5 had expired in the emergency department of the hospital.

On 1/10/2019 at 11:00AM, V2 (director of

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S9999	Continued From page 11	S9999		

nursing) said for the residents who needed supervision or assistance for eating, she expected that when the tray was placed in front of the residents, the staff sat down right away to supervise or feed them.

On 1/10/2019 at 2:30PM, V11 (CNA) said she was the staff who saw R5 stuffing the food in his mouth. She said the staff knew R4 had a problem of stuffing food in his mouth and then he would start to spit out the food when his mouth was too full. She said "All the staff knew about it." V11 said the tray was in front of R5 and no staff member was at the table to supervise him. In addition she said she told him to stop but he did not and she moved him away from the table when he spat food on her face accidentally. She said she left to wash her face and when she returned she noticed he did not look good, so she called the nurse. When asked about the risk faced by R5 with his mouth full with food she said he could choke. She did not answer when asked why she did not alert someone that R5's mouth was full of food. She said she did not check to see what he had on his tray. V11 said she had no knowledge who gave R5 his tray.

On 1/10/2019 at 11:30AM, V10 (Dietary supervisor) said R5 should have never been given a chicken sandwich when his diet was mechanical soft. He said the mechanical soft diet should have been Ham and Beans, Mashed potatoes and greens. He said the regular diet was Chicken (fried) patty on a bun, fried potatoes, mixed greens and corn bread.

On 1/10/2019 at 2:50PM, V12 (CNA) said all the staff knew that R5 had a problem of stuffing food in his mouth and had a potential for choking and that was why he was supposed to be assisted

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S9999	Continued From page 12 with meals.. On 1/10/2019 at 3:25PM, V19 (Speech Therapist) said any resident on a modified diet should at least be supervised and if the resident was to be supervised for eating then he should not have given a tray without supervision. On 1/11/2019 at 3:15PM, V14 (attending physician) said if the patient required supervision or assistance for eating, his tray should not have been placed in front of him unattended. He also said he should have been served the prescribed diet. Hospital records for R5 dated 1/2/2019 documented: Pt (patient) arrived from nursing home for witnessed choking that led to cardiac arrest. Pt was given Epi X 4 by EMS. Upon arrival pt. was unresponsive and in cardiac arrest. Facility's undated policy on Diet Standardization noted: Mechanical Soft diet documented: The texture and consistency of the general/ regular or therapeutic diet is modified. Food may be served as ground or chopped. Whole food may only be served if it is soft in consistency. (A)	S9999		

LTC07202

COMPLAINT DETERMINATION FORM

FAC. NAME: GLENWOOD HEALTHCARE & REHAB COMPLAINT #: 0108752
LIC. ID #: 0032839
DATE COMPLAINT RECEIVED: 01/15/19 16:08:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1
199	OTHER	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: GLENWOOD HEALTHCARE & REHAB COMPLAINT #: 0107904
LIC. ID #: 0032839
DATE COMPLAINT RECEIVED: 12/07/18 15:58:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1
131	RESIDENT INJURY	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

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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: GLENWOOD HEALTHCARE & REHAB COMPLAINT #: 0107014
LIC. ID #: 0032839
DATE COMPLAINT RECEIVED: 10/31/18 16:00:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1
206	HOUSEKEEPING	2

✓ 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.

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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.