IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

March 29, 2019

Jane Parker, Registered Agent
Southgate Health Care, Inc.
900 East 9th Street
Metropolis, Illinois 62960

RE: Complaint #: IL0109075
Survey Date: February 05, 2019
Docket #: 19-C0107
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 Southgate Health Care Center.

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
Southgate Health Care Center/February 05, 2019//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. SOUTHGATE HEALTH CARE, INC., D/B/A, SOUTHGATE HEALTH CARE CENTER, Respondent.	)))))))))	Docket No. NH19-C0107

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 IL0109075 Investigation conducted by the Department on February 05, 2019, at Southgate Health Care Center, 900 East Ninth Street, PO Box 843, Metropolis, Illinois 62960. On March 28, 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: 300.1210b), 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 29th day of March, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. SOUTHGATE HEALTH CARE, INC., D/B/A, SOUTHGATE HEALTH CARE CENTER, Respondent.	)	Docket No. NH 19-C0107

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:	Jane Parker
Licensee Info:	Southgate Health Care, Inc.
Address:	900 East 9th Street
	Metropolis, Illinois 62960

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 29th 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
	IL6008759	A. BUILDING: _____ B. WING _____	C 02/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHGATE HEALTH CARE CENTER	900 EAST NINTH STREET, PO BOX 843 METROPOLIS, IL 62960

(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 Complaints 1950661/IL109075 - F689 is cited.	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210c) 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: 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on record review and interview, the facility failed to implement a fall prevention measure identified on the care plan to ensure a safe resident transfer was provided for 1 resident (R5) reviewed for transfers. This improper transfer resulted in R5 being sent to the emergency room and diagnosed with a displaced fracture of the right clavicle adjacent to the sterno clavicular joint and a likely minimally displaced fracture of the sternum (per hospital emergency room report and computerized tomography scan (CT). Findings include: 1. R5 is an 88 year old resident with diagnoses that include Parkinson's Disease, Chronic Pain, Dystonia and Degenerative Disease of the Nervous System, as noted on R5's Admission Record. A 12/24/2018 Quarterly Minimum Data Set (MDS) assessment notes that R5 requires extensive assist of two for transfers. The current Care Plan has a problem area of Potential for Falls' and includes an approach with an initiation date of 11/1/14 for staff to use a gait belt for all	S9999		

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S9999	Continued From page 2	S9999		

transfers.

A Nurse Progress Note dated 1/24/19 for 16:30 (4:30 PM) documented by V7 (Nurse) notes an incident where V6, Certified Nurse Aide (CNA) yelled for a nurse and V7 entered R5's room and found R5 on the floor. V6 stated on 2/1/19 at 2:40 PM that she had been in R5's room, getting R5 dressed as R5 laid in bed. V6 stated that she was trying to sit R5 up as she waited for another CNA to come assist with the transfer into the wheelchair. V6 stated that R5 started to slide off the edge of the bed, at which time she "grabbed hold of her and slid her down my leg into the floor. " V6 stated that R5 did not cry out or act as if in pain at the time this occurred and that she yelled for help with V7 coming into the room. After V7 had assessed R5, they together lifted R5, under her arms, into her wheelchair. V6 stated that she had not brought her gait belt into the room and no gait belt was used to assist in lifting R5 off the floor. V6 stated that at that time R5 started to cry and V7 asked her if she was ok with R5 stating "yes". R5 was taken out to supper and during supper, R5 complained of her arm hurting. It was noted that R5 had 2 skin tears on her arm under her skin protector sleeves she was wearing. V7 documented in the 1/24/19, 4:30 PM note that V7 had helped V6 transfer R5 to her wheelchair and that after complaints of pain in her right arm, had given R5 Tylenol, ordered as needed for pain. V6 stated that R5 had continued to complain of pain and that the nurse (V7) had sent R5 to the hospital to be checked. V7 documented a note for 1/24/19 20:46 (8:46 PM) that after contacting the Doctor and family, R5 was transferred to the emergency room for evaluation, with R5 returning the same evening at 11:19 PM, with a diagnosis of fractured right clavicle and displaced fractured sternum. R5 returned with orders for

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S9999	Continued From page 3	S9999		

pain medication as needed.

The hospital emergency room report included results of a CT (computerized tomography) scan of head and C-Spine which stated "Chest with Displaced fracture of the right clavicle adjacent to the Sterno clavicular joint and likely minimally displaced fracture of sternum." Instructions were to take medications as prescribed with an order for Norco 5-325 and to follow up with primary care physician (PCP) in 2 days. No activity restrictions were documented. R5's PCP ordered a change in R5's pain medication after an allergy to codeine was identified, however there were no further instructions for R5's care.

V3 CNA, stated on 2/1/19 at 1:21 PM that prior to the new order to use a mechanical lift for transfers, R5 was transferred with 2 staff and a gait belt. V3 stated they would dress R5 with her laying down, put the gait belt on her, chair, place R5's wheelchair beside the bed prior to the transfer (if moving her from bed to wheel chair) then lift R5 using the gait belt and placing their arms under R5's arms. V3 stated that R5 has not been able to bear weight for many years, and is not able to be sat up on the side of the bed. V3 stated that R5 has contractures and usually keeps her arms pulled up across her chest and that R5 "is a total for feeding, basically for everything". V8 LPN (Licensed Practical Nurse) stated on 2-1-19 at 1:02 PM that R5 was a 2 person transfer prior to new order to use a mechanical lift. The 12/24/2018 Quarterly Minimum Data Set (MDS) assessment notes R5 needs total assist with eating.

V2, Director of Nursing, (DON) stated on 2-1-19 at 3:00 PM that V6 should have had her gait belt with her and used it when sitting R5 up and when

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S9999	Continued From page 4 V6 and V7 lifted R5 from the floor. (B)	S9999		

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: SOUTHGATE HEALTH CARE CENTER COMPLAINT #: 0109075
LIC. ID #: 0017996
DATE COMPLAINT RECEIVED: 01/29/19 10:02:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	F689

__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.