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

March 20, 2019

MS Registered Agent Services, Registered Agent
The Villa At South Holland, LLC
191 North Wacker Drive, STE 1800
Chicago, Illinois 60606

RE: Complaint #: IL00101249
Survey Date: January 25, 2019
Docket #: 19-C0115
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 Villa at South Holland, The.

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
Villa at South Holland, The/January 25, 2019//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. THE VILLA AT SOUTH HOLLAND, LLC, D/B/A, VILLA AT SOUTH HOLLAND, THE, Respondent.	)))))))))	Docket No. NH19-C0115

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 IL00101249 Investigation conducted by the Department on January 25, 2019, at Villa at South Holland, The, 16300 Wausau Street,South Holland , Illinois 60473. On March 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: 300.610a), 300.1210a), 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
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 20th day of March, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. THE VILLA AT SOUTH HOLLAND, LLC, D/B/A, VILLA AT SOUTH HOLLAND, THE, Respondent.	))))))))))	Docket No. NH 19-C0115

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:	MS Registered Agent Services
Licensee Info:	The Villa At South Holland, LLC
Address:	191 North Wacker Drive, STE 1800 Chicago, Illinois 60606

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 20th 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
	IL6007868	A. BUILDING _____ B. WING _____	C 01/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA AT SOUTH HOLLAND, THE	16300 WAUSAU STREET SOUTH HOLLAND, IL 60473

(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 Statement of Licensure Violations Complaint Investigation 1891866/ IL 101249	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a)b) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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. 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. Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999		

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S9999	Continued From page 2	S9999		

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 evidenced by:

Based on interviews and record reviews the facility failed to develop an individualized fall care plan for a cognitively impaired resident who was a high fall risk for falls for 1 (R1) out of 7 residents reviewed for falls. This failure resulted in the resident falling and sustaining a fracture in the right hip.

Findings include:

Record review of R1's admission record reads R1's diagnoses include but not limited to hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side; muscle weakness (generalized); other abnormalities of gait and mobility; abnormal posture; and cognitive communication deficit. R1's MDS (Minimum Data

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S9999	Continued From page 3	S9999		

Set) dated 05/04/17 reads R1 required extensive assistance with bed mobility, transfer, locomotion on and off the unit, dressing, eating, and toilet use. Record review of R1's fall evaluation scores read R1 was a "High Risk of Fall."

R1's 05/04/17 MDS also reads R1 had severe cognitive impairment. Progress note dated 05/04/17 at 07:48 AM written by V4, Social Services Director, reads "Patient is very inconsistent, physically [R1] is able to do a lot but cannot follow commands. Safety insight is very poor. Conversations are non-sensical (sic)." Reviewed R1's Physical Therapy and Plan of Treatment note dated 4/21/17 which reads R1 was at risk for falls and increased dependency upon care givers. Fall predictors included R1's reduced insight for unsafe situations and reduced recognition of unsafe situation.

R1's care plan reviewed. Interventions initiated upon admission included:
"Ensure that the resident is wearing appropriate footwear"
"Ensure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance."
"Follow facility fall protocol."
"PT (Physical Therapy) to evaluate and treat as ordered or PRN (as needed)."

On 01/16/19 at 12:36 PM, V9, Consultant, stated R1 was a risk for falls. V9 stated R1 had multiple falls with the most recent one at the facility being 05/11/17. Record review of progress notes read that R1 had a fall on 04/28/17, 05/04/17, and 05/11/17.

Record review of R1's

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'Braden/Fall/Wander/Neuro/Hydration/Transfer' reports and care plan read that after the 4/28/17 fall, a chair alarm was added for fall interventions. Records also read that after the 05/04/17 fall, a bed alarm was added for fall interventions. However, on 01/17/19 at 1:43 PM, V23, Fall Coordinator, stated cognitively impaired residents will not know what the bed or chair alarm pertains to. V23 stated the alarms can scare the resident and increase their risk for fall. V23 stated cognitively impaired residents should be care planned for frequent monitoring, frequent toileting, and frequent rounding to check to see if their needs are met.

On 01/18/19 at 09:55 AM, survey team reviewed R1's care plan with V2, Director of Nursing. Surveyor asked V2 to elaborate on the intervention "Follow facility fall protocol." V2 stated facility's Fall Protocol is within the facility's Fall Evaluation Safety Guidelines. At 10:16 AM, V2 stated after the initial fall assessment there should be listed interventions underneath the section "Follow facility fall protocol." Listed intervention reads, "PT to evaluate and treat as ordered or PRN."

On 01/18/19 at 10:30 AM, V24, Therapy Manager, stated for an individual like R1, therapy would recommend constant supervision. V24 stated R1 should not be left alone unsupervised for long periods of time. V24 stated R1 needed to be placed where he can be supervised at all time because R1 needed constant supervision with 1-2 assist with transfer. V24 stated this was discussed during the daily morning meetings.

On 01/18/19 at 11:38 AM, V2 stated nurses should initiate frequent rounding and monitoring for cognitively impaired residents.

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S9999	Continued From page 5 On 01/18/19 at 1:26 PM, V26, MDS and Care Plan Coordinator, stated each resident gets a fall risk care plan upon admission. V26 stated basic care plan will include making sure appropriate foot wear is on, call light in reach, and PT to evaluate. V26 stated additional interventions can be added as needed. On 01/23/19 at 11:50 AM, V26 stated falls are discussed during morning meetings with IDT (Interdisciplinary team). V26 stated the facility will discuss possible interventions to prevent falls and update the resident's care plan as needed. V26 and V32, MDS and Care Plan Coordinator, stated both can update the care plans including the nurses, managers, and V2. Fall incident report and investigations for R1's fall on 5/11/17 reads R1 was observed on the floor in the dining room a few inches from the wheelchair. R1 attempted to walk resulting in fall. Report reads V13, assigned nurse, was passing medications and V12, assigned CNA (Certified Nursing Assistant), was in another resident's room. Progress note dated 05/12/17 at 11:06 AM reads R1 was having signs and symptoms of right leg pain. Order was given to send R1 to the emergency room for further evaluation. X-ray of the bilateral hip and pelvis transcribed on 05/12/17 at 02:07 PM, reads "Acute intratrochanteric fracture of the right hip." Reviewed facility's 'Careplan Standard Guideline' which reads "Interventions should be specific to reflect the specific goal. The intervention should be individualized to the resident."	S9999		

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S9999	Continued From page 6 Reviewed facility's 'Fall Evaluation Safety Guideline' which reads "Residents who are evaluated as being at risk for falls will be identified and individualized fall precautions will be developed for each resident. Preventative measures shall be taken to decrease the number of falls whenever possible." Guidelines include multiple recommendations for strategies on managing falls in relation to confusion, weakness/unsteady gait, and multiple falls. However, when compared to R1's care plan, interventions only included chair/bed alarms, wearing appropriate footwear, call light within reach, follow facility fall protocol, and physical therapy to evaluate and treat as ordered and needed. Listed interventions also did not include frequent monitoring or rounding on R1 as staff stated was needed for cognitively impaired residents. (B)	S9999		

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: VILLA AT SOUTH HOLLAND,THE COMPLAINT #: 0101249
LIC. ID #: 0052340
DATE COMPLAINT RECEIVED: 03/21/18 10:59:00

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

☑ 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.