IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

March 29, 2019

Daniel Maher, Registered Agent
Bravo Care of Inverness, Inc.
412 East Lawrence
Springfield, Illinois 62703

RE: Complaint #: IL00102559
Survey Date: January 30, 2019
Docket #: 19-C0116
Violation Type: Level A

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 Rosewood Care Ctr Inverness.

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
Rosewood Care Ctr Inverness/January 30, 2019//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. BRAVO CARE OF INVERNESS, INC., D/B/A, ROSEWOOD CARE CTR INVERNESS, Respondent.	)))))))))	Docket No. NH 19-C0116

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 IL00102559 Investigation conducted by the Department on January 30, 2019, at Rosewood Care Ctr Inverness, 1800 Colonial Parkway, Inverness, Illinois 60067. On March 26, 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 Rosewood Care Ctr Inverness, 1800 Colonial Parkway, Inverness, Illinois 60067 on April 27, 2017. The Facility's current license number is 0049023. The term of the conditional license shall be from April 26, 2019 to October 25, 2019. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON APRIL 26, 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), 300.1210b), 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 Regulations
Illinois Department of Public Health

Dated this 29th 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
10/25/2019	0049023

LONG TERM CARE LICENSE CATEGORY BGBE
SKILLED 142

CONDITIONAL 142 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

BRAVO CARE OF INVERNESS, INC

ROSEWOOD CARE CTR INVERNESS
1800 COLONIAL PARKWAY
INVERNESS IL 60067
EFFECTIVE DATE: 04/26/19

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

REGION 9 03/27/19

ROSEWOOD CARE CTR INVERNESS
1800 COLONIAL PARKWAY
INVERNESS IL 60067

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. BRAVO CARE OF INVERNESS, INC., D/B/A, ROSEWOOD CARE CTR INVERNESS, Respondent.	))))))))))	Docket No. NH 19-C0116

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:	Daniel Maher
Licensee Info:	Bravo Care of Inverness, Inc.
Address:	412 East Lawrence Springfield, Illinois 62703

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
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
	IL6014633	A. BUILDING: _____ B. WING _____	C 01/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD CARE CENTER OF INVERNESS	1800 COLONIAL PARKWAY INVERNESS, IL 60067

(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# 1893070/IL102559 Statement of Licensure Violations	S 000		
S9999	Final Observations 300.610a) 300.1210b) 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 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:	S9999	Attachment A Statement of Licensure Violations	

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ROSEWOOD CARE CENTER OF INVERNESS	1800 COLONIAL PARKWAY INVERNESS, IL 60067

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S9999	Continued From page 1	S9999		

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 monitor the dining room and failed to ensure the self -releasing seat belt and wheelchair alarm were in place to prevent or reduce the risk of falling for one of nine residents (R1) reviewed for falls prevention and supervision. This failure resulted in R1 being left unsupervised in the dining room and fell from the wheel chair sustaining a (C2) cervical neck fracture and right superior pubic rami fracture.

Findings include:

R1 has the following medical diagnoses: dementia, senile psychotic condition, difficulty walking, abnormality of gait, altered mental status and muscle weakness.

Progress noted dated 03/2/2018 documents that V6 (Licensed Practical Nurse) was notified that R1 fell in the dining room. R1 was noted on the

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ROSEWOOD CARE CENTER OF INVERNESS	1800 COLONIAL PARKWAY INVERNESS, IL 60067

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S9999	Continued From page 2	S9999		

floor with a laceration to her forehead with bleeding. R1 stated that "I was trying to clean my shoes, "and "my neck hurts." 911 was called and arrived to transport R1. V7 (Medical Doctor) and R1's family were notified. At 6:00PM, the facility called the local hospital. The local hospital stated that R1 was being admitted for a cervical (C2) fracture. Death certificate dated 03/09/2018 documents that R1's immediate cause of death is blunt force injuries of neck and pelvis from a fall.

On 1/25/2019 at 11:06AM, V6 stated, "I do not remember who called me. Someone told me that R1 fell. R1 was bleeding from her head. All the nurses went to the dining room. One of the nurses called 911; one nurse did a pressure dressing; another nurse took vitals. The ambulance came within 2-3 minutes. R1 said she was trying to reach something in her shoe. Staff is supposed to be in dining room. CNA'S (Certified Nursing Assistants) should be with the residents."

Progress note dated 1/06/2018 documents that per V7 notes that self- release belt should be applied if R1 attempts to get up from her wheelchair. Also, to use wheelchair pad alarm. Physicians Order Statement dated 1/6/2018 notes that chair pad alarm should be used for fall prevention. Fall Risk Assessment dated 1/24/2018 documents that R1 has the following risk factors: unsteady gait; confusion with disorientation; poor balance; weakness and poor judgment and decision making. R1 is also at significant risk for falls related to dementia, psychotropic, antidepressant, and diuretic medication usage. The Fall Risk Assessment also documents fall prevention measures. The fall prevention measures are to monitor R1 frequently and apply self- release belt.

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S9999	Continued From page 3 On 1/25/2019 at 12:49PM, V8 (Dietary Cook) stated, "R1 was falling forward out of her wheelchair to the ground. No staff were present at the time of her fall." On 1/25/2019 at 3:00PM, V5 (Restorative Nurse) stated, "During meal times everyone is responsible for monitoring residents. R1 needed to be monitored due to her history of falls with injury." On 1/29/2019 at 10:07AM, V2 (Director of Nursing) stated, "The dining room should be monitored to prevent accidents. Staff were attending to other residents during lunch. They were not available at that time to monitor this resident. R1 did not have her self-release belt on. The wheelchair alarm was not in place during the time of fall. " On 1/25/2019 at 11:22PM, V7 stated, "I specifically told nursing staff to continue to use the belt. R1's family was very aggressive and wanted to have R1 to wear the belt; I approved it. I was notified went resident fell out of the wheelchair. R1 had advanced dementia. R1 did not know about things she should or should not do." On 1/29/2019 at 10:00AM, V3 (Nurse Consultant) stated, "There were no nursing staff in the dining room when R1 fell. I do not know why there were no nursing staff available at the time." Care plan dated 1/30/2018 documents to apply self-release belt with alarm on wheelchair; ensure seat belt alarms are working properly; follow specific fall prevention protocols listed on fall assessment; provide supervision; use	S9999		

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S9999	Continued From page 4 self-release alarm belt when R1 is not under supervision. Facility policy titled Fall Risk Assessment and Care Planning Policy and Procedure, dated 10/18, notes the facility will evaluate the resident's potential for falls and to help ensure resident safety. The staff will develop a plan to prevent falls based on known and identified risk factors. Facility Policy titled Incidents and Accidents Policy and Procedure, dated 10/18, documents the facility will take every precaution to prevent the occurrence of accidents. Facility Policy titled Fall Risk Assessments, dated 09/03, notes when significant potential for falls is noted via the assessments, appropriate fall prevention measures will be implemented. (A)	S9999		

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: ROSEWOOD CARE CTR INVERNESS COMPLAINT #: 0102559
LIC. ID #: 0049023
DATE COMPLAINT RECEIVED: 05/10/18 13:58:00

IDPH Code	Allegation Summary	Determination
104	NEGLECT	2
131	RESIDENT INJURY	1

X The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.