IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

March 27, 2019

Thomas Winter, Registered Agent
Generations at Lincoln, LLC
6840 North Lincoln Avenue
Lincolnwood, Illinois 60712

RE: Complaint #(s): IL00109053
Date of Survey: 01-30-2019
Docket #: 19-C0120
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 Generations at Lincoln.

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
Generations at Lincoln/January 30, 2019//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. GENERATIONS AT LINCOLN, LLC, D/B/A,GENERATIONS AT LINCOLN, Respondent.	)))))))))	Docket No. NH19-C0120

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 IL00108985, IL00109053 Investigation conducted by the Department on January 30, 2019, at Generations at Lincoln, 2202 North Kickapoo Street,Lincoln , Illinois 62656. On March 26, 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), 300.1210b), 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 27th day of March, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. GENERATIONS AT LINCOLN, LLC, D/B/A, GENERATIONS AT LINCOLN, Respondent.	)	Docket No. NH 19-C0120

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:	Thomas Winter
Licensee Info:	Generations at Lincoln, LLC
Address:	6840 North Lincoln Avenue Lincolnwood, Illinois 60712

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 27th 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
	IL6005490	A. BUILDING: _____ B. WING _____	C 01/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT LINCOLN	2202 NORTH KICKAPOO STREET LINCOLN, IL 62656

(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 Investigation #1920585/IL108985 - F689 cited Complaint Investigation #1920641/IL109053 - F580, F689, F758 cited	S 000		
S9999	Final Observations Statement of Licensure Violations: 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

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.
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. (Section 2-107 of the Act)

These requirements were not met evidenced by

Based on observation, record review, and interview, the facility failed to ensure a resident was safely transported in a wheelchair utilizing foot pedals and failed to investigate falls as directed in the facility policies, for two of four residents (R2, R5) reviewed for accidents, in a sample of seven. This failure resulted in R2 being pushed in a wheelchair with no foot pedals

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S9999	Continued From page 2	S9999		

attached and his stabilization boot became caught underneath him, causing a right medial meniscus (knee tendon) tear.

Findings include:

1. The facility policy, titled "Wheelchairs (5/17)" documents, "Procedure: 1. Explain procedure to resident and bring wheelchair to bedside. Lock wheels. 2. Adjust footrests. They can be folded or swung to the side for easy access to bed, toilet or tub."

The electronic medical record documents R2 was admitted to the facility 11/09/18 for therapy services following a right fibula fracture at his home.

On 1/28/19 at 9:00 a.m., R2 was laying on his bed with his right lower extremity in a stabilization boot. At that time, R2 stated, "Around New Year's (V4 - Certified Nursing Assistant) was getting ready to take me from the shower room in my wheelchair, when I asked (V4) to put the foot rests on due to my broken leg and having to wear this heavy boot. (V4) told me she didn't have time to do that, and to just lift my feet. On the way from the shower room, (V4) was pushing me pretty fast, when my feet got caught under the wheelchair, and injured my knee. I now have a torn Meniscus in my knee and might need surgery. I haven't progressed in therapy since my injury."

A Nursing Progress Note, dated 12/28/2018 at 9:00 AM, documents "CNA was pushing (R2) in his (wheelchair) back from the shower (and R2's right) leg went underneath his (wheelchair and) twisted back. (R2) does have swelling noted to the knee. (Complaint of) pain noted. No bruising

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S9999	Continued From page 3 at this time. (Medical Director) notified." A Physical Therapy note for R2 dated 12/31/18, documents, "Improvements in activity tolerance, strength, and balance allows patient to tolerate higher levels of challenges in transfer training to reduce fall risk and maximize mobility independently. Was able to stand for a (minute) holding onto parallel bars with 50% (weight bearing) but now unable to transition sit to stand due to increased knee pain." A Physical Therapy note for R2 dated 1/07/18 documents, "The patient is unable to stand due to increased pain with transfers in (right) knee and 50% (weight bearing) on (right lower extremity)." A MRI (Magnetic Resonance Imaging) report for R2, dated 1/18/19 documents, "Reason for study: Pain in the right knee throughout the entire knee after twisting injury two weeks ago" and "Impression: Diffuse degenerative tearing of the lateral meniscus with undersurface tearing of the posterior horn and body of the medial meniscus." A Correspondence Note from V6 (Advanced Nurse Practitioner), dated 1/22/19, addresses R2's MRI results and documents, "There is severe arthritic changes to the knee in all 3 compartments, greatest to the lateral aspect. Medial and lateral meniscus tears. No ligament tears. Recommend follow up with an orthopedic surgeon to discuss options." On 1/29/19 at 10:17 am, V4 stated (on 12/28/18) she was returning R2 to his room via wheelchair. V4 stated, while pushing R2 in his wheelchair, his right foot became entangled underneath. According to V4, R2 did have his stabilization boot on his right foot when it got caught under the	S9999		

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S9999	Continued From page 4	S9999		

wheelchair and V4 had to get assistance from the nurse to untangle R2's foot. V4 stated R2 yelled out in pain when the incident occurred. V4 stated R2 did have footrests for his wheelchair, but she did not put them on.

On 1/28/19 at 2:55 p.m., V6 stated R2 has never complained of knee pain until the incident when his foot was caught under a forward moving wheelchair. V6 stated she ordered the 1/18/19 MRI due to R2's ongoing right knee pain after that incident. V6 stated R2's MRI showed medial and lateral meniscus tears, with the medial tear being an acute injury. V6 concluded that the mechanism of R2's foot, with the stabilization boot on, being pulled under a wheelchair as it is propelling, would be consistent with this type of injury. V6 stated R2's meniscus tear has set him back in his recovery for the right fibula fracture and hindered his physical therapy and timeframe for discharge.

2. The facility "Fall Reduction Program (7/18)" policy documents, "It is the policy of this facility to have a Fall Reduction Program that promotes the safety of residents in the facility. The program's intent is to assist clinical staff in determining the needs of each resident through the use of standard assessments, the identification of each resident's individual risks, and the implementation of appropriate interventions, supervision, and/or assuasive devices deemed appropriate" and "In the even a fall incident occurs, nursing staff will complete an assessment of the resident and obtain the facts surrounding the fall, and report findings to the resident's physician and responsible party and document findings and notification within the resident's clinical record. 7. Post fall monitoring shall be completed by the nursing staff every shift for 72 hours and findings

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S9999	Continued From page 5	S9999		

documented within the clinical record. 8. Attempts shall be made to implement new or modified interventions as needed to enhance safety and consistent with root cause analysis; new interventions to be communicated to the facility staff through revision of resident care plan and profile to maintain continuity of care."

The facility policy, titled "Post Fall Investigation (5/17)," documents, "It is the policy of this facility to investigate falling incidents as part of the Quality Assurance Process in efforts to determine possible causative factors and to develop an individualized prevention plan in attempts to prevent further occurrences. Procedure: 1. A Post Fall Investigation form will be completed by staff within seventy two hours of the occurrence. 2. After the completion of the form, information will be reviewed to determine, if possible causative factors and include interventions that are currently being used and those interventions that will be implemented as a result of the investigation."

An Event Report, dated 12/29/2018 at 9:00 PM, by V13 (Licensed Practical Nurse), documents R5 fell in his room from his bed, did not complain of pain and no injury was noted; however, a Witness Report by V15 (Licensed Practical Nurse), dated 12/29/18 at 9:15 PM, documents "(R5) was laying between bed and wall (with) heater on his left side. (R5) stated that he hit his head, left arm & leg on the floor and that they hurt."

An Event Report, dated 1/01/19 at 8:05 PM, by V13, documents R5 fell in his room from his bed and sustained "redness, bruising and bump" to right wrist/elbow.

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S9999	Continued From page 6 The Electronic Medical Record contains no corresponding Resident Progress Notes detailing any information regarding the 12/29/18 or 1/01/19 fall. On 1/29/19 at 2:05 pm, V1 (Administrator) stated, she did not have investigations, which are to be completed by V1 or V2 (Director of Nursing) for R5's falls, as the nurse who was caring for R5 at the time of each incident (V13) did not notify Administrative Staff of the falls, so an investigation could be initiated and potential cause determined. V1 concluded that V13 was reprimanded for not following the facility "Fall Reduction Program." (B)	S9999		

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: GENERATIONS AT LINCOLN COMPLAINT #: 0108985
LIC. ID #: 0054858
DATE COMPLAINT RECEIVED: 01/25/19 09:24:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1
130	MENTAL ABUSE	2
402	LACK OF STAFF	2
409	POLICY AND PROCEDURES	2
411	BACKGROUND CHECK	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.

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: GENERATIONS AT LINCOLN COMPLAINT #: 0109053
LIC. ID #: 0054858
DATE COMPLAINT RECEIVED: 01/28/19 14:19:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1
112	IMPROPER RESTRAINT	1
115	PHYSICAL THERAPY	2
404	INAPPROPRIATE EMPLOYEE BEHAVIOR	2
409	POLICY AND PROCEDURES	2

✓ The facility has committed violations as indicated in the attached*
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