DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. PARKER REHAB AND NURSING CENTER, LLC, D/B/A, PARKER NURSING AND REHAB CTR, Respondent.	)))))))))	Docket No. NH19-S0081

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 Licensure Investigation conducted by the Department on January 17, 2019, at Parker Nursing and Rehab Ctr, 516 West Frech Street,Streator , Illinois 61364. On March 13, 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), 300.1010h), 300.1210b) 3), 300.1210c), 300.1210d) 3)5), 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)5 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 14th day of March, 2019.

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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:	Michele Benae Bush
Licensee Info:	Parker Rehab and Nursing Center, LLC
Address:	240 Fencl Lane Hillside, Illinois 60162

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 14th 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
	IL6001374	A. BUILDING: _____ B. WING _____	01/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER NURSING & REHAB CENTER	516 WEST FRECH STREET STREATOR, IL 61364

(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 Annual Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1010h) 300.1210b)3) 300.1210c) 300.1210d)3)5) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time	S9999	**Attachment A** **Statement of Licensure Violations**	

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of notification.

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:

3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services.

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:

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour,

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S9999	Continued From page 2	S9999		

seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

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 observation, interview, and record review the facility failed to implement pressure ulcer prevention interventions, to identify and to treat a pressure ulcer for one (R6) of three residents reviewed for pressure ulcers in the sample of 20. This failure resulted in R6 developing a left heel pressure ulcer.

Findings include:

The facility "Wound Management Program," dated 5/19/17, documents "The nursing assistant visually inspects the skin daily and with care. If an area is identified, the nurse is notified and the Stop and Watch tool may be used to communicate this information. Appropriate measures will be instituted." "Heels may be elevated off the bed to totally relieve pressure; boots, pillows, etc may be used for this purpose."

The facility's "Pressure Injury Treatment" policy and procedure, dated 5/19/17, documents

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"Suspected Deep Tissue Injury appears as a purple or maroon localized area of discolored intact skin or blood-filled blister and may be preceded by tissue that is painful, firm, mushy, boggy, and warmer or cooler as compared to adjacent tissue."

The Medication Review Report for R6, documents the following dated physician orders: 10/15/18 "Duoderm to coccyx every day shift every Sunday for prevention" and 1/2/19 "Check right gluteal fold for Duoderm placement, replace every 3 days until resolved every night shift."

On 1/15/19 at 12:55 pm R6 stated, "I have a sore on my butt. Sometimes it bothers me. I can't remember how long it's been there."

On 1/16/19 at 12:55 pm, R6 did not have physician ordered dressings in place to R6's coccyx or gluteal fold. At this same time, V6 (Certified Nursing Assistant) verified these dressings were not in place.

R6's current Interdisciplinary Plan of Care documents "(R6) is at increased Risk for alteration in skin integrity." This plan of care lists some interventions as "Off load heels PRN (as needed)," "Weekly measurement & documentation," "Initiated upon admission skin protocol for any wounds stages accordingly", "Tx (Treatment) per MD (Physician) order, see POS/TAR (Physician Order Sheet/Treatment Administration Record", and Skin will be checked during routine care on daily basis & weekly bath or shower." This Plan of Care does not mention R6's left medial heel wound.

On 1/15/19 at 12:55 pm and 3:37 pm and on 1/16/19 at 12:55 pm R6 was lying in bed on

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(R6's) right side with bilateral feet touching the bed.

On 1/16/19 at 12:55 pm, following incontinence care, R6 cried out "Oh my heel, Oh my heel" at which time R6's left medial heel was noted to have a deep dark burgundy/purple, fluid filled blister.

On 1/16/19 at 1:08 pm, V6 CNA stated (R6) has been complaining of (R6's) left heel being sore and it has been red but "it looks worse today and is spongy like a blood blister." V6 CNA stated she reported (R6's) left heel wound to V9 LPN (Licensed Practical Nurse) a couple of weeks ago.

The "Unit Nurse Skin Review" for R6, dated 11/22/18 and 12/12/18 document R6 with reddened heels. R6's medical record contains no further documentation regarding R6's left heel until the "Skin Alteration Record" dated 1/16/19, which documents; R6's left inner heel with 100% deep purple, closed fluid filled blister measuring 7.0cm (centimeters) by 3.0cm, and documents R6 with complaints of pain at a "7" on the 1-10 pain scale with 10 being the worst pain.

On 1/17/19 at 9:44 am, V1 Administrator stated "All the staff have been educated about the 'Stop and Watch' program the facility uses to trigger resident assessments. The CNAs are to complete a New Alert for any resident change in condition which then triggers the assessment for the Nurse to do. The CNAs are to also document on their daily sheets which (V1) reviews daily and would then have been informed of R6's left heel wound." V1 stated V6 CNA did not document any concerns regarding R6's left heel on her daily sheets and there have been no New Alerts

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S9999	Continued From page 5 triggered regarding R6's left heel. V1 also stated that V9 LPN no longer is employed by the facility. On 1/18/19 at 1:30 pm, V10 R6's Primary Care Physician stated 1/17/19 was the first and only notification V10 has had regarding R6's heels and if preventative measures had been placed R6's Deep Tissue Injury may have been prevented. (B)	S9999		