DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

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| THE DEPARTMENT OF PUBLIC HEALTH<br>STATE OF ILLINOIS,<br>Complainant,<br><br>v.<br><br>CROSSROADS CARE CENTER OF<br>WOODSTOCK, LLC,<br>D/B/A, CROSSROADS CARE CTR- WOODSTOCK,<br>Respondent. | )<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>) | Docket No. NH19-S0103 |

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 31, 2019, at Crossroads Care Ctr- Woodstock, 309 McHenry Avenue, Woodstock, Illinois 60098. 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: 300.1210b), 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.

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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:

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| Registered Agent: | Stephen Sher |
| Licensee Info: | Crossroads Care Center of Woodstock, LLC |
| Address: | 5750 Old Orchard Road, STE 420<br>Skokie, Illinois 60077 |

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 |
|---|---|---|---|
| | IL6010136 | A. BUILDING _____ B. WING _____ | C 01/31/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| CROSSROADS CARE CTR WOODSTOCK | 309 MCHENRY AVENUE WOODSTOCK, IL 60098 |

| (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 |
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| S 000 | Initial Comments<br><br>Facility Report Investigation to Incident of January 17, 2019/IL108870<br><br>Statement of Licensure Violations | S 000 | | |
| S9999 | Final Observations<br><br>300.1210b)<br>300.1210d)6)<br>300.3240a)<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br>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:<br>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:<br>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.<br><br>Section 300.3240 Abuse and Neglect<br>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a | S9999 | **Attachment A**<br>**Statement of Licensure Violations** | |

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| S9999 | Continued From page 1<br>resident.<br><br>These requirements were not met as evidenced by:<br><br>Based on observation, interview and record review the facility failed to provide a safe environment for a resident which resulted in an unwitnessed traumatic finger amputation of a resident (R1).<br><br>This applies to 1 of 3 residents (R1) reviewed for safety and supervision in the sample of 5.<br><br>The findings include:<br><br>R1's Progress Note dated January 17, 2019 at 6:41 AM showed, "At approximately 0330 after CNA (Certified Nursing Assistant) finished care on pt (patient) and was caring for pts roommate pt began banging on bedside table with bed controller, CNA went over to pt...when CNA noticed pts finger tip laying on her shirt on her chest. RN (Registered Nurse) went to assess pt, noted right hand 4th finger without tip, pts finger fell off at interphalange joint..." R1's Nurses Notes dated January 17, 2019 showed R1 was sent to a local hospital for an evaluation where it was determined that they were unable to reattach the tip of R1's right hand, ring/fourth finger. R1 returned to the facility on January 17, 2019.<br>R1's right hand X-ray report dated January 17, 2019, showed the findings of the X-ray as a "traumatic amputation of the majority of the distal phalanx of the ring finger..."<br>R1's Incident Investigation Report dated January 17, 2019, showed, "The patient cause of this spontaneous detachment was likely related to (R1's) behavior of banging her call light..." | S9999 | | |

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| S9999 | Continued From page 2 | S9999 | | |

R1's Minimum Data Set dated January 18, 2019 showed R1 was rarely/never understood and was severely cognitively impaired.

On January 29, 2019 at 8:35 AM, R1 was seated in a wheelchair in her room, on supplemental oxygen via nasal cannula. R1's right hand, fourth finger was wrapped in a dressing. R1's speech was garbled and incomprehensible when responding to questions from staff and this IDPH surveyor. No bleeding, bruising, or wounds were noted to R1's hands or undressed fingers. R1 exhibited no behaviors of banging her hand or call light on the bedside table or wheelchair or behaviors of putting her hands in her mouth. At 12:39 PM, V11 Wound Nurse, removed the dressing on R1's right fourth finger. R1's right hand, fourth finger showed a healed stump at the distal interphalange joint.

On January 29, 2019 at 11:55 AM, V7 CNA stated, "I was the CNA working with (R1) the night of the incident. I checked on (R1) around 1:00 AM, and did peri (perineal) care on her. There was nothing wrong at that time. She didn't have any bleeding or bruising to any of her fingers. I checked on (R1) again around 3:00 AM. She was picking her nose, she did that a lot. She had dried blood below her nose, on her cheeks and hands. I got a wash cloth and cleaned her up... I finished wiping her up and then did peri care again and got (R1) into a clean shirt. (R1) was lying on her back in bed the entire time. I covered her with the sheet, with her hands lying on the sheet, and turned off the light above (R1's) bed. I went into the bathroom to wash my hands

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and heard (R1) banging the remote bed controller against the bed rail. I walked over to ask (R1) what was wrong and noticed 3 spots of blood on her shirt. I turned on the light about her bed and that's when I saw the tip of (R1's) finger lying on her shirt, over her stomach area...I have no idea what happened to her finger..." V7 stated she provided cares alone to R1 during her shift on January 17, 2019.

On January 29, 2019 at 10:40 AM, V4 RN stated, "On January 17, 2019 at 12:30 AM, I was in (R1's) room. I glanced over at (R1), she was sleeping on her back. I didn't notice anything on (R1's) bed or anything out of the ordinary...At 3:30 AM, (V7 CNA) came to me and told me (R1's) finger tip fell off. I went into (R1's) room and found the finger tip lying on her shirt...I have no idea how it happened... Yes, (V7/CNA) was providing cares to (R1) alone. I was not in the room during her cares..."

On January 29, 2019 at 9:55 AM, V6 Activity Assistant stated, "I gave (R1) a manicure on January 16, 2019. I took the old nail polish off, filed her nails. There was no bleeding, bruising, or anything abnormal with her fingers..."

On January 29, 2019, V1 Administrator, V4 RN, V8 CNA, and V9 Licensed Practical Nurse (LPN) each stated R1's right hand, fourth finger had no wounds, issues with recurrent bleeding, or bruising prior to the incident on January 17, 2019.

On January 29, 2019 at 1:25 PM, V1 Administrator stated, "I honestly think (R1's) finger amputation was due to her repetitive banging of her call light or bed remote against her bed along with her new diagnosis of invasive squamous cell cancer to her right arm..."

On January 30, 2019 at 2:52 PM, V13 Orthopedic Physician stated, "There is no such thing as a spontaneous amputation...(R1's) injury was a

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| S9999 | Continued From page 4<br>traumatic amputation of that finger. Whether she got it caught in something, I don't know, but something cut that finger off....It was not related to her banging her hand on something and her recent diagnosis of squamous cell carcinoma to her right arm has nothing to do with her amputation...We usually see these types of injuries in patients that get their finger caught in a door, drawer, wheel, or edge of the bed."<br>(B) | S9999 | | |