IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

March 15, 2019

Phillip M. Kambic, Registered Agent
Riverside Senior Living Center
350 North Wall Street
Kankakee, Illinois 60901

RE: Complaint #: IL00108676
Survey Date: January 17, 2019
Docket #: 19-C0104
Violation Level: 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 Miller Health Care Center.

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
Miller Health Care Center/January 17, 2019//RegAgent/S.Geer

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>RIVERSIDE SENIOR LIVING CENTER,<br>D/B/A, MILLER HEALTH CARE CENTER,<br>Respondent. | )<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>) | Docket No. NH19-C0104 |

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 IL00108676 Investigation conducted by the Department on January 17, 2019, at Miller Health Care Center, 1601 Butterfield Trail, Kankakee, Illinois 60901. On March 11, 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), 300.610c)2), 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 15th day of March, 2019.

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>RIVERSIDE SENIOR LIVING CENTER,<br>D/B/A, MILLER HEALTH CARE CENTER,<br>Respondent. | ) | Docket No. NH 19-C0104 |

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: | Phillip M. Kambic |
| Licensee Info: | Riverside Senior Living Center |
| Address: | 350 North Wall Street<br>Kankakee, Illinois 60901 |

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 15th 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 |
|---|---|---|---|
| | IL6014294 | A. BUILDING _____ B. WING _____ | C 01/17/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MILLER HEALTH CARE CENTER | 1601 BUTTERFIELD TRAIL KANKAKEE, IL 60901 |

| (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<br><br>Complaint Investigation 1970299/IL108676 | S 000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations<br><br>300.610(a)<br>300.610(c)(2<br>300.1210(b)<br>300.1210(d)(6)<br>300.3240(a)<br><br>Section 300.610 Resident Care Policies<br><br>(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.<br><br>(c) The written policies shall include, at a minimum the following provisions:<br><br>(2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic services (including laboratory and x-ray). | S9999 | **Attachment A**<br>**Statement of Licensure Violations** | |

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| S9999 | Continued From page 1<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><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.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><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><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><br>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.<br><br>These requirements were not met as evidenced by:<br><br>Based on record review and interview the facility failed to ensure proper use of hot pack; the facility | S9999 | | |

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also failed to develop/implement policy and procedure for use of a hot pack. This failure resulted in a second degree burn on a resident who was given a hot pack to relieve pain.

This applies to 1 of 3 residents (R2) reviewed for incident with skin injury in the sample of 8.

Findings include:

R2 is an 82 year old who has multiple medical diagnoses to include; Myopathy, Congestive Heart Failure, Type 2 Diabetes Mellitus with Peripheral Angiopathy and Peripheral Vascular Disease. R2's Minimum Data Set (MDS) dated 12/14/18 showed that he requires extensive assistance for bed mobility. Physician Order Sheet (POS) dated December 2018 showed: "Apply warm pack three times a day as needed for the shoulder. Call physician if there's no improvement."

R2's incident report dated 12/13/18 at 7:45 AM showed: "While providing shower to R2 CNA staff noticed an open area to R2's upper back region. Staff notified the nurse. R2 reported to V7 (Wound Care Nurse) that he fell asleep with the hot pack on his neck which was ordered by V9 (Nurse Practitioner/NP). R2 stated it was wrapped in a towel and when he rubbed the area because it was hurting a bit the roughness of the towel broke open the skin. V7 is treating topically and will monitor for full healing. Family and physician are aware of the issue."

Comprehensive Wound Assessment dated 12/14/18 showed: R2 sustained partial thickness burn in the left upper scapula which measured as Length (L) 6.0 centimeter (cm) x Width (W) 3.5 cm.

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| S9999 | Continued From page 3 | S9999 | | |

According to the wound care RN (Registered Nurse) progress note from the local hospital on 1/11/19, R2 underwent debridement of the mid upper back.

On 1/15/19 at 11:26 AM, V7 (Wound Care Nurse) stated V2 had an application of warm pack and he said he fell asleep with the warm pack still in place on his back. The warm pack was wrapped in a towel and he guessed that he rubbed himself against it. Warm pack was used for pain. It looked like it had formed a blister as evidenced by the skin flap which was open. The wound bed was granular and moist. V7 described it as a partial thickness burn or a second degree. V7 notified V12 (Wound Care Physician) and she ordered a Versatel Contact Layer and Optifoam dressing to apply daily and as needed. The wound was healing then R2 went out for hospital leave and when R2 came back it was dry and he had eschar covering the wound. The presence of eschar showed that the wound deteriorated. V7 had talked to the granddaughter with regards to his wound.

On 1/15/19 at 1:45 PM V9 (Nurse Practitioner/NP) stated, R2 complained of having stiffness in his neck. V9 ordered to apply icy hot cream and warm pack to apply three times a day as needed. This is to loosen up the stiffness in his muscle. V9 did not indicate the length of time the warm pack is to be applied on to R2. V9 was not sure what the facility uses for warm pack and concluded that they would follow the facility protocol for application of warm pack. V9 added warm packs usually don't stay warm for too long.

On 1/15/19 at 2:35 PM V10 (Certified Nursing

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Assistant/CNA) stated, she (V10) wet a washcloth and placed washcloth in the microwave for 30 seconds and when she felt that it was not warm enough she put the washcloth back into the microwave and warm it up for another 30 seconds then when V10 felt that it was warm enough she placed it in a plastic bag and placed it inside a pillow case. V10 also stated she tried to cool it off for a certain period of time (V10 was unsure how long she cooled it off) prior to application. V10 was not sure what the temperature of the warm compress, not sure how long it stayed in R2's neck and who removed it.

On 1/15/18 at 3:42 PM V2 (Director of Nursing/DON) stated she (V2) facility does not have a specific policy for the use of hot pack. V2 is not sure if staff had specific education pertaining to hot pack use prior to R2's incident.

On 1/16/19 at 11:20 AM V12 (Physician) stated she was made aware of the incident on 12/14/19 and ordered to apply Versatel and Optifoam dressing to R2. R2 is an old man with a very thin/fragile skin. The component of this incident was the length of time, the heat and the pressure of lying on it that caused the burn.

Facility does not have any definitive protocol for application of heat pack such as; the temperature of the heat pack, the length of time applied to resident's skin and monitoring while the heat pack is on resident.

B

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: MILLER HEALTH CARE CENTER COMPLAINT #: 0108676
LIC. ID #: 0040659
DATE COMPLAINT RECEIVED: 01/14/19 09:51:00

| IDPH Code | Allegation Summary | Determination |
|---|---|---|
| 105 | IMPROPER NURSING CARE | 1 |

✓ 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.