IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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March 29, 2019

Bryan Kopman, Registered Agent
University Care Center, LLC
111 North Ottawa Street
Joliet, Illinois 60432

RE: Complaint #: IL0108706
Survey Date: February 05, 2019
Docket #: 19-C0110, 19-S0109
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 University Nsg & Rehab 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
University Nsg & Rehab Center/February 05, 2019//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. UNIVERSITY CARE CENTER, LLC, D/B/A, UNIVERSITY NSG & REHAB CENTER, Respondent.	)))))))))	Docket No. NH19-S0109, 19-C0110

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 and Complaint IL00108706 Investigation conducted by the Department on February 05, 2019, at University Nsg & Rehab Center, 1095 University Drive, Edwardsville, Illinois 62025. On March 28, 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 29th day of March 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. UNIVERSITY CARE CENTER, LLC, D/B/A, UNIVERSITY NSG & REHAB CENTER, Respondent.	))))))))))	Docket No. NH 19-S0109, 19-C0110

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:	Bryan Kopman
Licensee Info:	University Care Center, LLC
Address:	111 North Ottawa Street Joliet, Illinois 60432

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 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
	IL6002711	A. BUILDING _____ B. WING _____	02/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY NSG & REHAB CENTER	1095 UNIVERSITY DRIVE EDWARDSVILLE, IL 62025

(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 Licensure and Certification Complaint 1940327/IL108706: F689 FRI of 10/22/18/IL108780: F689	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 which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

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:

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 Regulations were not met as evidenced by:

Based on interview and record review the facility failed provide supervision to prevent burns during application of a heating pad for one of one resident (R29) reviewed for burns. This failure resulted in R29 sustaining a second degree burn to her mid back.

Findings include:

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S9999	Continued From page 2	S9999		

1. R29's Face Sheet undated, documents R29 was admitted to the facility on 3/23/16 and having part the following diagnoses: Parkinson's Disease, Intervertebral Disc Degeneration, Lumbar Region, and Fibromyalgia.

R29's Treatment Administration Record (TAR), dated 10/1/2018 - 10/31/2018, documents, "Heat pack to lower back three times a day," with a start date of 11/30/2017.

R29's Minimum Data Sets (MDS), dated 10/22/18 and 12/4/18, documents R29 has a Brief Interview for Mental Status score of 15, indicating cognition intact. The MDS further documents R29 requiring extensive assistance with care.

On 1/28/19 at 1:05 PM, R29 stated she received a burn with blisters from having received a hot pack onto her back sometime last October and "It was too hot when she (V37, Certified Nursing Assistant/CNA) put it on me."

Facility's Report of Incident, dated 10/25/2018, at 12:44 PM, documents "Report to IDPH (Illinois Department of Public Health). Resident (R29), Date of Incident 10/22/2018 (notified staff of pain to area 10/24/18)." The Report also documents R29 received a burn. The Report documents R29 complained of pain to her mid/lower back and upon assessment, R29 was "noted with 2 areas of fluid filled blistering with red peri-wound. Assessment indicates residents has 2nd degree burn to mid/lower back. Upon interview resident reported to staff nurse that she believes the burn is from the application of a heat pack." The Report further documented that after review of video camera footage it was determined that on 10/22/2018 at 2015 (8:15 PM) V37 obtained the

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S9999	Continued From page 3	S9999		

heat pack and applied it to the resident's back in a pillow case. The Report also stated the CNA as well as the nurse responsible for the resident's care at the time of the event received education and disciplinary actions per protocol.

Disciplinary Action Notice, dated 10/22/18, documents V37 (CNA) violated the facility policy for application of heat pack that was not in the scope of her practice.

On 1/22/19 at 1:21 PM, V2, Director of Nursing (DON), stated in part, "It is not the policy of the facility to have a CNA apply a heat pack of any kind, including a heating pad. Currently don't have any type of heat packs, and therapy doesn't use them. The CNA was counseled and re-educated on her scope of practice. The blisters are healed and resident did receive a second degree burn."

On 1/23/19 at 11:23 AM V17, Certified Occupational Therapy Assistant (COTA), stated the therapy department does not use heat packs.

On 1/22/19 at 1:21 PM, V2, DON, stated the facility does not have a policy on heat packs, as they are not used in the facility.

(B)

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: UNIVERSITY NSG & REHAB CENTER COMPLAINT #: 0108706
LIC. ID #: 0054908
DATE COMPLAINT RECEIVED: 01/14/19 14:45:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1 f 580
132	SEXUAL ASSAULT RES TO RES	1 f 550, 600, 689
209	LACK OF SUPPLIES/EQUIPMENT	2
402	LACK OF STAFF	2
406	ADMINISTRATION	2
409	POLICY AND PROCEDURES	v F550 & TAG

__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.