



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

January 18, 2019

MS Registered Agent Services, Registered Agent
Pine Acres Rehab & Living Center, LLC
191 N. Wacker Drive, Suite 1800
Chicago, Illinois 60606

RE: Complaint #: IL 107410
Survey Date: November 21, 2018
Docket #: 18-C0533
Violation Type: B Violation with Fine

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 Pine Acres Rehab & Living Ctr.

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
Division Chief of Quality Assurance
Office of Health Care Regulations

Enclosure

cc: Administrator

File

Pine Acres Rehab & Living Ctr/November 21, 2018/18-C0533/RegAgent/kk

PROTECTING HEALTH, IMPROVING LIVES

Nationally Accredited by PHAB

COMPLAINT DETERMINATION FORM

FAC. NAME: PINE ACRES REHAB & LIVING CTR
LIC. ID #: 0047720
DATE COMPLAINT RECEIVED: 11/19/18 14:48:00

COMPLAINT #: 0107410

IDPH Code	Allegation Summary	Determination
-----	-----	-----
105	IMPROPER NURSING CARE	<u>1</u>
131	RESIDENT INJURY	<u>1</u>

☒ 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.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS,
Complainant,

v.

PINE ACRES REHAB & LIVING CENTER, LLC,
D/B/A, PINE ACRES REHAB & LIVING CTR,
Respondent.

) Docket No. NH18-C0533
)
)
)
)
)
)
)
)
)
)

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 Investigation conducted by the Department on November 21, 2018, at Pine Acres Rehab & Living Center, 1212 South Second Street, Dekalb, Illinois 60115. On January 17, 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)4), 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
P.O. Box 4263
Springfield, Illinois 62708

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
Division Chief of Quality Assurance
Office of Health Care Regulations

Dated this 18th day of January, 2019.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/21/2018
NAME OF PROVIDER OR SUPPLIER PINE ACRES REHAB & LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 SOUTH SECOND STREET DEKALB, IL 60115			
(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
S9999	Final Observations Statement of Licensure Violation: 1 of 1 Violation: 300.1210b)4) 300.1210d)6) 300.3240a) 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: 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.	S9999	Attachment A Statement of Licensure Violations		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

12/11/18

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/21/2018
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PINE ACRES REHAB & LIVING CTR

**1212 SOUTH SECOND STREET
DEKALB, IL 60115**

(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
S9999	Continued From page 1 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. (A, B) (Section 2-107 of the Act) This Requirement is not met as evidenced by: Based on interview and record review the facility failed to supervise a resident in bed while providing personal care. This failure resulted in R1 falling off of the bed and sustaining 2 cervical fractures (neck fractures). This applies to 1 of 3 residents (R1) reviewed for safety/supervision in the sample of 3. The findings include:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/21/2018
NAME OF PROVIDER OR SUPPLIER PINE ACRES REHAB & LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 SOUTH SECOND STREET DEKALB, IL 60115			
(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	
S9999	Continued From page 2 R1's electronic medical record lists diagnoses to include: dementia, convulsions, parkinson's disease, anxiety, and weakness. The facility's resident occurrence/incident report dated November 17, 2018 for R1 shows, "called to room by CNA (Certified Nursing Assistant). Resident noted laying face down on left side of bed on floor mat between bed and dressers ... noted with swell/purple discoloration to left forehead, also noted with 11.5 x 5.5 cm (centimeters) purple discoloration to right forearm containing 1.5 cm, 1.0 cm, 1.5 cm & 4.5 x 3.0 cm skin tears also noted with purple discolorations and skin tears to right hand ..." The same assessment shows, "Cause/Probable cause: CNA stepped away from resident. Statement (V3 CNA): Resident was laying in bed slightly on left side. Resident had lifted legs off bed. Pulled down brief found BM (bowel movement) turned around to get wash clothes ready. Resident rolled off bed. Found on floor face down on bed mat." On November 20, 2018 at 10:28 AM, V3 CNA stated, "I walked into the room and put the bed up to about my shins. I checked her brief. She had a BM. She was lifting her legs off the bed. I turned my back to get washcloths ready and heard a noise, she fell from the bed and was on the floor." She stated, she was the only CNA in the room at the time. "It's supposed to be 2 (2 CNAs)." On November 20, 2018 at 9:50 AM, V4 MDS coordinator stated, "V9 Licensed Practical Nurse (LPN) and I were at the desk. V3 CNA said she needed us in R1's room. R1 was on the left side of the bed (on the floor). R1 was rolled over on her side, almost on her stomach. V3 told us that	S9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/21/2018
NAME OF PROVIDER OR SUPPLIER PINE ACRES REHAB & LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 SOUTH SECOND STREET DEKALB, IL 60115			
(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	
S9999	Continued From page 3 she opened her brief to see if R1 was dirty. She saw she was dirty, turned to get washcloths and heard R1 fall." V4 stated, R1 is supposed to have 2 people while doing cares and V3 was the only CNA in there at the time. On November 20, 2018 at 9:30 AM, V8 CNA stated, "R1's care plan says 2 people assist at all times." The Minimum Data Set dated September 11, 2018 shows, R1 requires two person physical extensive assist with bed mobility. The facility's bedside care plan for R1 shows, "MUST HAVE 2 CNAS AT ALL TIMES!" The bedside care plan is located in every resident's room above their bed, on the bulletin board. The local hospital's cat scan of the cervical spine for R1 dated November 17, 2018 shows, "Impression: Fracture of the right anterior arch of C1. Type II odontoid fracture of C2. Neurosurgical consultation recommended." (B)	S9999			