IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

January 11, 2019

Stephen Sher, Registered Agent
Champaign Urbana Nursing and Rehab, LP
5750 Old Orchard Road, STE 420
Skokie, Illinois 60077

RE:	Complaint #:	IL00107028
	Survey Date:	November 14, 2018
	Docket #:	18-C0542
	Violation Type:	Level A

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 Champaign Urbana Nursing & Rehab.

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
Champaign Urbana Nursing & Rehab/November 14, 2018//RegAgent/S.Geer

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: CHAMPAIGN URBANA NRSG & REHAB COMPLAINT #: 0107028
LIC. ID #: 0052217
DATE COMPLAINT RECEIVED: 11/01/18 10:32:00

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.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. CHAMPAIGN URBANA NURSING AND REHAB, LP, D/B/A, CHAMPAIGN URBANA NURSING & REHAB, Respondent.	)	Docket No. NH 18-C0542

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE; NOTICE OF PLAN OF CORRECTION REQUIRED; NOTICE OF CONDITIONAL LICENSE; 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 "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE

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 IL0107028 Investigation conducted by the Department on November 14, 2018, at Champaign Urbana Nursing & Rehab, 302 Burwash Avenue, Savoy, Illinois 61874. On January 10, 2019, the Department determined that such violations constitute one or more Type "A" violations of the Act and the Skilled and Intermediate Care 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 Statement of Licensure Violations which is attached hereto and incorporated herein as Attachment A and made a part hereof.

Pursuant to Section 3-303 of the Act, the above-referenced facility is hereby ordered to abate and/or eliminate the above violation(s) immediately.

A Type "A" 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 CONDITIONAL LICENSE

In accordance with Sections 3-305 and 3-311 of the Act, the Department hereby issues a Conditional License for the operation of the Facility. This license replaces the unrestricted license issued to Champaign Urbana Nursing & Rehab, 302 Burwash Avenue, Savoy, Illinois 61874 on February 15, 2018. The Facility's current license number is 0052217. The term of the conditional license shall be from FEBRUARY 10, 2019 TP AUGUST 09, 2019. THE CONDITIONAL LICENSE SHALL FOLLOW UNDER A SEPARATE COVER LETTER. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON FEBRUARY 10, 2019.

The Conditional License will be withdrawn and an unrestricted license will be issued to Respondent upon the expiration of the term of the Conditional License.

During the term of the Conditional License, Respondent will retain its status as a certified provider of Medicaid services so long as Respondent's facility complies with the applicable federal regulations.

If the Respondent timely requests a hearing to protest the basis for the issuance of the Conditional License, the terms of the Conditional License shall be stayed pending the issuance of the Final Order at the conclusion of the hearing and the facility may operate in the same manner as with an unrestricted license.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **$25,000.00**, as follows:

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1010h), 300.1210b), 300.1210d)3) 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) 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 Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; 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.

Plans of Correction, Hearing and Waiver Requests 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 11th day of January, 2018.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. CHAMPAIGN URBANA NURSING AND REHAB, LP D/B/A, CHAMPAIGN URBANA NURSING & REHAB Respondent.	)	Docket No. NH 18-C0542

PROOF OF SERVICE

The Conditional License will follow under a separate cover letter.

The undersigned certifies that a true and correct copy of the attached Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; 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:	Stephen Sher
Licensee Info:	Champaign Urbana Nursing and Rehab, LP
Address:	5750 Old Orchard Road, STE 420 Skokie, Illinois 60077

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 11th day of January, 2018.

Sammye Geer
Administrative Assistant
Long Term Care- Quality Assurance
Office of Health Care Regulations

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001457	A. BUILDING: _____ B. WING _____	C 11/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPAIGN URBANA NRSG & REHAB	302 WEST BURWASH SAVOY, IL 61874

(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 Complaint #1867171 / IL107028	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 3001210d)3) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1	S9999		

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 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.
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.

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)

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S9999	Continued From page 2	S9999		

These requirements were not met evidenced by:

Based on interview and record review, the facility failed to complete ordered laboratory testing and report findings to the physician for one of three residents (R1) reviewed for laboratory testing. This failure resulted in R1 having a increased blood glucose level including critical levels, that resulted in R1 being hospitalized with a diagnosis of Hyperosmolar Hyperglycemia Coma due to Diabetes Mellitus.

Findings Include:

On 11/5/18 at 10:17 am, V4 (R1's grand-daughter) stated V4 came to the facility on 10/30/18 to see R1 and that R1 just wasn't R1's usual self. R1 would not speak but just mumble, was not able to feed herself as usual, and required much more assistance with toileting. V4 alerted the staff and the staff agreed that R1 was not her usual self. V4 requested R1 be sent to the hospital. Upon hospitalization, R1 was found to have a blood glucose level of greater than 900.

R1's POR (Physician Order Report) dated October 2018 documents a Diagnosis of Type II Diabetes Mellitus with Hyperosmolarity without Nonketotic Hyperglycemic-Hyperosmolar Coma. This POR documents an order received on 9/7/17 for CBC (Complete Blood Count) and CMP (Comprehensive Metabolic Panel) to be completed every six months. There are no results of these laboratory test results in R1's medical record.

R1's Physician Progress Notes by V7 on 5/7/18 document, R1's "glipizide and metformin were

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S9999	Continued From page 3	S9999		

discontinued some time ago due to her weight loss. Concerns of hypoglycemia are more of an issue than hyperglycemia. We will restart medications as clinically indicated. I've also asked that a Hemoglobin A1C be drawn next week and every 6 {six} months." There is no results of this laboratory test result in R1's medical record.

R1's Physician Progress Note by V7 on 9/12/18 documents, R1's "glipizide and metformin were discontinued some time ago due to her weight loss. Concerns of hypoglycemia are more of an issue than hyperglycemia. We will restart medications as clinically indicated. I've also asked that a Hemoglobin A1C be drawn again as there have not been labs in the system since 2016." There is no results of this laboratory test result in R1's medical record.

R1's Progress Notes dated 10/29/18 by V6 RN (Registered Nurse) documents, an unidentified CNA (Certified Nursing Assistant) notified V6 that R1 was acting "weird", was confused and not at R1's baseline. R1's Blood Pressure at the time 106/75, Pulse 107 beats per minute, and Temperature 97.4 degrees Fahrenheit. R1's blood glucose level was checked twice and each reading was "hi." V7 Physician was notified and V7 ordered a CBC, CMP, Hemoglobin A1C, and Urinalysis to be completed on 10/30/18.

R1's Progress Notes dated 10/30/18 by V8 RN documents R1 was assessed by V9 Advanced Practice Nurse and new orders received to send R1 to the ER (Emergency Room) for decreased LOC (Level of Consciousness), and increased blood glucose levels.

R1's History and Physical by V13 Hospital ER (Emergency Room) Physician dated 10/30/18

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documents, "History {is} obtained from chart review" as there was no family at bedside. R1 was having high blood sugars for the last week. At baseline R1 follows simple commands and is oriented to herself, and now she is disoriented, and does not follow any commands. Laboratory tests were completed and shows the following: glucose level of 909 HH (high critical), Potassium level of 5.6 H (high) and BUN level of 70 H, Creatinine level of 2.06 H. R1's Active Problems: "Hyperosmolar hyperglycemic coma due to diabetes mellitus without ketoacidosis."

On 11/7/18 at 12:45 pm, V14 LPN (Licensed Practical Nurse) produced CBC and CMP results from 9/9/17, 1/29/18, 5/25/18, and 9/24/18, and a Hemoglobin A1C from 10/3/18. V14 stated the laboratory tests had been completed and that V14 had to "pull the results from the laboratory." V14 stated V14 was unsure if the results were ever given to V7 Physician, since they were not in R1's medical record.

The laboratory results that V14 produced document the following:
9/9/17 - glucose level - 120 H; normal fasting range is 65 - 99
1/29/18 - glucose level - 168 H; normal fasting range is 65 - 99
5/25/18 - glucose level - 200 H; normal fasting range is 65 - 99. These results did not include results for the hemoglobin A1C that was ordered on 5/7/18.
10/3/18 - glucose level - 240 H; normal fasting range is 65 - 99. Hemoglobin A1C - 12.3%; normal range is 4.1% - 6.1%
10/30/18 - glucose level - 794 RCH(reading critically high); normal fasting range is 65 - 99. Hemoglobin A1C - 14.2% RH (reading high); normal range is 4.1% - 6.1%.

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On 11/7/18 at 12:48 pm, V1 Administrator stated, staff should be documenting in the medical record when the physician is notified of any changes and laboratory results. "Obviously they aren't doing it."

On 11/7/18 at 1:17 pm, V7 Physician stated, R1 has never been on diabetic medication while residing at the facility. V7 stated V7 had ordered laboratory testing on many occasions but since there wasn't any laboratory results in (R1's) medical record since 2016, V7 did not know the CBC, CMP and A1C tests were ever completed. V7 stated the facility has "never notified (V7) of the {laboratory} results." V7 stated R1's hospitalization and diabetic coma was a "direct result of no treatment." If V7 had been made aware of R1's rising glucose levels, V7 would have started treatment of QID (Four times a day) glucose monitoring, oral diabetic medication and/or insulin, then R1's glucose levels "would never have gotten that high to cause a coma."

The facility Request for Diagnostic Services Policy dated April 2007 documents orders for diagnostic services will be promptly carried out as instructed by the physician's orders and entered into the resident's medical record.

(A)