IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

January 31, 2019

J. Michael Bibo, Registered Agent
UDI #10, LLC
285 South Farnham Street
Galesburg, Illinois 61401

RE: Complaint #: IL 107679
Survey Date: December 4, 2018
Docket #: 19-C0021
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 Pekin Manor.

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
Pekin Manor/December 4, 2018/19-C0021/RegAgent/kk

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: PEKIN MANOR COMPLAINT #: 0107679
LIC. ID #: 0047969
DATE COMPLAINT RECEIVED: 11/30/18 13:37:00

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

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.

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>UDI #10, LLC,<br>D/B/A, PEKIN MANOR,<br>Respondent. | )<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>) | Docket No. NH19-C0021 |

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 December 4, 2018, at Pekin Manor, 1520 El Camino Drive, Pekin, Illinois 61554. On January 30, 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

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Dated this 31st day of January ,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>UDI #10, LLC,<br>D/B/A, PEKIN MANOR ,<br>Respondent. | )<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>)<br>) | Docket No. NH 19-C0021 |

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); Notice of Plan of Correction Required; 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: | J. Michael Bibo |
| Licensee Info: | UDI #10, LLC |
| Address: | 285 South Farnham Street<br>Galesburg, Illinois 61401 |

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 31st day of January, 2019.

Sammye Geer

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

BF300/19-C0021/Pekin Manor/December 4, 2018/kk

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 |
|---|---|---|---|
| | IL6011712 | A. BUILDING: _____ B. WING _____ | C 12/04/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PEKIN MANOR | 1520 EL CAMINO DRIVE PEKIN, IL 61554 |

| (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# 1827772/IL107679<br><br>Statement of Licensure Violations | S 000 | | |
| S9999 | Final Observations<br><br>300.1210b)4)<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>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.<br>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, | S9999 | Attachment A<br>Statement of Licensure Violations | |

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| S9999 | Continued From page 1<br>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 resident<br><br>These requirements were not met as evidenced by:<br><br>Based on interview, observation and record review, the facility failed to timely respond to a call light and ensure a call light was functioning for a resident that requires toileting assistance for one of three residents (R1) reviewed for falls in the sample of three. On 10/25/18, R1 was placed on the toilet by V4 (Certified Nursing Assistant) and remained on the toilet for an additional 25 minutes, resulting in R1 falling and sustaining a two centimeter forehead laceration. R1 was then transported to a local hospital for treatment, and received four sutures to repair her forehead laceration.<br><br>Finding includes:<br><br>R1's Brief Interview for Mental Status on the following dates document the following scores, all of which indicate R1 is cognitively intact: On 09/10/18, a score of 15; On 09/25/18, a score of 12; and on 11/02/18, a score of 14.<br><br>The facility's Accident and Incident Report Log dated 10/23/18 - 10/29/18 documents "R1 fell at | S9999 | | |

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

the facility on 10/25/18 and sustained a laceration requiring sutures, swelling to her right hand, and a bruise to her left heel."

R1's Nursing Progress Note dated 10/25/18 documents the following: "(R1) observed lying on the floor on her right side, blood noted in front of the bathroom towards the foot of (R1's) bed, (R1) was fully dressed with no shoes or socks on. (R1) stated she was assisted to the restroom, where she had been for an extended amount of time and after yelling for help she decided to transfer herself back to bed when assistance did not arrive. (R1) stated she fell in the bathroom doorway and crawled to bedside. Hematoma with laceration noted to left/midline forehead superior to left eye, moderate amount of blood noted on face, hands, and floor. Injury noted to right index knuckle, thumb and posterior hand. (R1) stated pain in head, right hand, and left foot. Bruising noted to left heel, nonpitting edema noted to left ankle. 911 called. Resident transported to (local hospital) for stitches and evaluation. Unable to contact Power of Attorney, message left for call back. Nurse Manager on call notified."

On 12/03/18 at 03:08 PM, R1 was lying in bed watching television. R1 could recall her recent fall on 10/25/18. R1 stated, "She put me on the toilet with that lift, and then left me. I pressed my call light, but no one ever came. I was yelling for help. I waited at least 25-30 minutes, and then decided I was going to get up myself. I ended up falling and hitting my head." R1 then pointed to the left side of her forehead and stated, "I had to go to the hospital to get stitches."

R1's local hospital emergency department record dated 10/25/18 documents the following: "Forehead laceration 2 centimeters. Injected with

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

lidocaine 1% without epinephrine. Cleaned, probed, no foreign body, sutured with 5.0 prolene. 4 sutures simple interrupted placed. Patient tolerated well." These same records document R1 was discharged on 10/25/18 with the following diagnoses: Fall; Laceration of scalp without foreign body; Traumatic hematoma of forehead; Contusion of right hand; Contusion of right shoulder; Closed head injury; Strain of neck muscle; and Laceration of scalp.

On 12/04/18 at 10:35 AM, V1 (Administrator) stated that on 10/25/18, V4 (Certified Nursing Assistant) did place R1 on the toilet, then left R1 and provided cares to two other residents. V1 stated that V5 (Certified Nursing Assistant), "Took a break during lay down time. Our practice is not to have anyone on break during this time. (V5) was on break at the time of (R1's) fall." V1 then stated that the facility was unable to determine the amount of time R1 remained on the toilet prior to falling. V1 stated "When she was found, her call light was on. She said that she thought she could go down to her knees and crawl, but instead, she face-planted."

R1's Abuse Investigation dated 10/25/18 documents an investigation was conducted in regards to length of time R1 reported being left on the toilet on 10/25/18, prior to falling. This investigation also documents V4 (Certified Nursing Assistant) received disciplinary action for the following: "On 10/25/18, (V4) suspended for improper nursing care with placing resident on toilet and not returning timely." This investigation also documents V5 (Certified Nursing Assistant) was in-serviced on the following: "Content discussed CNA (Certified Nursing Assistant) break times. (V5) was educated to not take breaks during increased time of resident cares.

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| S9999 | Continued From page 4 | S9999 | | |

Get-up, meal times, and lay down. It was also discussed to continue to notify nurse and fellow CNA's when taking break."

On 12/4/18 at 01:40 PM, V1 (Administrator) stated that she ended up conducting an abuse investigation following R1's 10/25/18 fall because of the time R1 reported she was left on the toilet. "We determined there was no willful intent, but V4 (Certified Nursing Assistant) should have stayed within an earshot of (R1) while she was in the bathroom. So after (R1's) fall, we disciplined (V4) and provided education."

On 12/03/18 at 03:08 PM, R1 was lying in bed watching television. R1's call light was in reach and tied around the right upper side rail attached to R1's bed. R1 pressed her call light several times, and stated, "I need to go to the bathroom." R1 continued to press her call light every few minutes, began to reposition and become restless in bed and stated, "I've had my call light on since before 03:00 PM, and I'm going to wet the bed." R1 again pressed her call light several times. On this same date at 03:30 PM, V3 (Assistant Director of Nursing) was notified that R1 had pushed her call light multiple times and had been waiting approximately 30 minutes for toileting assistance. At 03:31 PM, V3 entered R1's room and verified that R1's call light was not working.

On 12/3/18 at 03:35 PM, V6 and V7 (Certified Nursing Assistants) entered R1's room, assisted R1 to the bathroom with a sit-to-stand mechanical lift, provided perineal care to R1, and transferred R1 back into bed. V6 stated, "The call lights can be temperamental sometimes."

On 12/04/18 at 09:00 AM, V3 (Assistant Director

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| S9999 | Continued From page 5<br>of Nursing) stated, "This building is old, and sometimes call lights will stop working. They can sometimes be temperamental. We call maintenance, and they come fix them."<br><br>(B) | S9999 | | |