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January 29, 2019

VCorp Agent Services, Inc., Registered Agent
Aperion Care Toluca, LLC
208 S. LaSalle Street, Suite 814
Chicago, Illinois 60604

RE: Complaint #: IL 107392
Survey Date: November 30, 2018
Docket #: 19-C0026
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 Aperion Care Toluca.

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

Aperion Care Toluca/November 30, 2018/19-C0026/RegAgent/kk

PROTECTING HEALTH, IMPROVING LIVES

Nationally Accredited by PHAB

FAC. NAME: APERION CARE TOLUCA

COMPLAINT #: 0107392

LIC. ID #: 0053991

DATE COMPLAINT RECEIVED: 11/19/18 11:46:00

IDPH Code	Allegation Summary	Determination
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105	IMPROPER NURSING CARE	<u>2</u>
113	IMPROPER PHYSICIAN CARE	<u>2</u>
118	RESIDENT RIGHTS	<u>2</u>
133	PHYSICAL ASSAULT RES TO RES	<u>1</u>
206	HOUSEKEEPING	<u>1</u>
211	SAFETY PROBLEMS	<u>2</u>
402	LACK OF STAFF	<u>2</u>
404	INAPPROPRIATE EMPLOYEE BEHAVIOR	<u>2</u>
409	POLICY AND PROCEDURES	<u>2</u>

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

THE DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS,
Complainant,

v.

APERION CARE TOLUCA, LLC,
D/B/A, APERION CARE TOLUCA,
Respondent.

) Docket No. NH19-C0026
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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 30, 2018, at Aperion Care Toluca, 101 E. Via Ghiglieri, Toluca, Illinois 61369. On January 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
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.LTCOA.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 29th day of January, 2019.

Docket No. NH 19-C0026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006308	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/30/2018
NAME OF PROVIDER OR SUPPLIER APERION CARE TOLUCA			STREET ADDRESS, CITY, STATE, ZIP CODE 101 EAST VIA GHIGLIERI TOLUCA, IL 61369		
(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 #1829503/IL107392	S 000			
S9999	Final Observations Licensure Violation 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. 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 300.1210 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	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

01/21/19

Illinois Department of Public Health

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S9999	Continued From page 1 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: 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. These regulations were not met as evidence by: Based on observation, interview and record review the facility failed to prevent resident to resident physical abuse of one resident (R8) of three residents reviewed for abuse. This failure resulted in pain to R8 and losing a tooth after being punched in the mouth by R7. Findings include: Facility Policy/Abuse Prevention and Reporting dated 11/28/16 indicates residents have the right to be free from abuse. MDS/BIMS (Minimum Data Set/Brief Interview for Mental Status) dated 10/11/18 indicates R7 scores 15/15, is cognitively intact, understands	S9999			

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S9999	Continued From page 2 and can be understood. MDS/BIMS dated 10/18/18 indicates R8 scores 8/15 and has mild cognitive impairments. Final Abuse Investigation report indicates that on 10/21/18 at 8:15am V11, LPN (Licensed Practical Nurse) was notified by R12 that R7 may have struck R8 in the mouth around 6am. Report indicates that R8 was noted to have a missing top front tooth. Report indicates that V1, Administrator reviewed the video from 10/21/18 and found that at 5:47am, R8 was talking to R7 at the nursing station. R7 waited until R12 passed by then reached out with his left hand, made contact to R8's mouth then immediately backed his wheelchair away from R8 and moved into the dining room. Video shows after altercation other residents passing by, however no staff were seen near the nursing station at the time of the incident. On 11/29/18 at 1:30pm V11, LPN stated that at approximately 8:30am (after breakfast), a CNA (Certified Nurse Assistant) brought a tooth that he said came from R8. V11 stated that they initially didn't know what happened so started asking residents and staff if they knew anything. V11 stated that R12 told her that R7 may have hit R8 in the mouth earlier in the morning. V11 stated that the altercation was not reported by anyone until then and that R8 had no bleeding or other signs of injury. V11 stated she immediately reported the incident to V1, Administrator. V11 stated that when she questioned R8 he said "he hit me." V11 stated that R8 often says racial things to antagonize other residents. On 11/29/18 at 3:15pm R8 was observed with	S9999			

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S9999	Continued From page 3 front tooth missing. R8 stated that the tooth was knocked out when R7 hit him in the mouth and that it hurt. R8 denied being hit accidentally and that R7 hit him intentionally after they were "talking." R8 stated that he now stays away from R7. On 11/29/18 at 3:30pm V1, Administrator stated that she believes R7 hit R8 in response to R8 calling R7 a racial slur. V1 acknowledged that R7 striking R8 was not "accidental." (B)	S9999			