DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant,	)	Docket No. NH19-C0061
v.	)	
RIVER NORTH OF BRADLEY HEALTH AND REHABILATION CENTER, LLC, D/B/A, RIVER NORTH OF BRADLEY H & R, Respondent.	)	

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 IL00107621 Investigation conducted by the Department on December 11,2018, at River North of Bradley H & R, 650 North Kinzie,Bradley , Illinois 60915. On February 08, 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), 300.1210c), 300.1210d)5) 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)5) 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 8th day of February, 2019.

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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:	MS Registred Agent Services
Licensee Info:	River North of Bradley Health and Rehabilation Center, LLC
Address:	191 North Wacker Drive, STE 1800 Chicago, Illinois 60606

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 8th day of February, 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
	IL6001085	A. BUILDING: _____ B. WING _____	C 12/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	650 NORTH KINZIE BRADLEY, IL 60915

(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 Investigation 1877719/IL107621	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)5) 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 plan. Adequate and properly supervised nursing care and personal care shall be provided to each	S9999	**Attachment A** **Statement of Licensure Violations**	

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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:

5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

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 observation, interview and record review the facility failed to implement treatment interventions and make timely identification of the development of a pressure ulcer.

This applies to 2 residents (R1, R2) reviewed for pressure ulcers.

This failure resulted in R1's sacral pressure ulcer

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worsening and R2 developing an infected unstageable pressure ulcer to the right outer ankle.

Findings include:

1. On December 5, 2018 at 1:30 PM, R2 had a pressure ulcer to the right lateral malleolus (ankle) which was open and the wound bed was covered with yellow dead skin measuring 3.0 centimeters (cm) by 4.0 cm by 0.1 cm. V3 (Wound Nurse) stated the wound was caused when R2 refused to remove compression stockings.

A Progress Note dated November 7, 2018, completed by V4 (Nurse Practitioner), documents R2 seen and examined per family request for a wound to the right lateral ankle. V4 documented as entering the room a malodorous odor noted and R2 sat with bilateral compressing stocking in place which had dried brown drainage to the right lateral foot region. V4 removed the compression stockings and a newly acquired wound was noted to the right outer ankle with drainage. V4 documented under assessment and plan the right lateral malleolus wound was of an unknown duration with Cellulitis present. An antibiotic was initiated and a dressing was ordered.

A Skin/Wound Progress Note dated November 7, 2018, completed by V3 (Wound Nurse) documents R2 with a facility acquired unstageable pressure ulcer to the right lateral malleolus measuring 4.0 cm by 4.7 cm by 0.3 cm.

R2's November 2018 Treatment Administration Record (TAR) documents R2 receiving A and D ointment to the bilateral lower extremities twice a

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day.

On November 5, 2018 V3 (Wound Nurse) documented on the TAR R2's A and D ointment was applied. On December 11, 2018 at 2:50 PM, V3 stated R2 would allow staff to lower the compression stocking down to the ankle but not entirely remove them off of his feet. V3 stated she would have been able to see R2's ankle to identify any wounds to the ankles.

On November 6, 2018, V12 (Nurse) documented on the TAR R2's A and D ointment was applied. On December 11, 2018 at 2:56 PM, V12 stated R2 did not refuse at any time to remove compression stockings and A and D ointment was applied as ordered.

On November 5, 2018, V14 (Nurse) documented on the TAR that R2's A and D ointment was applied. On December 11, 2018 at 3:04 PM, V14 stated there was never any refusal by R2 to remove compression stockings and there was no issues applying R2's A and D ointment.

On November 6, 2018, V13 (Nurse) documented on the TAR R2's A and D ointment was applied. On December 11, 2018 at 3:00 PM, V13 stated R2 would allow staff to lower the compression stocking to apply the A and D ointment.

The November 2018 Progress Notes do not document R2 refusing to remove compression stockings. R2's October 26, 2018 Care Plan does not document R2 with behaviors of refusing to remove compression stockings.

On December 7, 2018 at 1:00 PM, V4 stated R2's pressure ulcer to the outer right ankle should have been identified quicker and was large and

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infected when it was discovered by the facility. V4 further stated, "It should not have happened....If (R2) refused to remove compression stockings I would have discontinued them because they will cause more issues if not removed. (The wound) definitely wasn't acquired overnight."

2. December 7, 2018 at 11:08 AM, V3 (Wound Nurse) changed the wound vacuum dressing on R1's stage 4 sacral pressure ulcer which measured 8.0 centimeters (cm) by 11.0 cm by 1.0 cm.

R1's Order Recap Report dated December 7, 2018 documents R1 with current orders, beginning on October 21, 2018, to change the sacral dressing on Mondays, Wednesdays and Fridays and as needed if loose, soiled or removed and apply the wound vacuum at a setting of 125 millimeters of mercury (mmhg).

R1's Progress Notes dated October 22, 2018 at 8 PM documents R1's wound vacuum off and the nurse was unable to re-apply the wound vacuum as ordered. A wet to dry dressing was applied. R1's Progress note October 23, 2018 at 7:46 am V4 (Nurse Practitioner) documented that R1 was seen and examined for a weekly wound assessment. V4 documents the prior evening R1's wound vacuum became dislodged and staff was unable to reapply. V4 documents the wound appears to have slightly worsened and to reapply the vacuum.

R1's Wound Care History Report documents R1's stage 4 sacral pressure ulcer measuring 9.0 cm by 13 cm by 1.5 cm on October 16, 2018. R1's Skin/Wound Progress Note dated October 23, 2018 documents R1's sacral pressure ulcer as a

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stage 4 measuring 9.5 cm by 11.5 cm by 2 cm.

On December 7, 2018 at 1:00 PM, V4 stated R1's wound vacuum is to be on R1's sacral pressure ulcer at all times with a dressing change 3 times a week. V4 stated R1's wound vacuum did come off once and it regressed while it was off. V4 stated once the vacuum is reapplied it takes a day or two for the wound to recover back to the healing state it was prior to the vacuum being off. V4 stated when it is off a wet to dry dressing is applied and it is not as effective as the wound vacuum.

The October Treatment Administration Record entry to use a wound vacuum for sacral pressure ulcer on October 27-28, 2018 does not document R1's wound vacuum in place and being utilized. A Progress Note dated October 27, 2018 at 5:30 PM documents R1's wound vacuum was removed for an appointment. These progress notes at 11:23 PM document R1 returned at 8:55 PM and a wet to dry dressing was applied.

On December 7, 2018 at 12:00 PM, V3 stated V3 is the only person who can apply the wound vacuum. V3 stated when R1's wound vacuum was off and there wasn't any staff present who knew how to reapply it correctly on October 22, 2018. V3 confirmed when R1 returned from the appointment on October 27, 2018, R1's wound vacuum was not reapplied to R1's sacral wound until October 29, 2018.

The facility policy Pressure Ulcers/Skin Breakdown dated July 2015 documents the physician will provide pertinent orders related to treatment of wounds.

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