IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

February 21, 2019

David Gross, Registered Agent
Landmark of Des Plaines Rehabilitation Center, LLC
5683 North Lincoln Avenue
Chicago, Illinois 60659

RE: Complaint #: IL 108158
Survey Date: December 27, 2018
Docket #: 19-C0062
Violation Type: A 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 Landmark of Des Plaines 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
Landmark of Des Plaines Rehab/December 27, 2018/19-C0062/RegAgent/kk

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: LANDMARK OF DES PLAINES REHAB COMPLAINT #: 0108158
LIC. ID #: 0054809
DATE COMPLAINT RECEIVED: 12/19/18 10:23:00

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

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. LANDMARK OF DES PLAINES REHABILITATION CENTER, LLC, D/B/A, LANDMARK OF DES PLAINES REHAB Respondent.	)))))))))	Docket No. NH 19-C0062

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 Investigation conducted by the Department on December 27, 2018 at Landmark of Des Plaines Rehab, 9300 Ballard Road, Des Plaines, Illinois 60016. On February 21, 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 Landmark of Des Plaines Rehab, 9300 Ballard Road, Des Plaines, Illinois 60016 on December 1, 2018. The Facility's current license number is 0054809. The term of the conditional license shall be from March 21, 2019 to September 20, 2019. THE CONDITIONAL LICENSE SHALL FOLLOW UNDER A SEPARATE COVER LETTER. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON MARCH 21, 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), 300.1210a)b)c) and 300.1210d)6). 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 300.1210d)6).

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 Regulations

Dated this 21st day of February, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. LANDMARK OF DES PLAINES REHABILITATION CENTER, LLC, D/B/A, LANDMARK OF DES PLAINES REHAB Respondent.	)	Docket No. NH 19-C0062

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 Plan of Correction Required; 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:	David Gross
Licensee Info:	Landmark of Des Plaines Rehabilitation Center, LLC
Address:	5683 North Lincoln Avenue Chicago, Illinois 60659

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 21st day of February, 2019.

Sammye Geer

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
	IL6000640	A. BUILDING _____ B. WING _____	C 12/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 Statement of Licensure Violations Complaint Investigation 1898217/IL108158	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a)b)c) 300.1210d)6) 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.

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.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

Section 300.1210 General Requirements for Nursing and Personal Care

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S9999	Continued From page 2	S9999		

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.

These Regulations were not met as evidenced by:

Based on interview and record review the facility failed to follow individualized plan of care associated with fall prevention during incontinence care for 1 of 3 residents (R1), in the sample of 13, reviewed for falls.

This failure resulted in R1 sustaining a head laceration and hematoma requiring hospitalization.

Findings include:

12/26/18 1:05 PM V5 (CNA-Certified Nursing Assistant) said," I was changing R1, I turned R1 to R1's left side, R1 hands shakes with whole body movements. Every time R1 moved, R1 slid closer to the edge of the air mattress. I couldn't catch R1. R1 fell on the mattress on the floor. R1's head hit the legs of the table. It is one of the tables that we use for meals. R1 was bleeding. R1 head got cut on the table. I called the nurse (V7, RN-Registered Nurse). We called (V6,

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S9999	Continued From page 3	S9999		

RN-Registered Nurse) who was the supervisor that day."

At 2:45 PM V5 said, "R1 was supposed to have two assist for repositioning and one assist for changing. I was R1's permanent CNA. We check the computer and check with the nurse to find out how the care is supposed to be done."

The facility provided a handwritten statement dated 12/16/18 by V5 (CNA) which reads, "I was changing R1's incontinent brief, I had R1 on R1's left side and while I was changing R1, R1 kept moving and throwing around R1's hands, which caused R1 to move closer to the edge of the bed and R1 started to slip off. When I had realized that R1 was slipping off the bed, I reached over to try to grab on to R1. It was too late and R1 fell on the floor mattress."

The facility provided a Bed Mobility and Positioning Competency dated 9/14/18 for V5 which indicated that V5 is competent in Bed Mobility and Positioning.

12/26/18 1:57 PM V6 (RN-Registered Nurse) said," I was paged to the room. The patient, was on the mat on the floor. I checked the patient and assessed and called 911 because of the head injury. There was a small amount of blood, small cut, no loss of consciousness. We put a pressure dressing on and the bleeding stopped. Patient was on the floor mat when the paramedics arrived. There were two floor mats and an over bed table near the bed. The bed was in the low position. Floor mats are used beside the bed sometimes when the patient is at risk for falls. The CNAs should know the patient when they are going to care for them."

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S9999	Continued From page 4	S9999		

12/27/18 9:45 AM V7 (RN) said," I worked with R1 on 12/16/18. The CNA (V5) was changing R1 and turning R1 on the side. R1 started to lay down on the floor and (V5) wasn't able to catch R1. R1 was on the floor. I did body check. There was no loss of consciousness, the v/s (vital signs) were good. There was a small cut on the occipital area and I put a dressing on it. The paramedics came right away. Sometimes R1 required two people to change. R1 had jerking motions when you touched R1."

A progress note by V7 dated 12/16/18 11:30 reads," Observed resident lying on the floor landing mattress. Noted a cut on the occipital area with minimal bleeding. Pressure dressing applied. Called 911 and went to (Hospital)."

12/26/18 4:00 PM V3 (Assistant Director of Nursing) said," The CNAs look at the kiosk for Point of Care for basic needs e.g. feeding, one person assist and care instructions. They should check the kiosk based on their assignment for the day. The care instructions are updated by restorative care."

12/27/18 V3 (Assistant Director of Nursing) said," The CNAs and nurses are expected to look into the workstation screen and see what is needed for the patients daily. Based on R1's MDS (Minimum Data Set) I would expect two person assist to provide incontinence care. It could be the CNA and the nurse, a fellow CNA, the CNA supervisor and Restorative CNAs, Therapy department could provide a backup. The Restorative Department trains CNAs at hire and administers a Comprehension Quiz for Plan of Care use."

12/26/18 4:20 PM V8 (Restorative Nursing

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S9999	Continued From page 5	S9999		

Director) said," The amount of care that is needed for a resident is determined by the initial and quarterly assessments. The information is put into care instructions on PCC (Point Click Care) for the nurses' reference. This information is also put into POC (Point of Care) for the CNA's reference. The care instructions should be reviewed daily by the nurses and CNAs. R1 had special instructions that were accessible on PCC and POC. The instructions are for two assist with bed mobility. "

The facility provided a Care Profile Report for R1 which reads," Special Instructions-2 Staff assist with Bed mobility."

The Minimum Data Set for R1 in bed mobility reads that R1 is rated 4 in Self-Performance which indicates that R1 is totally dependent. That rating for Support is 3 which indicates that two plus person physical assist is needed.

The Fall Policy and Procedure reads: 4. A Plan of Care will be initiated utilizing fall prevention strategies to reduce or eliminate each resident's fall risk.

Records from the hospital contain the results of the CT (Computerize Tomography) Scans:

12/16/18 at 12:41 PM CT Head or Brain without Contrast:
Impression:
1. Small bilateral isodense subdural hematomas adjacent to the frontal lobes. These are without mass effect.
2. Tiny acute subdural hrmorrhage within the posterior interhemispheric fissure.

12/16/18 at 10:26 PM, an addendum by V19 (MD)

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S9999	Continued From page 6 reads in part: Follow-up CT demonstrated evidence of severe worsening of the tentorial subdural hematoma with parafaicine extension and severe intraparenchymal hemorrhage with intraventricular hemorrhage and hydrocephalus.... However I think it is very likely that no matter what intervention we take this is likely a fatal hemorrhage. (A)	S9999		