IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

March 6, 2019

Illinois Corporation Service, Registered Agent
California Gardens Corp
801 Adlai Stevenson Drive
Springfield, Illinois 62703

RE:	Complaint #:	IL 106601, IL 107776
	Survey Date:	January 10, 2019
	Docket #:	19-C0094
	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 California Gardens Nursing & Rehab Center.

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
California Gardens Nursing & Rehab Center/January 10, 2019/19-C0094/RegAgent/kk

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: CALIFORNIA GARDENS N & REHAB C COMPLAINT #: 0107776
LIC. ID #: 0040022
DATE COMPLAINT RECEIVED: 12/04/18 14:09:00

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.

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: CALIFORNIA GARDENS N & REHAB C COMPLAINT #: 0106601
LIC. ID #: 0040022
DATE COMPLAINT RECEIVED: 10/16/18 09:16:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1
115	PHYSICAL THERAPY	2
118	RESIDENT RIGHTS	2

✓ 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.

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DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. CALIFORNIA GARDENS CORP, D/B/A, CALIFORNIA GARDENS NURSING & REHAB CENTER Respondent.	)))))))))	Docket No. NH 19-C0094

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 January 10, 2019 at California Gardens Nursing & Rehab Center, 2829 South California Blvd, Chicago, Illinois 60608. On March 5, 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 California Gardens Nursing & Rehab Center, 2829 South California Blvd, Chicago, Illinois 60608 on December 1, 2017. The Facility's current license number is 0040022. The term of the conditional license shall be from April 5, 2019 to October 4, 2019. THE CONDITIONAL LICENSE SHALL FOLLOW UNDER A SEPARATE COVER LETTER. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON APRIL 5, 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), 300.1210b), 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 Regulations

Dated this 6th day of March, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. CALIFORNIA GARDENS CORP, D/B/A, CALIFORNIA GARDENS NURSING & REHAB CENTER Respondent.	)	Docket No. NH 19-C0094

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:	Illinois Corporation Service
Licensee Info:	California Gardens Corp
Address:	801 Adlai Stevenson Drive Springfield, Illinois 62703

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 6th day of March, 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
	IL6001333	A. BUILDING: _____ B. WING _____	C 01/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALIFORNIA GARDENS N & REHAB C	2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608

(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 Survey in conjunction with Follow Up to first certification survey from 11/7/2018 1886790/IL#106601 1887857/IL#107776	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.3240a) (1 of 1) 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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1	S9999		

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.

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 requirements were not met evidencded by:

Based on interview, and record review, the facility failed to follow their policy and procedure for monitoring a resident's respiratory status, and vital signs, failed to ensure that the equipment listed on the hospital transfer/discharge form were ordered, and failed to obtain an order for use of oxygen.

These deficient practices affected one of three residents (R19) reviewed for oxygen usage in a sample of 40.
As a result, R19 went into respiratory failure and had to be sent to a hospital for treatment

Findings include:

R19's hospital History and Physical dated 10/12/18 documents, in part: Acute Respiratory Failure secondary to neuromuscular weakness, and Nocturnal BIPAP (Bilevel Positive Airway Pressure). R19's Progress Notes document that he transferred to the facility on 11/29/18.

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S9999	Continued From page 2	S9999		

On 1/7/19 at 3:00pm, V18 (LPN-Licensed Practical Nurse) indicated that R19 was admitted around 2:30pm. V18 stated that she was given report that R19 would need to be admitted with BIPAP. V18 stated, "I called V2 (DON-Director of Nursing) and she called the company and (the machine) was supposed to be delivered to the facility on his admission night. I left at 3:30pm and it was not delivered."

On 1/9/19 at 2:00pm, V2 (DON) stated, "I realized when I looked at the intake referral form for (R19) on 11/23/18 that he required a BIPAP machine at night. So, I ordered it on 11/29/18 at 2:30pm. He arrived in the facility around that time." V2 continued to state that she called the company on 11/30/18 for the estimated time of arrival of the machine and was told 11/30/18 at 1:00pm. V2 indicated that the BIPAP machine was not ordered STAT (as soon as possible).

On 1/10/19 at 9:53am, V19 (Customer Service Represenative) confirmed that the facility placed the order for the BIPAP machine on 11/29/18 at 2:27pm. V19 indicated that the facility is aware that they can request items to be delivered STAT. V19 stated, "STAT-delivery in 2-4 hours".

V22 (LPN) was the scheduled evening nurse on 11/29/18 and V20 was the scheduled night nurse for 11/29/18 to 11/30/18 for R19. Both V22 and V20 confirmed that the BIPAP machine was not delivered on their shifts.

R19's Progress Notes dated 11/30/18 at 12:30am, V20 documented that R19 was assessed to be "using intercostal muscles to breath. Resident requested BIPAP, resident placed on non-rebreather and oxygen increased

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S9999	Continued From page 3	S9999		

to 12 liters." The order read: "May apply non-rebreather at 12 liters" dated 11/30/18. On 1/19/19 at 9:05am, V20 confirmed that she had called V17 (Physician) and V21 (Nurse Practitioner) and did not receive a call back. V20 stated, "I initiated oxygen on my own."

R19's progress notes had no further documentation after 12:31am on 11/30/18 regarding R19's respiratory status or respiratory assessments after the 12 liters of oxygen was initiated via non-rebreather mask. There are no vital signs, or oxygen saturation values documented until 7:02am on 11/30/18.

R19's progress notes at 8:14am on 11/30/18, R19's vital signs were documented as: Pulse: 120 beats per minute, blood pressure: 181/126. R19 was transferred to a local hospital at approximately 9:00am on 11/30/18. R19's admission diagnosis: Respiratory failure.

R19's hospital emergency department (ED) final report record dated 11/30/2018 included but not limited to the following information regarding R19's condition after being transfer from the facility:

-Initial documentation at 9:02 hour (9:02AM), Chief Complaint from Nursing Triage Note: Shortness of Breath (SOB) and (Dyspena) from NH (nursing home) complaint of shortness of breathe since last night. History of Present illness Patient presents with a past medical history of Multifocal Motor Neuropathy on IVIG, PE on Xarelto and HTN BIBA from NH with 2 days of worsening shortness of breath. Had a recent prolonged admission at another hospital from 9/18/2018 -10/12/2018 for respiratory failure requiring BiPAP. Unclear if patient has been

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S9999	Continued From page 4 taking his Xarelto, not listed in documents sent from Nursing Home. -ED Consultant Note at 20:50 hour (9:50PM), Chief Complaint: Respiratory distress. Patient presented with worsening respiratory distress from the NH, after not being on BIPAP for almost 24 hours. On Presentation patient was hypoxemic (low oxygen level). Patient admitted for close monitoring of respiratory status. On 1/7/19 at 3:00pm, V18 (LPN) indicated that she did her rounds and found R19 in respiratory distress, gasping for air, and using accessory muscles. V18 stated, "He asked me for the BIPAP machine." On 1/8/19 at 12:16pm, V21 (Nurse Practitioner) stated, "With this disease, they require BIPAP (bi-level positive airway pressure) machine in order to remain stable. If without machine and without oxygen,, can cause respiratory failure." V21 indicated that with a diagnosis of Multifocal Motor Neuropathy (MMN) you have respiratory muscular weakness, and the diaphragm is not strong. V21 indicated that the BIPAP machine provides forced air. On 1/10/19 at 11:55am, V17 (Physician/Medical Director) stated, "We typically do not change up hospital transfer orders until I see (the resident) and assess. We keep everything the same as the hospital on the day of transfer. I agree. We would not have discontinued the order for duonebs. Especially with respiratory issues. Should have still been on duonebs, that should have been continued, it makes a difference. Could have definitely helped respiratory status. BIPAP would have been crucial for him to have at night. That	S9999		

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S9999	Continued From page 5	S9999		

was the big miss. I agree. We should have ordered (the machine) STAT. The staff should have monitored him closely. We should have been notified regarding the BIPAP machine not available. I think the machine is the big miss. I studied pulmonary medicine as my background."

Upon R19's admission to the facility on 11/29/18, the hospital "Discharge Medications" document denoted the following medications: Albuterol Sulfate 3 ml (milliliters) inhalation, med (medicine) neb (utilization) every 6 hours. Last dose given 7:30am 11/29/18. Ipratropium 2.5 ml inhalation, med neb solution every 6 hours. Last dose given 7:30am 11/29/18.

R19's hospital transfer record documents, under assessment and plan: Acute respiratory failure secondary to neuromuscular diaphragm weakness, Worsening of hypoxia and Shortness of Breath (SOB) on 10/19/2018, (R19) placed on BIPAP. Started patient on Albuterol and Ipratropium inh (inhalers). Continue 2 liters oxygen per nasal cannula during the day, Nocturnal BIPAP, and BIPAP as needed during the day.

R19's MAR denotes that the Albuterol medication was changed to pill form at 2 milligrams to be given every 4 hours as needed for shortness of breath (SOB). R19's MAR does not document that Albuterol was administered.

The facility Convenience Box list indicates that there was Albuterol and Ipratropium nebulizer medications readily available on site if ordered.

A facility policy dated 11/03 and titled, "Respirations-Clinical" documents, General::

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S9999	Continued From page 6 Respirations are counted to obtain information about the rate, depth and rhythm of resident breathing patterns. Responsible party RN (Registered Nurse), LPN, Certified Nursing Assistant, Respiratory Therapist. Guideline: 1. Respirations are checked based on an order or based on nursing assessment. 5. While counting observe respiratory effort, symmetry, chest expansion, depth, sound and color of the resident. 6. Listen to the lung sounds if clinically relevant. 7. Record pertinent information in the chart and alert the Health Care Provider of any abnormalities. A facility's policy dated 2003 and titled, "Charge Nurse"describes all the job descriptions that an RN and LPN should follow. The following is documented,as a part of this policy: Cooperate with other resident services when coordinating nursing services to ensure that the resident's total regimen of care is maintained, Ensure that all nursing service personnel are in compliance with their respective job descriptions. Charting and documentation: Chart nurses' notes in an informative and descriptive manner that reflects the care provided to the resident, as well as the resident's response to the care. Drug administration functions: Order prescribed medication supplies, and equipment as necessary, and in accordance with established policies. Nursing Care Functions: Take and record TPR's (temperature, pulse, respirations) blood pressures, etcetera, as necessary. (A)	S9999		