IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

March 06, 2019

Mary Chelotti-Smith, Registered Agent
Alden - Town Manor Rehabilation and Health Care Center, Inc.
4200 West Peterson Avenue, STE 140
Chicago, Illinois 60646

RE:	Complaint #:	IL0107693, IL0107699
	Survey Date:	January 09, 2019
	Docket #:	19-C0101
	Violation Type:	Level B

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 Alden Town Manor Rehab & HCC.

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
Alden Town Manor Rehab & HCC/January 09, 2019//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. ALDEN - TOWN MANOR REHABILATION AND HEALTH CARE CENTER, INC., D/B/A, ALDEN TOWN MANOR REHAB & HCC, Respondent.	))))))))))	Docket No. NH19-C0101

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 IL0107693, IL0107699 Investigation conducted by the Department on January 09, 2019, at Alden Town Manor Rehab & HCC, 6120 West Ogden,Cicero , Illinois 60804. On March 05, 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
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 06th day of March, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. ALDEN - TOWN MANOR REHABILATION AND HEALTH CARE CENTER, INC., D/B/A, ALDEN TOWN MANOR REHAB & HCC, Respondent.	)	Docket No. NH 19-C0101

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:	Mary Chelotti-Smith
Licensee Info:	Alden - Town Manor Rehabilation and Health Care Center, Inc.
Address:	4200 West Peterson Avenue, STE 140 Chicago, Illinois 60646

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 06th day of March, 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
	IL6013353	A. BUILDING: _____ B. WING _____	C 01/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN TOWN MANOR REHAB & HCC	6120 WEST OGDEN CICERO, IL 60804

(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	S 000		
S9999	Final Observations Complaint Investigations 1897782/IL107693 1897786/IL107699 Statement of Licensure Violations 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.	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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 resident to meet the total nursing and personal care needs of the resident. 300.1210d)6) 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 evidenced by: Based on interview and record review the facility	S9999		

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S9999	Continued From page 2	S9999		

failed to follow its policy and procedure for the use of a mechanical lift by failing to ensure that two caregivers were present during a mechanical lift transfer of a resident. This deficient practice affected one of one residents (R12), reviewed for mechanical lift transfers in a sample of 12. This failure resulted in R12 falling from the lift to the floor and sustaining an impacted fracture of the right femoral neck (hip fracture with broken ends of the bone jammed together by direct forceful blow).

Findings include:

Facility's Final Investigation (12/12/2018) documents: Conclusion/Summary: Resident was being transferred, from the shower bed, to her bed via (mechanical lift). Once in the room, the sling came away, from the lift, and resident fell to the floor. Subsequent to the fall, resident was sent to Emergency Room, and returned with the diagnosis of right femoral neck fracture. Upon interviewing the staff member, performing the transfer, she stated the strap "snapped" and the resident fell to the floor. Inspection of the sling revealed no curling or fraying of the snaps, and the integrity of the sling material was good and intact.

Interviews obtained by V1 (Administrator) of V11 (CNA-Certifed Nursing Assistant) and V16 (CNA) document that both CNAs initially gave and signed statements that they were both present during R12's transfer via mechanical lift.
Follow up interviews of V11 and V16 by V1 document that V11 and V16 recanted their initial statements stating that V11 was alone in the room when transferring R12 back to bed using the mechanical lift.
V16's interview of 12/10/2018 documents V16

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S9999	Continued From page 3	S9999		

was alone when she transferred R12 back to bed. V16 stated that the strap snapped after R12 fell from the lift. V16 confirmed to V1 that she had received training regarding the use of the mechanical lift.

V11's interview of 12/10/2018 documents that V11 admitted that her initial statement wasn't true; that she wasn't in the room when R12 fell during the transfer and that she initially said that both she and V16 transferred R12 back to bed because she didn't want V16 to get into trouble. R12 informed V1 that only one staff member was present during the transfer when she fell from the lift.

V11 (CNA 12/19/2018 at 2:08 PM) said V16 (CNA) was alone when V16 transferred R12 back to bed with the mechanical lift. "V16 told me R12 fell. She asked me to say that I helped her with the transfer. I did say that I helped with the transfer. I know it was wrong."
V11 said she did receive training at facility regarding proper protocol to use during mechanical lift transfer; at least two staff should be present during a mechanical lift transfer.
V2 (Director of Nursing, 01/09/2019 at 2:58 PM) said there should always be 2 staff or more present when using a mechanical lift to transfer a resident. V2 said a resident could fall or the lift could tip over if protocol not followed.
V16 was not available for interview during the investigation.

R12's Face sheet documents the following diagnoses including: Heart Failure, Type 2 Diabetes Mellitus, Atrial Fibrillation, Hypertension, Generalized Edema, and GERD (Gastro-Esophageal Reflux Disease).

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S9999	Continued From page 4 R12's MDS (Minimum Data Set, 12/03/2018) documents: -BIMS (Brief Interview for Mental Status): 13 (cognitively intact) -Transfer: 4/3 (Total dependence/Two+ persons physical assist) R12's Resident Transfer Evaluation (effective date 12/03/2018) documents: E. Total mechanical lift: Resident does not bear weight. Fall Risk Assessment (effective date of 12/03/2018) documents: 1. Mobility 4. Uses Total Mechanical Lift or Sit to Stand. R12's Care Plan documents: Focus: (R12) requires the use of a mechanical lift for transfers related to poor standing ability due to lower extremity weakness. Date initiated: 12/13/2013. Interventions: Provide two staff assistance for transferring. R12's Post Occurrence Documentation Note 12/07/2018 at 10:36 AM documents: Description if initial: CNA states, she and another CNA went in to transfer resident to shower bed, during transfer with mechanical lift from bed to shower bed, harness broke and resident fell to the floor landing on her left side. R12's Progress Note 12/07/2018 at 10:57 AM documents: Writer called by assistive staff to resident's room. Resident observed on the floor at bedside between the legs of the mechanical lift, left side-lying with legs stretched outwards, alert and complaining of pain to left posterior ear and lower back. Assessment reveals large closed lump behind left ear. Neck stabilized with pillow. NP (Nurse Practitioner) in to assess. Staff instructed to not move resident. 911 called. Evaluated and transferred to (local hospital). Resident admitted with impacted right femoral head fracture and possible right knee fracture.	S9999		

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S9999	Continued From page 5 R12's Hospital Record (12/07/2018) documents: Findings of right hip x-rays: There is an impacted fracture of the right femoral neck. "Total Mechanical Lift" protocol (05/2016) documents: 6. One caregiver is to focus on the resident's head and body positioning while the other is operating the lift. Staff did not follow the facility's mechanical lift protocol. (B)	S9999		

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: ALDEN TOWN MANOR REHAB & HCC COMPLAINT #: 0107693
LIC. ID #: 0038000
DATE COMPLAINT RECEIVED: 11/30/18 16:14:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1
131	RESIDENT INJURY	1
402	LACK OF STAFF	2

__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.

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: ALDEN TOWN MANOR REHAB & HCC COMPLAINT #: 0107699
LIC. ID #: 0038000
DATE COMPLAINT RECEIVED: 12/03/18 09:10:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1
131	RESIDENT INJURY	1

X The facility has committed violations as indicated in the attached*
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