DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. CHAMPAIGN COUNTY BOARD, D/B/A, CHAMPAIGN COUNTY NURSING HOME Respondent.	)))))))))	Docket No. NH 19-S0013

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 Licensure Investigation conducted by the Department on November 28, 2018 at Champaign County Nursing Home, 500 South Art Bartell Drive, Urbana, Illinois 61802. On January 24, 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 Champaign County Nursing Home, 500 South Art Bartell Drive, Urbana, Illinois 61802 on February 18, 2018. The Facility's current license number is 0046664. The term of the conditional license shall be from February 24, 2019 to August 23, 2019. THE CONDITIONAL LICENSE SHALL FOLLOW UNDER A SEPARATE COVER LETTER. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON FEBRUARY 24, 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: 300.1210a), 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 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 28th day of January, 2019.

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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:	Darlene Kloeppel
Licensee Info:	Champaign County Board
Address:	1776 East Washington Street Urbana, Illinois 61802

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 28th day of January, 2019.

Sammye Geer

Sammye Geer
Administrative Assistant
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
	IL6001630	A. BUILDING: _____ B. WING _____	C 11/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPAIGN COUNTY NURSING HOME	500 SOUTH ART BARTELL DRIVE URBANA, IL 61802

(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 Facility Reported Investigation to incident of 11/11/18 / IL107452	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care 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. (Section 3-202.2a of the Act) 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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1	S9999		

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. 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:

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 are not met as evidence by:

Based on interview and record review the facility failed to accurately update a care plan for one resident (R1) in a sample of 3 residents reviewed for care plans and failed to provide two assistants during a shower for one resident (R1) in the sample of three residents reviewed for falls. These failure resulted in R1 falling to the floor and sustaining multiple fractures to the face and a dislocated jaw.

Findings Include:

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S9999	Continued From page 2	S9999		

R1's Face Sheet dated 11/22/18 documents the following diagnoses: Quadriplegia, Type II Diabetes, Kidney Failure, Contracture, muscle Weakness, and Alzheimer's Disease.

R1's "Quarterly Fall Assessment" dated 10/20/18 documents R1 as "Disoriented x 3 Diminished Safety Awareness" and "Impaired Mobility."

R1's Minimum Data Set (MDS) dated 10/25/18 documents R1 as severely cognitively impaired and totally dependent for bathing requiring two or more staff members assistance.

R1's Care Plan dated 10/25/18 did not include the need for bathing requiring two or more staff members assistance.

The facility Incident Report form dated11/15/18 documents on 11/11/18 a resident (R1) had a fall during shower and sustained injury. The CNA (Certified Nurse's Aide) was giving a resident (R1) a shower using the shower bed. The resident (R1) rolled off the shower bed onto the floor. The incident report further documents the resident (R1) had a dislocated jaw and multiple facial fractures.

R1's progress note dated 11/11/18 at 2:53PM by V9, Registered Nurse (RN) states "Resident is alert and oriented x 1. Nonverbal, needs are met thru (through) routine care. Requires total asst. (assistance) for transfers and ADL's (Activities of Daily Living)."

R1's progress note dated 11/11/18 at 3:45PM by V9, Registered Nurse (RN) states " when they went to turn (R1) over the cart tipped over and (R1) landed on the floor face down. (R1) has a scratch and swelling to left cheek. No other

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injuries seen at this time. (Physician on call) notified at 3:53(PM) order received to send to ER (Emergency Room). Ambulance called at 3:55 (PM) Family notified at 4:01(PM). Ambulance arrived at 4:05(PM). Nursing supervisor notified at 3:45(PM)."

R1's progress note by V10, Licensed Practical Nurse (LPN) dated 11/11/18 at 11:15PM states "Resident (R1) returned to this facility at this time from E.R (Emergency Room) per EMT 's (Emergency Medical Technicians) via ambulance. Residents (R1) diagnoses are as follows: Multiple facial fractures, closed. Closed dislocation of right jaw, facial abrasion, abrasion of left elbow, and abrasion of dorsum of foot."

On 11/27/18 at 11:00AM V3 CNA stated, " I was the only CNA helping (R1) in the shower room that day (11/11/18). The nursing supervisor told me that (R1) had to have a shower. I used a (sling type mechanical lift) lift to transfer (R1) to the shower bed. I took (R1) to the shower room on the shower bed. I had cleaned (R1's) periarea and front and I went to turn (R1). As I turned (R1) The shower bed flipped over with (R1) on it. And then (R1) was face first on the floor. (R1's) jaw looked funny, like floppy. I called for the nurse (V11) and another aide (V4). I checked the care plan before I showered (R1) by myself. It didn't say (R1) needed 2 staff to help with showers. I had been warned twice about getting help and telling the nurse stuff about the residents, so I got fired."

On 11/27/18 at 11:30AM V4 CNA stated on 11/11/18 "the first I knew anything was when I came to the unit. I heard (V3) shouting for help in the shower room. I went in and there was (R1) on (R1's) face on the floor with the shower bed

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S9999	Continued From page 4	S9999		

turned over behind (R1). (V11) Licensed Practical Nurse went with me to the shower room. After (V11) looked at (R1) we got the (sling type mechanical lift) and put (R1) back on the shower bed and then took (R1) back to bed. (R1) could not move (R1's) arms or legs and it always took at least 2 of us to give (R1's) shower."

On 11/26/18 at 2:00PM V2 Director of Nursing stated "I was called 11/11/18. (V6) Assistant Director of Nursing (ADON) called me. (V6) let me know that (R1) fell while receiving a shower. When I investigated I found (V3) was alone in the shower room when (R1) fell. I do not think that (V3) should have been completing the bath alone. That was one reason I let (V3) go. At this time V2 verified that the MDS dated 10/25/18 indicates that (R1) required an extensive assist of 2 or more staff with bathing. V2 also stated "I checked the care plan myself after the fall and it didn't say (R1) needed assistance of 2 staff for showers. We changed that after the 11/11/18 fall."

On 11/27/18 at 10:20AM V5, Medical Doctor stated. "I would say that the fall at the nursing home is consistent with the patient's (R1's) face taking the brunt of the impact. She (R1) had a dislocated jaw and multiple facial fractures as I recall. I would think this injury would be terribly painful. As I remember the patient (R1) was a large lady, immobile to the point of requiring more than one person to assist her. I do believe the fall (11/11/18) caused (R1's) facial fractures and dislocated jaw."

(A)