DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. ST ANTHONY'S NURSING & REHABILITATION CENTER, LLC, D/B/A, ST ANTHONY'S NURSING & REHAB Respondent.	))))))))	Docket No. NH 19-S0043

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 December 13, 2018 at St Anthony's Nursing & Rehab, 767 30th Street, Rock Island, Illinois 61201. On February 13, 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 St Anthony's Nursing & Rehab, 767 30th Street, Rock Island, Illinois 61201 on March 2, 2018. The Facility's current license number is 0047126. The term of the conditional license shall be from March 13, 2019 to September 12, 2019. THE CONDITIONAL LICENSE SHALL FOLLOW UNDER A SEPARATE COVER LETTER. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON MARCH 13, 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), 300.1210d)3) 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 14th day of February, 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:	Charles Sheets
Licensee Info:	St Anthony's Nursing & Rehabilitation Center, LLC
Address:	150 N. Riverside Place, Suite 3000 Chicago, Illinois 60601

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 14th 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
	IL6008866	A. BUILDING: _____ B. WING _____	12/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANTHONY'S NRSG & REHAB CENTER	767 30TH STREET ROCK ISLAND, IL 61201

(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 Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)3) 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. 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.	S9999	**Attachment A** **Statement of Licensure Violations**	

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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:

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

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 as evidenced by:

Based on observation, interview, and record review, the facility failed to monitor pain, establish control of severe pain, and administer pain medication for two of three residents (R91, R251) reviewed for pain in the sample of 24. These failures resulted in R251 experiencing uncontrolled, excruciating pain during wound treatments.

Findings include:

The facility's Pain Assessment and Management policy, dated 3/2015, documents, "The pain management program is based on a facility-wide commitment to resident comfort. 'Pain Management' is defined as the process of alleviating the resident's pain to a level that is acceptable to the resident and is based on his or her clinical condition and established treatment

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goals. Pain management is a multidisciplinary care process that includes the following: Assessing the potential for pain; Effectively recognizing the presence of pain; Identifying the characteristics of pain; Addressing the underlying causes of the pain; Developing and implement approaches to pain management; Identifying and using specific strategies for different levels and sources of pain; Monitoring for the effectiveness of interventions; and Modifying approaches as necessary."

1. R251's Hospital History and Physical, dated 11/29/18, documents, "Assessment/Plan: Bilateral lower extremity cellulitis, continue IV (Intravenous) antibiotics with Zosyn (antibiotic), continue wound care daily, infectious disease is following up on recommendations. Continue pain medications to provide supportive care."

R251's Hospital discharge orders, dated 12/3/18, document that R251 was discharged from the hospital with an order to receive Norco (narcotic pain medication) 7.5/325 mg (milligrams) one or two tablets by mouth every four hours as needed for pain.

R251's Pain Questionnaire, dated 12/4/18, documents that R251 has daily severe pain.

R251's Comprehensive Pain Assessment, dated 12/4/18, documents that R251 has chronic frequent pain rating at a 9 out of 10 in R251's bilateral lower legs.

R251's Emergency Department After Visit Summary, dated 12/9/18, documents reason for visit: leg pain. The Summary also documents to stop taking Norco 7.5/325 mg and start taking Norco 5/325 mg every four hours as needed for

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pain.

On 12/10/18 at 12:11 PM, R251 stated, "I came in with Norco but (V14 Medical Director) cut it in half to 1 pill as needed for pain. The pain is really bad in my leg wounds. I need something more than just one. I went to the hospital last weekend because of the pain and they gave me a new prescription for Norco. I threw it away thinking I didn't need it because the facility already had the prescription for Norco; well that wasn't true so I haven't received any pain pills since last night, nothing even over the counter. The pain is 10+ (scale of 0-10) at this point. It's burning and excruciating pain. Just imagine burning your finger on a hot stove and it's all over your calf. The pain pill last night helped for a bit but its worn off. I didn't get a whole lot of sleep last night with the pain. If I can't get anything today there will be no sleep tonight. They aren't telling me anything of when I will be able to have something."

On 12/11/18 at 11:45 am. R251 was up in his motorized wheel chair with his bilateral lower legs wrapped with ace bandages soiled with yellow drainage. R251 elevated his right leg on the bed. R251 stated, "This is really going to hurt." V13 (Licensed Practical Nurse) began unwrapping R251's leg. R251 was grabbing the arm rests on his wheel chair jumping with each touch, furrowed brows, and closed eyes. R251 stated, "I wish I had a leather belt to bite on so I don't scream." R251's entire right lower leg was reddened with scattered open areas actively draining a clear yellow liquid. V13 cleansed R251's leg with normal saline and R251 continued to jump and moan with furrowed brows. V13 applied four sheets of calcium alginate silver to R251's leg. V13 applied ABD (abdominal) pad and wrapped his leg with kerlix. R251 then propped his left leg

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onto the bed. R251 stated, "I am so sorry; I'm not in a good mood. The pain is so bad its excruciating." A staff member knocked at the door and offered R251 his lunch tray. R251 stated, "Please don't even bring it in here. I can't eat lunch. I am so nauseous from the pain. I haven't gotten my pain pills since Sunday after I got back from the hospital." V13 stated, "I gave him a prn (as needed) Tylenol about 15 minutes before we started the treatment." V13 began removing the soiled dressing from R251's left leg. R251's entire lower leg was reddened with scattered open areas actively draining a clear yellow liquid. R251 stated, "Just get it off this hurts so bad." V13 began cleansing R251's leg with normal saline. R251 stated, "This hurts even more when you clean it." V13 stated, "You should be glad we don't have to scrub it anymore." As V13 continued to cleanse it, R251 stated "Oh my f***ing god this hurts." V13 responded back, "Are you ok?" R251 stated, "No I'm not ok; this hurts like holy hell." V13 applied the calcium alginate silver, ABD pad, and wrapped his leg with kerlix. R251 continued to writhe with each touch and moaning. With tears in his eyes R251 said, "I'm sorry; this just hurts." V13 removed a dry dressing from R251's right great toe. A round open area was on top of R251's toe. V13 cleansed it with normal saline and applied a gauze dry dressing. All of R251's treatments took approximately 45 minutes.

On 12/11/18 at 12:35 PM, V13 stated, "R251 was receiving Norco 7.5/325 mg two tablets every four hours until he went to the hospital Sunday night with uncontrolled pain. He was sent back actually with a reduction in his pain medication to Norco 5/325 mg one tablet every 4-6 hours as needed. He had the written prescription when he came back, but he claims he tore it up thinking that the

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medication he already had was the same thing. The order was changed so we couldn't give him the Norco 7.5/325 mg that we had. He has not received any Norco since Sunday." V13 also confirmed that it took 45 minutes to complete all of R251's treatments like usual.

On 12/12/18 at 11:52 AM, R251 stated that he still hasn't received any PRN Norco, and that his pain is currently at a 10. R251 stated, "The pain is excruciating and burning." R251 also stated, "It's awful during dressing changes. I'm in agony and its like a 17+ at that time."

R251's MAR (Medication Administration Record), dated 12/2018, documents that R251 was receiving the prn Norco 7/325 mg on a daily basis prn and the last dose of prn Norco 7/325 mg R251 received was on 10/9/18. R251's MAR has no documentation of R251 receiving prn Norco 5/325 mg. There also is no documentation of R251 receiving any pain medication prior to R251's wound care on 12/11/18. R251's MAR also documents that a pain scale assessment should be completed on each shift, and out of 24 opportunities (12/3-12/11/18) R251's pain was assessed nine times.

R251's Pain Care plan, dated 12/10/18, documents, "Potential for ineffective pain management related to the following diagnoses: Cellulitis of bilateral lower legs, Chronic Pain, morbid obesity, and prn pain medication." However, R251's care plan has no documentation of interventions to address R251's pain.

On 12/12/18 at 02:30 PM, V2 (Director of Nursing) stated, "R251 went to the hospital Sunday and they discontinued the Norco 7.5/325

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mg and wrote the script for the Norco 5/325. Generally we would medicate them before the dressing change but we have virtually no pain medication order. We should have called the physician (V14); he is our medical director."

On 12/13/18 at 09:26 AM, V14 stated, "R251 should not have gone without pain medication for that long without communicating with me. He needs a pain plan and this takes communicating with me everything he has going on so we can decide the appropriate treatment. I wasn't aware that he was having that much pain."

2. R91's current electronic Medical Diagnoses sheet documents a diagnosis of Arthritis, Unspecified Site.

R91's current Physician's Orders Sheet (12/1/18-12/31/18) documents an order for Lidocaine Pad 5%, Apply one patch topically to right hip every morning - remove 12 hours after application.

On 12/10/18 at 11:00 AM, R91 was sitting in R91's wheelchair leaning against a cushion positioned on R91's left side. R91 stated that the facility does not do a good job of managing R91's pain. R91 stated that R91 has frequent pain to R91's right hip and does not get R91's pain medication on a consistent manner.

R91's Medication Administration Record (12/1/18-12/31/18) documents R91's Lidocaine patch was not administered 12/7/18- 12/11/18. This record also documents the following statement on 12/7/18 and 12/10/18: "Lidocaine patch not available."

On 12/12/18 at 1:45 PM, V10 (Licensed Practical Nurse) verified that R91's Medication

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S9999	Continued From page 7 Administration Records indicated that R91's Lidocaine patch had not been administered from 12/7/18- 12/11/18. V10 stated, "It (the lidocaine patch) has not been available due to insurance reasons." V10 verified that R91 had not received R91's prescribed pain medication and that alternative pain medication had not been given. (A)	S9999		