DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. TOWER HILL REHABILITATION, LLC, D/B/A, TOWER HILL HEALTHCARE CENTER, Respondent.	)))))))))	Docket No. NH19-S0097

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 Licensure Investigation conducted by the Department on January 11, 2019, at Tower Hill Healthcare Center, 759 Kane Street, South Elgin, Illinois 60177. On March 06, 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), 300.1210a), 300.1210b), 300.1210d)5), 300.1220b)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), 300.1210d)5) 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 07th day of March, 2019.

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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:	Albert Milstein
Licensee Info:	Tower Hill Rehabilitation, LLC
Address:	7434 Skokie Blvd Skokie, Illinois 60077

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 07th 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
	IL6003263	A. BUILDING: _____ B. WING _____	01/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER HILL HEALTHCARE CENTER	759 KANE STREET SOUTH ELGIN, IL 60177

(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 Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) 300.1210d)5) 300.1220b)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 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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 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. 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: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's	S9999		

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S9999	Continued From page 2	S9999		

comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

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 are not met as evidenced by:

Based on observation, record review and interview, the facility failed to implement appropriate and timely wound prevention measures; failed to identify, assess and implement treatment for a facility acquired pressure ulcer; and failed to develop an effective policy for identifying and implementing preventive measures for residents at risk for pressure ulcers. These failures resulted in R365 sustaining a facility acquired deep tissue injury.

This applies to 1 of 7 residents (R365) reviewed for pressure ulcers in a sample of 34.

Findings include:

The Face Sheet for R365 reads the following diagnoses: Moderate protein-calorie malnutrition, cardiomyopathy, acute embolism and thrombosis of left tibial vein, osteoarthritis, Diabetes Mellitus

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S9999	Continued From page 3	S9999		

type II, Acute Kidney Failure, difficulty walking, and cognitive communication. Admit date documented - initial 12/11/18, re-admit 12/27/18.

The facility's wound report dated 01/07/19 documents R365 has a sacral coccygeal ulcer. There was no other skin impairment documented for R365.

The skin risk assessment reads: R365 is high risk for skin breakdown.

On 01/08/19 at 12:47 PM, R365 was in a wheelchair. R365 was wearing socks with no shoes. R365's legs were in a dependent position with the feet/heels pressing against the leg rests.

On 01/08/19 at 1:00 PM, V7 (Care Plan Coordinator) was asked to provide R365's Care Plans. V7 stated, "R365 only has Interim Care Plans." The Interim Care Plans did not document wound prevention measures.

On 01/08/19 at 2:56 PM, V9 and V10 (Certified Nursing Assistant/CNAs) were asked to look at R365's skin. There was a large purple DTI (Deep Tissue Injury) noted to R365's right heel. R365's left leg was edematous and in a dependent position. The left lateral foot contained purple discoloration. V10 stated R365 had been placed in the chair by night shift and day shift starts at 7:00 AM. R365 was not wearing any anti-embolic/protective stockings. There was no offloading of R365's feet and no protective device for the heels noted.

On 01/08/19 at 03:11 PM, V4 (Wound Care Nurse) stated, "Residents are initially assessed by the floor nurse, then I look at everybody that comes in within 72 hours, the next day if I am

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S9999	Continued From page 4	S9999		

available." V4 stated R365 has no other skin impairments other than the sacral wound.

On 01/09/19 at 09:32 AM, R365 was sitting in a wheelchair. R365 was complaining of pain. R365's right heel was again pressing against the base of the foot rest and the left lateral foot was pressing against the side of the foot rest. R365 was only wearing socks on both feet. R365 had no offloading device and the legs were in a dependent position. V4 was asked to look at R365's feet. Located on R365's left lateral foot was purple bruising at the location where the foot was against the wheelchair. V4 lifted R365's right heel off the wheelchair and there was a large area of skin impairment that was purple around the outer edges and the center was brown. V4 stated, "That's a Deep Tissue Injury (DTI)." V4 measured the wound and stated, "It's 1.7 X 3.5 cm." R365 stated, "This has been going on and on. It has been bothering me since I've been here. I can't get my shoes on because the foot is swollen and my shoes are too tight." R365 stated R365 has been in the chair since early morning. R365 stated R365 has not had any special stockings on. V4 stated, "R365 is supposed to have (tubular shaped) grip stockings on at all times and offloading of the feet." When asked what caused the DTI, V4 replied, "I'm going to be honest. It's because R365 has edema and is not properly offloaded. I will notify the wound doctor and order heel protectors. We don't document anything on the left lateral foot because it blanches." V4 then had R365 placed in the bed. V4 printed a Wound Care Plan for R365 which documented: 12/12/18 - R365 is at risk for breakdown in skin integrity related to mobility. Target Date: 03/12/19. There was no documented intervention related to (tubular shaped) grip stockings or offloading of R365's

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S9999	Continued From page 5	S9999		

heels.

On 01/09/19 at 09:59 AM, V9 (CNA) stated she got R365 up in the morning. V9 stated, "R365 only get socks. R365 does not get any ted hose or (tubular shaped) grip stocking. I noticed the purple on R365's foot days ago. The nurses already know about it; they are aware. I've seen R365's foot swollen." V9 stated R365 did not have on stockings when she got R365 dressed. Upon re-entry into R365's room, R365 was in bed with the covers pulled up. R365s feet were on the mattress. R365's heels were digging into the mattress. R365's feet were not offloaded. V4 (Wound Nurse) stated R365 should have pillows to offload the extremities. R365's Nurse's Notes for Jan/2019 showed no documentation or assessment related to DTI.

The POS (Physician's Order Sheet) read the following order: (Brand Name tubular shaped) grips to BLE (bilateral lower extremities) daily every evening and night shift for edema management. Offload heels at all times.

On 01/11/19 at 09:27 AM, R365 did not have a completed MDS (Minimum Data Set). The Electronic Health Record (EHR) listed R365's MDS as in progress for ARD (Assessment Reference Dates) of 1/3/19 (5 Day) and 1/10/19 (14 Day). V13 (MDS Coordinator) was then asked about the incomplete MDS for 1/3/19. V13 stated, "The MDS should be done. I will work on it today."

On 01/11/19 at 10:47 AM, V20 (Wound Care Physician) stated the facility informed him on 01/09/18 about the DTI on R365's heel. V20 stated he was not informed about discoloration on R365's left lateral foot but will reassess R365. When asked about preventive measures to

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S9999	Continued From page 6	S9999		

protect R365's heels, V20 stated, "R365 needs cradle boots and offloading. All of that was already in place. (Brand Name tubular shaped) grips [stockings] are standard (which were not implemented on 1/8-1/9, 2019)." V20 stated R365 should have turning and repositioning every 2 hours. V20 also stated R365 has tissue perfusion. V20's Focused Wound Exam dated 1/10/19 reads: Unstageable DTI of the right, medial heel. Wound Size 1.5 X 2.0 cm, Surface Area: 3.00 cm, Blister: Blood filled.

On 01/11/19 at 11:31 AM, V21 (Primary Care Physician) stated R365 requires elevated feet and antiembolic stockings. V21 stated R365 should have offloading to protect the heels. V21 stated the cause of the DTI could be related to the foot being against the wheelchair or banging against the furniture or something.

The policy titled "Pressure Ulcers/Skin Breakdown - Clinical Protocol" reads: Documented assessment and protocol for pressure ulcers." The policy did not address preventive measures or types of pressure ulcers.

On 01/11/19 at 01:56 PM, V2 (Director of Nursing) stated the facility has provided the entire wound care policy. V2 stated, "There's nothing else."

(B)