DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. PRESENCE SENIOR SERVICES - CHICAGOLAND, D/B/A, PRESENCE VILLA SCALABRINI N & R, Respondent.	)))))))))	Docket No. NH19-S0100

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 17, 2019, at Presence Villa Scalabrini N & R, 480 North Wolf Road, Northlake, Illinois 60164. 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), 300.1210b), 300.1210d)5) 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:	Illinois Corporation Service
Licensee Info:	Presence Senior Services - Chicagoland
Address:	801 Adlai Stevenson Drive Springfield, Illinois 62703

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

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
	IL6009591	A. BUILDING: _____ B. WING _____	01/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESENCE VILLA SCALABRINI N&R	480 NORTH WOLF ROAD NORTHLAKE, IL 60164

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

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S9999	Continued From page 1	S9999		

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 300.3240 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 observation, interview, and record review the facility failed to prevent a resident injury due to the application of appliances (immobilizer and air cast) to R100.

Findings include:
R100 is an 87 year old female with diagnoses of Heart failure; Unspecified dementia;

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S9999	Continued From page 2 Hyperlipidemia; Hypertension; Nondisplaced transverse fx of right tibia; Unspecified fracture (fx) shaft of fibula; Pressure ulcer left heel unstagable; pressure ulcer left buttock stage 3; pressure ulcer sacral region, Folate deficiency anemia. On 1/16/19 at 8:07 AM during observation of wound care for R100, V3 (Wound Care Nurse) stated, "R100 was admitted with a hard cast on her right leg, she fractured her tibia, and fibula. When she was at her ortho appointment the hard cast was removed, this was in December, and they switched to an air cast and an immobilizer. The wound on her right shin was discovered in early January (2019). The immobilizer is removed for her activities of daily living (ADLs) and during wound care, otherwise it is to be on at all times." V3 was asked if a wound could develop in one day. V3 stated, "Yes it can, it can happen in just a few hours." On 1/16/19 at 11:55 AM V4 (Wound Doctor) stated, "R100 has to wear the air cast and the stabilizer at all times. I think R100's injury is fairly superficial and it could have happened in just one day, it's a deep tissue injury (DTI). Sometimes they can take a couple days to become visible, the injury itself can happen in just a few hours. The brace has to be on constantly, as deemed appropriate by the ortho doctor. When I saw R100 yesterday I saw that the deep tissue injury (DTI) was padded, covered and is being monitored. R100 was observed to have an air cast on her lower right leg and an immobilizer the length of which is from R100's right ankle to the right thigh. V12 (Ortho Doctor) stated in consultation notes dated 12/12/18, "Long leg splint was removed in	S9999		

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S9999	Continued From page 3 the office and was transitioned into a knee immobilizer, and air cast so that skin can be monitored for abrasions, or ulcerations. These can be removed for hygiene purposes." Report of consultation dated 1/4/19 by V11 (Physician Assistant- PA) states, "Right Lower Extremity (RLE) in knee immobilizer, and air cast on the ankle. Dry flaky skin at anterior shin, mild redness." Physician orders dated "for the month of January 2019" show the following orders: Dated 11/27/18, "Check circulation, movement, sensation (CMS) to right lower extremity every shift." Dated 12/12/18, "Knee immobilizer, and air cast worn at all times. May remove for hygiene purposes." Dated 1/4/19, "Ok to remove immobilizer for hygiene purposes and Physical Therapy (PT) only." There is no documentation in the Shower Record/ Skin Check records that indicate changes in R100's skin condition on the right lower leg. There is no documentation in the progress notes of a skin assessment, or assessment of checking circulation, movement, or sensation (CMS) in the progress notes from 1/4/19 through 1/8/19. Progress note dated 1/8/19 at 6:16 PM states, "11:30 AM representative from company that provides bone healing process came to show/train RN about bone stimulation to fracture site right foot. Leg immobilizer, and air cast was removed and noted deep tissue injury (DTI)	S9999		

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S9999	Continued From page 4 wound 1.5 cm x 1 cm x unable to determine (UTD) to right lateral shin. No swelling or discharge noted with pain scale of 1/10." Care plan dated 12/10/18 states, "observe and check circulation by palpating distal pulses of the affected limb. Observe, check the color, and temperature of the affected extremity. Check CMS to right lower extremity every shift. 12/12/18 Knee immobilizer and air cast worn at all times. May remove for hygiene purposes. Knee and ankle right lower extremity 1/4/19. Ok to remove immobilizer for hygiene purposes and PT only." Care plan dated 1/8/19 states, "DTI on right lateral shin. R100's skin condition will be monitored for any signs of further skin breakdown on an ongoing basis. Check CMS to right lower extremity every shift." Facility's policy entitled, "Pressure Injury (Pressure Ulcer) Risk Assessment and Prevention" dated 9/26/16 states, "Interventions: for residents with Orthotic appliances such as splints and other devices. Check for skin integrity while the device is in place if feasible, follow the resident's care plan, monitor CMS as indicated." (B)	S9999		