## DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS

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THE DEPARTMENT OF PUBLIC HEALTH	
STATE OF ILLINOIS,	
Complainant,	
V.	
THE RIVERSIDE FOUNDATION,	
D/B/A, RIVERSIDE FOUNDATION,	
Respondent.	

Docket No. NH 25-S0077

# NOTICE OF TYPE "C" VIOLATION(S); NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS; NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the ID/DD Community Care Act (210 ILCS 47/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

## NOTICE OF TYPE "C" 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 01/09/25, at Riverside Foundation, 14588 West Highway 22, Lincolnshire, Illinois 60069. On 03/19/25, the Department determined that such violations constitute one or more Type "C" violations of the Act and the Intermediate Care for the Developmentally Disabled Code, 77 Ill. Adm. Code 350 (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.

A Type "C" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

## NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **\$400.00**, as follows:

Type C violation of an occurrence for violating one or more of the following sections of the Code: 350.670d)1)2)3)4), 350.680a), and 350.681). The fine was doubled in this instance in accordance with 350.282i) and j) of the Code due to the violation of the sections of the Code with a high-risk designation: 350.625e) and 350.681).

Fine = \$400.

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:

Attn: Colleen Walraven Illinois Department of Public Health 525 West Jefferson, 5<sup>th</sup> Floor, CA 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 Type "C" Violation(s) and Notice of Fine Assessment. 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.

Plan of Correction, Hearing and Waiver Requests can be emailed to the following email address: <u>DPH.LTCQA.POCHearing@illinois.gov</u>. If your facility does not have email capabilities then mail it to the attention of: Colleen Walraven, Illinois Department of Public Health, Long Term Care – Compliance Assurance, 525 West Jefferson, Springfield, IL 62761.

Shula Driver

Sheila A. Driver, JD, MBA, RN Deputy Director, Office of Health Care Regulation Illinois Department of Public Health

Dated this <u>20</u> day of <u>March</u>, 2025.

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Docket No. NH 25-S0077

#### 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: Licensee Info: Address: Mark Ingrum The Riverside Foundation 14588 W Hwy 22 Lincolnshire, Illinois 60069

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the \_\_\_\_\_\_ day of \_\_\_\_\_\_ March , 2025.

<u>Jeff Orebaugh</u>

Jeff Orebaugh Administrative Assistant I-TA Long Term Care – Compliance Assurance Office of Health Care Regulations

# PRINTED: 01/30/2025 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			E SURVEY PLETED
		IL6008023			01/09/2025	
IAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE		
IVERSI	DE FOUNDATION		EST HIGHWAY ISHIRE, IL 60			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
Z 000	COMMENTS		Z 000			
	ANNUAL LICENSU	RE SURVEY				
Z9999	FINDINGS		Z9999			
	Statement of Licen	sure Violations:				
	350.670 d)1) 350.670 d)2) 350.670 d)3) 350.670 d)4) 350.680 a) 350.681					
	applicants with the prior to hiring. Infor Worker Registry wi 1) Whethe Registry; 2) Whethe abuse, neglect, or r 3) The dat recent criminal histo 4) Whethe conviction for a disc Section 25 of the H Background Check	shall check the status of all Health Care Worker Registry rmation on the Health Care Il include: er the individual is active on the er the individual has findings of misappropriation of property; se of the individual 's most ory records check; er the individual has a qualifying offense pursuant to ealth Care Worker				
	a) A facility sha a nursing assistant, aide, a developmer support person, or who may have acce living quarters, or a	irect Support Persons (DSP) all not employ an individual as habilitation aide, home health tal disabilities aide, or a direct newly hired as an individual ess to a resident, a resident's resident's personal, financial, unless the facility has				

## PRINTED: 01/30/2025 FORM APPROVED

Illinois D	epartment of Public	Health			FORM	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6008023	B. WING		01/09/2025		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
RIVERSI	DE FOUNDATION		ST HIGHWA				
			SHIRE, IL 60		PRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
Z9999	Continued From pa	ge 1	Z9999				
	checked the Depart Registry and the inc Care Worker Regis health care employ employ an individual habilitation aide, a c aide, or a direct sup is not on the registr enrolled in a training 3-206 (a)(5) of the A (Section 3-206.01 c Section 350.681 H Background Check A facility shall comp Worker Background Care Worker Background Care Worker Background Care Worker Background Care Worker Background Care Worker Regis to ensure individual	tment's Health Care Worker dividual is listed on the Health stry as eligible to work for a er. The facility shall not al as a nursing assistant, developmental disabilities oport person, if that individual y unless the individual is g program under Section Act and Section 350.683. of the Act) ealth Care Worker					
		all 77 residents living in the					
	with missing Health Checks (HCWBC) employment at the electronic record st	Health Care Worker s (HCWBC) identified two staff care Worker Background completed before they started facility. Facility employment ates E6, Certified Nurse as hired on 10/2/21. Facility					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVE COMPLETED	
		IL6008023	B. WING		01/	09/2025
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
RIVERSIE	DE FOUNDATION		EST HIGHWAY			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
Z9999	checked on 10/7/21 Facility employmen (CNA) was hired or record states E7's H on 6/17/22 (2 days Facility employmen hired on 6/2/17. Fa (CNA) identified that checks was not cor On 1/7/25, at 10:20 confirmed the abov HCWBC registry wa hire date for E6 and does not have docu	tes E6's HCWBC registry was (5 days after hire date). t electronic record states E7 6/15/22. Facility HCWBC HCWBC registry was checked after hire date). t record states E8 (CNA) was ncility HCWBC record for E8 at Internet website background nducted for E8. a.m., E12 (Training Director) e documentation, that the as not checked prior to their d E7. E12 stated the facility imentation that E8's Internet d checks were checked for		DEFICIENC	"	

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