

- 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 Countryside Nursing & Rehab Center, 1635 East 154th Street, Dolton, Illinois 60419 on November 5, 2018. The Facility's current license number is 0050708. The term of the conditional license shall be from August 9, 2019 to February 8, 2020. THE CONDITIONAL LICENSE SHALL FOLLOW UNDER A SEPARATE COVER LETTER. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON AUGUST 9, 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The Conditional License will be withdrawn and an unrestricted license will be issued to Respondent upon the expiration of the term of the Conditional License.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**, as follows:

- **Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210a), 300.1210b), 300.1220b)3), and 300.3240a)f). 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:

Attn: Sammye Geer  
Illinois Department of Public Health  
525 West Jefferson, 5<sup>th</sup> 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 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.LTCOA.POChearing@illinois.gov](mailto:DPH.LTCOA.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.**



Aimee Isham  
Bureau Chief, Long Term Care  
Office of Health Care Regulation

Dated this 12th day of July, 2019.

DEPARTMENT OF PUBLIC HEALTH  
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH	)	Docket No. NH 19-C0306
STATE OF ILLINOIS	)	
Complainant,	)	
	)	
v.	)	
	)	
COUNTRYSIDE NURSING & REHABILITATION	)	
CENTER, LLC,	)	
D/B/A, COUNTRYSIDE NURSING & REHAB	)	
CENTER	)	
Respondent.	)	
	)	


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:	David Aronin
Licensee Info:	Countryside Nursing & Rehabilitation Center, LLC
Address:	2201 W. Main Street Evanston, Illinois 60202

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the  
12th day of July, 2019.

  
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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:  IL6002190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 05/15/2019
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NAME OF PROVIDER OR SUPPLIER  COUNTRYSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1635 EAST 154TH STREET DOLTON, IL 60419
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(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
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S 000	Initial Comments  Complaint Investigation: 1993251/IL111915	S 000		
S9999	Final Observations  Statement of Licensure Violation:  300.610a) 300.1210a) 300.1210b) 300.1220b)3) 300.3240a)f)  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	S9999		

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/13/19
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S9999	<p>Continued From page 1</p> <p>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)</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's 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</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to prevent a cognitively impaired resident (R3) from being sexual coerced to have sex by another resident (R5). This applied to one of 3 residents (R3) reviewed for sexual abuse. This resulted in non-consensual sex for a cognitively impaired resident.</p> <p>Findings include:</p> <p>According to the face sheet, R3's diagnoses includes dementia. R3's cognition is scored 4/15 (severe cognitive impairment) on 4/8/19 minimum date set (MDS) assessment. R3's Care Plan</p>	S9999		
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Illinois Department of Public Health

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S9999	<p>Continued From page 3</p> <p>started 1/11/19 and revised 4/10/19 notes R3 may be a high risk for abuse related to her diagnosis of dementia. R3's psychosocial well-being care plan started 4/22/19 notes R3 observed wandering into peers rooms. Staff provide redirection when R3 is observed wandering into unsafe areas or situations.</p> <p>On 5/13/19 at 2:14pm, V1 (Administrator) stated that on 4/18/19 at 3:00pm, V10 (Care plan coordinator) saw R3 walking down the hallway with a sheet around her bottom half and asked her what happened and where she got her money in her hand. V1 stated; " I interviewed R3 right away. At first, R3 could not say his name, but we asked more questions. We were able to discern she was speaking of R5. We had R5 in the social service office and asked R5 to come in the room with R3. She stated yes, that is the man who raped me. R3 was sent out to the hospital. R5 stated that they had been friendly and that he didn't know she had any deficits. He told R3 that he would give her a cupcake or money if they had sex. He said they went into the room, they had sex and her he gave her the money, which was \$2. V6 and V7 (R5's roommates) stated there was a female in the room and they heard her moaning and making sexual noises. When the emergency room asked her what she was doing there, R3 stated she was at the hospital for pneumonia. She has dementia. R3 is alert to name and sometimes place. R3 will go into other rooms and staff monitor her location due to this."</p> <p>V1's final abuse investigation reads that R3 reports having non-consensual sex with R5. R5 was interviewed and states R3 asked him for a cupcake and a pop. He told her if she had sex with him, that he would buy it for her. He states she agreed and they went to his room, had sex</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>and he gave her the \$2. R3 is alert and oriented 1-2. R3 was noted with \$2 in her hand, and when interviewed stated she did have sex with R5, but he raped her. V6 and V7 (R5's roommates) were interviewed and stated they were aware that R5 had a women in the room having sex, but they ignored it and she never screamed or said no.</p> <p>On 5/13/19 at 4:05pm, V11 (Psychiatric Rehabilitation Services Coordinator, PRSC) stated that R3 wanders into peers rooms. R3 is provided redirection as she is the type of person someone can easily take advantage of as she is confused. She has been like that for 6-7 months. The care plan edited today (5/13/2019) states to provide redirection when wandering into unsafe areas or situations. This redirection is for the other wings she does not reside in. R5 was a resident on other wing.</p> <p>On 5/14/17 at 2:47pm, V4 (PRSC) stated that on 4/18/19, R5 was alert and oriented to person, place and time. R5 stated that he asked R3 what she is doing down by his room and R3 stated she wanted to buy a pop. R5 stated he told her he could get it for her if they had sex. It sounded like a transaction. R5 stated he used protection. R5 stated he believed it was consensual.</p> <p>V4's progress note on 4/18/19 at 4:36pm notes R3 has been monitored 1:1 in social service office due to alleged non-consensual sexual encounter with a resident. R5 reported it was consensual, that he gave her \$2.00 that she asked for to buy snacks.</p> <p>R5's cognition is scored 15/15 (no impairment) on 4/11/19 according to MDS assessment.</p> <p>Emergency room (ER) records note on 4/18/19 at</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>4:42pm, R3 was brought to ER from nursing home for possible sexual assault as R3 came out of the room without her pants on. She had money in her hand. R3 stated the man who raped me gave me the money. R3 has dementia and at this time cannot recall the incident. R3 is disoriented to place and time.</p> <p>On 5/15/19 at 10:00am, V12 (Detective) stated that R3 was not able to remember or state what happened when interviewed due to her mental state.</p> <p>V6's witness statement signed and dated on 4/18/19 notes that V6 had seen his roommate (R5) bring an older lady in their room. After about 3-5 minutes later, he heard them having sex for about 10-15 minutes. V6's cognition is scored 15/15 on 4/15/19 MDS assessment.</p> <p>V7's witness statement on 4/18/19 notes that he seen roommate, R5 bring a lady in the room. After he heard them having sex but he didn't know how long because he turned his Television up. V7's cognition is scored 12/15 on 4/22/19 according to MDS assessment.</p> <p>Facility Abuse Prevention Program Facility Procedures notes that The facility prohibits abuse of its residents. Sexual Abuse includes but is not limited to sexual coercion.</p> <p>(A)</p>	S9999		
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