

DEPARTMENT OF PUBLIC HEALTH  
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH	)	Docket No. NH 15-C0224
STATE OF ILLINOIS,	)	
Complainant,	)	
	)	
v.	)	
	)	
RENAISSANCE CARE CENTER, INC.	)	
D/B/A RENAISSANCE CARE CENTER,	)	
Respondent.	)	

NOTICE OF TYPE "B" 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 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 Complaint Investigation for IL76440 conducted by the Department on April 21, 2015, at Renaissance Care Center, 1675 East Ash Street, Canton, Illinois 61520. On May 27, 2015, 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.

**A Plan of Correction is required to be submitted by the facility within two weeks from the date the violation notice was sent. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice. Please email the Plan of Correction to the following email address: [DPH.LTCQA.POChearing@illinois.gov](mailto:DPH.LTCQA.POChearing@illinois.gov). If your facility does not have email capabilities then you can mail it to the attention of: Leona Juhl, IDPH, Long Term Care/QA, 525 West Jefferson, Springfield, IL 67261.**

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: 300.610 a), 300.1210a), 300.1210b), 300.1210c), 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 "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. **Please email the hearing request to the following email address: [DPH.LTCQA.POChearing@illinois.gov](mailto:DPH.LTCQA.POChearing@illinois.gov). If your facility does not have email capabilities then you can mail it to the attention of: Leona Juhl, IDPH, Long Term Care/QA, 525 West Jefferson, Springfield, IL 67261.**

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). **Please email the waiver to the following email address: DPH.LTCQA.POChearing@illinois.gov. If your facility does not have email capabilities then you can mail it to the attention of: Leona Juhl, IDPH, Long Term Care/QA, 525 West Jefferson, Springfield, IL 67261.**

*Debra D. Bryars*<sup>19</sup>

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Debra D. Bryars  
Designee of the Director  
Illinois Department of Public Health

Dated this 29<sup>th</sup> day of May, 2015.

DEPARTMENT OF PUBLIC HEALTH  
STATE OF ILLINOIS

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STATE OF ILLINOIS, ) Docket No. NH 15-C0224  
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v. )  
RENAISSANCE CARE CENTER, INC. )  
D/B/A RENAISSANCE CARE CENTER, )  
Respondent. )

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: Stephen Sher  
Licensee Info: Renaissance Care Center, Inc.  
Address: 5750 Old Orchard Rd., Ste 420  
Skokie, IL 60077

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the  
29<sup>th</sup> day of May 2015.



Leona Juhl  
Long Term Care/QA  
Illinois Department of Public Health

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006712</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/21/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RENAISSANCE CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1675 EAST ASH STREET CANTON, IL 61520</b>
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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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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.610a) 300.1210a) 300.1210b) 300.1210c) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 resident's comprehensive assessment, which allow the resident to attain or maintain the highest</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>05/06/15</b>
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S9999	<p>Continued From page 1</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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. (Section 2-107 of the Act)</p> <p>THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on interview and record review, the facility failed to safely transfer, assess transfer status, and failed to thoroughly investigate a fall for two of three residents (R1, R2) reviewed for falls in the sample of three. These failures resulted in a fracture of R1's humerus.</p> <p>Findings include:</p> <p>A Transfer Policy dated 6/15/05, documents the</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>transfer technique used for the resident will be evaluated and determined by the nurse...a minimum of two staff members is recommended when transferring with a full mechanical lift...if a sit to stand mechanical lift is being used, ensure resident is able to stand.</p> <p>A Fall Policy dated 1/12/13, documents to provide ongoing risk reducing interventions...identify and implement related care link interventions, review and discuss potential root cause of a fall, complete follow-up event documentation as clinically indicated, and new or changes in current interventions will be discussed by the interdisciplinary team and the care plan will be updated accordingly.</p> <p>1. An Accident/Incident Report dated 4/3/15 at 7:00 p.m., documents R1 was being transferred by E4 and E5, CNAs (Certified Nursing Assistant) using a sit to stand mechanical lift. R1 let go of the sit to stand and was lowered to the floor. Accident/Incident Report documents R1 was "assessed and denies pain."</p> <p>An Investigation Interview dated 4/6/15, documents E11 (Certified Nurse Aide) reported that R1 started complaining of shoulder pain on 4/4/15 at approximately 6:15 a.m.</p> <p>A Nurses Note dated 4/4/15 at 7:45 a.m., documents R1 complained of right arm/shoulder pain and that R1 stated it had been hurting since the night before. The Nurses Note also documents R1 had limited range of motion to right arm and shoulder.</p> <p>X-ray report for R1 dated 4/4/15 documents a fracture of the proximal right humerus at the surgical neck. Indication is documented as,</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>"Patient fell last night with injury to right humerus."</p> <p>Emergency Room Note Report for R1 dated 4/4/15 documents R1 was dropped to floor at nursing home last night (4/3/15) causing fracture of right humerus.</p> <p>R1's MDS (Minimum Data Set) dated 10/19/14 documents R1 is cognitive and understands. The MDS documents R1 requires extensive assistance of two for transfers.</p> <p>R1's Mobility Assessment dated 10/6/14 documents R1 has poor muscle strength in shoulders, hips, knees and ankles. The Mobility Assessment also documents R1 is not able to bear weight.</p> <p>R1's Care Plan (initiated 10/6/14), visible on computers by the Certified Nursing Assistants, for Transfers documents, "Resident Requires staff assistance times two and full mechanical lift with transfers."</p> <p>On 4/20/15 at 10:59 AM, E10, Registered Nurse/MDS Coordinator, stated the mobility assessment information is gathered from CNAs, Nurses, Restorative Aid, Observation and Section G of the MDS. E10 then looks at nurses notes and asks nurses or Restorative Aid how resident is transferred. E10 states there is not a score for the mobility assessment which would indicate which type of lift should be used. E10 also stated she had never observed R1 being transferred.</p> <p>R1's Investigation Summary dated 4/4/15, documents "it is concluded that it is likely that the injury (fracture) was caused from chronic dislocation of (R1's) shoulder." On 4/20/15 at</p>	S9999		



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S9999	<p>Continued From page 4</p> <p>9:44 a.m., E2 (Director of Nursing) verified the investigation of R1's fractured humerus was completed by E2. E2 was asked how E2 came to the conclusion that R1's incident on 4/3/15 and the fracture on 4/4/15 were not related. E2 stated "I came to that conclusion after (R1's) family told (E2) about (R1's) history of shoulder dislocation. E2 could not explain how a fractured humerus and a shoulder dislocation correlate. E2 also stated that the conclusion was not based on communication with a physician.</p> <p>On 4/16/15 at 10:20 a.m., R1 stated R1 only remembered blacking out and falling to the floor on 4/3/15.</p> <p>On 4/16/15 at 9:30 AM, Z1 (anonymous) stated a sit to stand mechanical lift is not an appropriate transfer for R1 due to R1's inability to bear weight and to hang on to the bars.</p> <p>On 4/16/15 at 11:20 AM, Z2 (R1's Power of Attorney) stated staff used a sit to stand when R1 required her adult brief to be changed. Z2 stated R1 preferred being transferred by a full mechanical lift because it made R1 feel more secure. Z2 stated R1 was not able to hold onto the sit to stand because R1 did not have the strength.</p> <p>On 4/20/15 at 3:03 PM, Z3 (R1's Emergency Room Physician) stated R1 sustained a fracture to her right arm which was diagnosed with x-ray on 4/4/15. Z3 stated information from the nursing home stated R1 was dropped during a transfer on 4/3/15. Z3 stated the x-ray did not indicate a shoulder dislocation.</p> <p>On 4/16/15 at 10:35 AM, E8, CNA, stated E8 always uses a full mechanical lift to transfer R1.</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>On 4/20/15 at at 10:47 AM , E6, CNA stated E6 only used a sit to stand to transfer R1 on shower days. A full mechanical lift was used at all other times. E6 stated after R1 fractured her arm a full mechanical lift is used for all transfers.</p> <p>On 4/20/15 at 10:18 AM, E5, CNA, stated E5 usually used a full mechanical lift to transfer R1. E5 stated E5 was unsure if R1 could bear weight or was able to stand. E5 stated a sit to stand was used on 4/3/15 in order to change R1's wet adult brief. E5 stated R1 let go of the handles on the sit to stand. E5 stated R1 was lowered to the floor without hitting head or anything.</p> <p>On 4/20/15, attempts to contact E4 (Certified Nurse Aide) were unsuccessful. An Investigation Interview (provided by E2) dated 4/6/15, documents E4 reported "(R1) was being lifted up when (R1) leg go of the bars on the sit to stand which caused (R1's) bilateral arms to go upward."</p> <p>2. An Accident/Incident Report dated 4/1/15 at 3:00 p.m., documents E3 (Certified Nurse Aide) transferred R2 from wheelchair to bed via a full mechanical lift when the lift sling broke causing R2 to fall to the floor. The Accident/Incident Report documents R2 sustained a skin tear and scrapes to the left arm. The Investigation follow up dated 4/2/15, does not document that only one staff member (E3) transferred R2 using the full mechanical lift when the sling broke.</p> <p>A Minimum Data Set dated 3/8/15, documents R2 requires total assistance of two staff with transfers. R2's Plan of Care initiated on 12/15/14, documents "resident requires staff assistance of two with transfers, using a (full</p>	S9999		

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S9999	<p>Continued From page 6 mechanical lift)."</p> <p>On 4/20/15 at 10:50 a.m., R2 verified E3 was the only staff present on 4/1/15 when the lift sling broke and R2 fell to the ground. R2 stated "I am thankful I wasn't hurt worse than I was. It made me very sore, especially since I already had a fractured hip that was healing."</p> <p>On 4/20/15 at 11:10 a.m., E2 (Director of Nursing) stated two staff are required for all full mechanical lift transfers. E2 stated E3 had not been counseled as of the present time. E2 verified R2's investigation from the fall on 4/1/15 did not include the fact that only one staff performed the transfer. (B)</p>	S9999		