

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH)	Docket No. NH 15-S0233
STATE OF ILLINOIS,)	
Complainant,)	
)	
v.)	
)	
HERITAGE MANOR - DANVILLE, LLC)	
D/B/A COLONIAL MANOR,)	
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 Licensure Investigation conducted by the Department on April 2, 2015, at Colonial Manor, 620 Warrington Avenue, Danville, IL 61832. On May 13, 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. 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: 300.610a), 300.1210a), 300.1210b)5), 300.1210d)6), 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)6), 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. 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
Designee of the Director
Illinois Department of Public Health

Dated this 2nd day of June, 2015.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

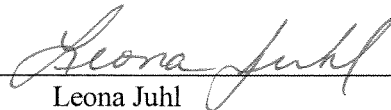
THE DEPARTMENT OF PUBLIC HEALTH) Docket No. NH 15-S0233
STATE OF ILLINOIS,)
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HERITAGE MANOR - DANVILLE, LLC)
D/B/A COLONIAL MANOR,)
Respondent.)

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: Patrick Cox
Licensee Info: Heritage Manor - Danville, LLC
Address: 202 North Center Street
Bloomington, IL 61701

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 2nd day of June 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: IL6001952	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2015
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NAME OF PROVIDER OR SUPPLIER COLONIAL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 620 WARRINGTON AVENUE DANVILLE, IL 61832
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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)5) 300.1210d)6) 300.3240a)</p> <p>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.</p> <p>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 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</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 04/22/15
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Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>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.</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>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>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:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidence by:</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Based on interview and record review, the facility failed to safely transfer and ambulate a resident (R12) from the toilet. This failure resulted in R12 falling and sustaining a left hip fracture, an extensive ear laceration, subdural hematoma and a subarachnoid hemorrhage. R12 is one of five residents reviewed for falls in the sample of 73.</p> <p>Findings include:</p> <p>The Physician Order Sheet dated March 2015 for R12 documents the following diagnoses: Aftercare, Status Post Left Hip replacement, Subdural Hematoma, Subarachnoid Hemorrhage, Dementia and Abnormal Gait.</p> <p>The facility report titled "Fall Log" dated February 2015, documents R12 falling on 2/23/15, 2/24/15 and 3/19/15.</p> <p>The facility "Occurrence Reports" dated 2/23/15 and 2/24/15 document R12 falling in the bathroom on both dates. The 2/24/15 report documents that R12 is having increased confusion and has an elevated temperature with possible underlying infection. The facility transfer report dated 2/24/15 documents R12 going out to the hospital for falling and hitting his head, increased confusion, tremors and elevated temperature.</p> <p>The facility Occurrence Report for R12's fall dated 3/19/15, documents that R12 was up ambulating in R12's room. This same report documents that the facility's Licensed Practical Nurse (E6) saw R12 and assisted R12 to the bathroom. E6 turned away from R12 at the sink to flush the toilet and R12 fell backwards and hit the wall and went to the floor. R12 sustained an</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>extensive laceration to the left ear and complained of left hip pain.</p> <p>R12's Care Plan dated for February 2015 and March 2015 documents R12 at high risk for falls due to history of falls, gait and balance problems and predisposing diseases. The same Care Plan directs staff to use a gait belt when assisting R12 with ambulation, transfers and toileting.</p> <p>R12's Minimum Data Set (MDS) dated 3/17/15 documents that R12 is an extensive assist with transfers and is unable to steady self without the help of staff. The MDS also documents R12 as moderately cognitively impaired.</p> <p>R12's Fall Risk Assessment dated 3/3/15 assesses R12 at High Risk.</p> <p>R12's Medical Record containing the trauma hospital progress notes dated 3/20/15 through 3/26/15 document the following: Progress Note dated 3/20/15 states R12 being received from the local hospital with report of a brain Computed Tomography, demonstrating a subdural hemorrhage and an intracranial hemorrhage. R12 also suffered an extensive left ear laceration. Interim repair was performed at the local hospital prior to R12's transfer. R12 was also noted to have a left femoral neck fracture. R12 was received at the trauma hospital for the intracranial bleed and polytrauma. Oral and Maxillofacial Surgery was subsequently consulted for repair of R12's left ear laceration. R12 is alert and awake with questionable orientation, speech is difficult to follow. Radiology report dated 3/20/15 documents X-ray of left hip and pelvis, showing a left femoral neck fracture with varus angulation and displacement. Surgical repair of hip completed 3/20/15. R12 was discharged back to the facility</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>on comfort measures only per the Discharge Transfer Form and Orders dated 3/26/15</p> <p>The facility policy titled "Gait Belt Policy and Procedure" dated 6/15/09 states "It is the policy of this facility to provide a safe environment for all residents. Using gait belts enables the facility to better provide security for the resident during standard non-mechanical assisted weight bearing transfers and assisted weight bearing ambulation. Gait belt use reduces the potential for injury to both the resident and staff, and allows the most effective use of body mechanics. This belt is used as an assistive and safety device during non-mechanical assisted weight bearing transfers and assisted weight bearing ambulation. Gait belts will be used on all residents requiring non-mechanical assistance with transfers and/or ambulation....."</p> <p>On 3/31/15 at 12:30 pm E7 and E9 both Registered Nurses, stated that all residents needing assistance with transfers or ambulation must have a gait belt on them when assisted. E7 stated "That's our policy."</p> <p>On 4/1/15 at 9:30 am E2, Director of Nursing acknowledged that all residents needing assistance from staff for transfers and ambulation are to have a gait belt used by staff during assistance. E2 stated "(R12) was already up and walking when (E6) saw (R12), so (E6) went ahead and helped (R12). E6 should have called for a Certified Nursing Assistant to come with a gait belt once (R12) was in the bathroom. It may have prevented the fall, I don't know, but (R12) should have had a gait belt on."</p> <p>(B)</p>	S9999		
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