



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

October 7, 2020

Nathan Langsner, Registered Agent
Washington Senior Living, LLC
2201 Main Street
Evanston, Illinois 60202

RE: Complaint #: IL125140
Survey Date: 08/06/2020
Docket #: 20-C0223
Violation Type: B Violation with Fine

Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as Washington Senior Living.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Quality Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Daniel Levad
Acting Deputy Director, Office of Health Care
Regulation
Acting Bureau Chief, Long Term Care

Enclosure

cc: Administrator

File

Washington Senior Living/08/06/2020/RegAgent/K. Blissett

PROTECTING HEALTH, IMPROVING LIVES

Nationally Accredited by PHAB

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH)	Docket No. NH20-C0223
STATE OF ILLINOIS,)	
Complainant,)	
)	
v.)	
)	
WASHINGTON SENIOR LIVING, LLC,)	
D/B/A, WASHINGTON SENIOR LIVING,)	
Respondent.)	

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 COI IL125140 Investigation conducted by the Department on 08/06/2020, at Washington Senior Living, 1201 Newcastle Road, Washington, Illinois 61571. On October 6, 2020, 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), 300.1010h), 300.1210a), 300.1210b), 300.1210d)3), 300.1210d)5), 300.1220b)3), 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:

Attn: Kristina Blissett
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.



Daniel Levad
Acting Deputy Director, Office of Health Care
Regulation
Acting Bureau Chief, Long Term Care

Dated this 7th day of October, 2020.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH)
STATE OF ILLINOIS) Docket No. NH 20-C0223
Complainant,)
v.)
WASHINGTON SENIOR LIVING, LLC,)
D/B/A, WASHINGTON SENIOR LIVING,)
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: Nathan Langsner
Licensee Info: Washington Senior Living, LLC
Address: 2201 Main Street
Evanston, Illinois 60202

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the
7th day of October, 2020.



Kristina Blissett
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: IL6009740	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/06/2020
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NAME OF PROVIDER OR SUPPLIER WASHINGTON SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NEWCASTLE WASHINGTON, IL 61571
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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
S 000	Initial Comments Complaint Investigation 2025843/IL125140	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210d)3) 300.1210d)5) 300.1220b)3) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</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 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>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>3) Objective observations of changes in a</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>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.</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 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. (Section 2-107 of the Act)</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to prevent the development of an unstageable pressure ulcer for one of three residents (R1) reviewed for pressure ulcers in a sample of 14. R1's pressure ulcer was identified as a stage 2 pressure ulcer on 6/20/20 but treatment orders were not obtained until 6/26/20 resulting in R1's pressure ulcer deteriorating into an unstageable pressure ulcer.</p> <p>Findings include:</p> <p>A Prevention of Pressure Wounds policy dated 1/2017 documents that, "Pressure injuries are usually formed when a resident remains in the same position for an extended period of time causing increased pressure or a decrease of circulation (blood flow) to that area and subsequent destruction of tissue." The policy further states that, "Pressure injuries are a serious skin condition for the resident." In addition, this policy also states, "The facility should always have a system/procedure to assure assessments are timely and appropriate and changes in condition are recognized, evaluated, reported to the practitioner, physician, and family, and addressed."</p> <p>R1's Minimum Data Set (MDS) assessment dated 6/25/20 documents R1 is severely cognitively impaired and requires extensive assistance of two people for bed mobility, transfers, toilet use and hygiene. R1's MDS also documents that R1 uses a wheelchair for mobility.</p> <p>R1's Braden Scale for Predicting Pressure Sore</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>Risk assessment dated 6/19/20 documents that R1 scored a 19 which is a low or no risk for developing pressure ulcers despite being chairfast with limited mobility.</p> <p>R1's admission nurse's note dated 6/19/20 does not document that a skin assessment was performed on R1 at that time. R1's nurse's note dated 6/20/20 documents a head-to-toe assessment was completed for R1 in which the assessment noted that R1's skin was within normal limits meaning no abnormalities and intact. R1's nurses' notes dated 6/21/20 document that R1 had developed a stage 2 pressure ulcer to the left buttock but no documentation that R1's physician was notified for treatment orders. There are no nurses' notes to address R1's stage 2 pressure ulcer from 6/22/20 to 6/25/20. On 6/26/20 R1's nurses' notes, entered by V27 (Wound Nurse), document that R1 had developed an open area to her left gluteal fold (buttock) and V27 had obtained a new physician's order to treat R1's wound at that time.</p> <p>R1's physician's orders sheet documents the first order the facility obtained to treat R1's wound was not until 6/26/20.</p> <p>R1's current comprehensive care plan does not include interventions to prevent or treat actual or potential impairments to R1's skin integrity until 8/3/20.</p> <p>R1's wound physician's initial progress note dated 7/8/20 documents that R1 had an unstageable pressure ulcer to the left buttock, due to necrosis (dead tissue), which measured 2.7cm (centimeters) long x 2.2cm wide x 0.2cm deep. This progress note also indicated that there was scarring around R1's wound indicating she had</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 5</p> <p>history of a previous wound in that same area.</p> <p>On 8/6/20 at 8:51a.m. V27 (Wound Nurse) stated that she assessed R1's skin and noted R1's pressure ulcer on 6/26/20. V27 stated that she read through R1's transfer records from R1's previous residence and did not see any documentation that R1 had an existing wound at the time of transfer. V27 stated she also reviewed R1's physician's orders from her previous residence and found there were no orders to treat any wounds. V27 verified orders to treat R1's wound were not obtained until 6/26/20.</p> <p>On 8/3/20 at 12:09p.m. V2 (Director of Nurses) verified that R1's transfer documentation from her previous facility does not show that R1 had a pressure ulcer at the time of discharge and prior to the transfer to this facility. V2 verified R1's pressure ulcer was not documented as discovered by the facility until 6/21/20.</p> <p>On 8/4/20 at 9:40a.m. V10 (R1's Nurse Practitioner) stated that V10 was R1's health care provider at R1's previous facility before she transferred to this currently facility. V10 stated that R1 did not have a pressure ulcer at the time of transfer. V10 stated that R1's stage 2 pressure ulcer which deteriorated into an unstageable pressure was an avoidable wound. V10 stated that she would have expected the facility's nursing staff to obtain a physician's treatment order as soon as R1's wound was identified.</p> <p>(B)</p>	S9999		

FAC. NAME: WASHINGTON SENIOR LIVING

COMPLAINT #: 0125140

LIC. ID #: 0056036

DATE COMPLAINT RECEIVED: 07/16/20 10:52:00

IDPH Code	Allegation Summary	Determination
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105	IMPROPER NURSING CARE	<u>1</u>
409	POLICY AND PROCEDURES	<u>2</u>

The facility has committed violations as indicated in the attached*
 No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

- 1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.