

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH)	Docket No. NH 21-S0017
STATE OF ILLINOIS,)	
Complainant,)	
)	
v.)	
)	
WISCONSIN ILLINOIS SENIOR HOUSING,)	
D/B/A, FAIR OAKS HEALTH CARE CENTER,)	
Respondent.)	

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;
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 "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE

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 12/01/20, at Fair Oaks Health Care Center, 471 Terra Cotta Avenue, Crystal Lake, Illinois 60014. On February 2, 2021, the Department determined that such violations constitute one or more Type "A" violations of the Act and the Skilled and Intermediate Care 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 Statement of Licensure Violations which is attached hereto and incorporated herein as Attachment A and made a part hereof.

Pursuant to Section 3-303 of the Act, the above-referenced facility is hereby ordered to abate and/or eliminate the above violation(s) immediately.

A Type "A" 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 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 Fair Oaks Health Care Center, 471 Terra Cotta Avenue, Crystal Lake, Illinois 60014 on 09/19/20. The Facility's current license number is 0040915. The term of the conditional license shall be from 03/02/21 through 09/01/21. THE CONDITIONAL LICENSE SHALL FOLLOW UNDER A SEPARATE COVER LETTER. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON 03/02/21.

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 **\$25,000.00**, as follows:

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.696a), 300.1010a), and 300.1010b). 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: 300.696).

Fine = \$25,000.00

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
Attn: Scott Hobson
525 West Jefferson, 5th Floor – Quality Assurance
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.LTCQA.POChearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.



Alfonso Cano III
Bureau Chief, Long-Term Care
Office of Health Care Regulation
Illinois Department of Public Health

Dated this 9 day of February, 2021.

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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 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: Joyce A Surdick
Licensee Info: Wisconsin Illinois Senior Housing
Address: 471 West Terra Cotta Avenue
Crystal Lake, Illinois 60014

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the
9 day of February, 2021.



Scott Hobson
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: IL6002976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2020
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NAME OF PROVIDER OR SUPPLIER FAIR OAKS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 471 TERRA COTTA AVENUE CRYSTAL LAKE, IL 60014
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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 A COVID-19 Focused Infection Control Survey was conducted by the Illinois Department of Public Health on November 23, 2020. Survey Census: 47 Total Sample: 15	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.696 a) 300.1020 a)b) 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 300.696 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>Section 300.1020 Communicable Disease Policies</p> <p>a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).</p> <p>b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 300.620 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to implement infection control policies and recommendations from the Centers for Disease Control (CDC) regarding isolation of COVID-19 residents in regards to cohorting of COVID-19 residents. This failure has the potential to infect high risk residents with COVID-19 and spread the disease of COVID-19 to negative residents. This applies to 6 of 9 residents (R1, R2, R3, R4, R8, & R9) reviewed</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>for infection control in the sample of 9.</p> <p>The findings include:</p> <p>1. The facility's COVID-19 line list provided on November 23, 2020 shows 6 residents in contact/droplet isolation for positive COVID-19 test results.</p> <p>On November 23, 2020 at 9:10 AM, R1 and R2 were observed in the same room as each other. R1 was sitting up in her wheelchair watching television. R2 was lying in bed watching television. The bedside curtain was pulled between the residents.</p> <p>R1's COVID-19 laboratory test form shows the test was collected on November 9, 2020 and reported to the facility on November 12, 2020 as "detected". A detected test shows that a resident is positive for having COVID-19.</p> <p>R1's progress notes dated November 11, 2020 show, "Obtained tympanic (ear) temperature of 101 (degrees Fahrenheit) at approximately 4:00pm, informed V3 Assistant Director of Nursing (ADON) of elevated temperature, floor nurse also made aware. Rapid COVID test collected." The same progress notes continue to show, "Rapid COVID test positive ..."</p> <p>R2's COVID-19 laboratory test forms show, the test was collected on November 3, 2020 and reported to the facility on November 7, 2020 as "not detected". A not detected COVID-19 test shows that a resident is negative for having COVID-19. Another laboratory test for COVID-19 collected on November 9, 2020 and reported to the facility on November 12, 2020 shows, "not detected". The most recent laboratory COVID-19</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>test collected on November 16 and reported to the facility on November 19, 2020 continues to show, "not detected". (R1 and R2 remained roommates for 13 days following R1's positive COVID-19 test results).</p> <p>The facility's resident roster provided on November 23, 2020 showed R1 and R2 are roommates.</p> <p>On November 23, 2020 at 9:10 AM, V5 Registered Nurse stated, "We are treating everyone as if they were positive for COVID-19." She stated, R1 was the only positive resident for COVID-19 in that room and her roommate R2 was negative.</p> <p>On November 23, 2020 at 1:56 PM, V2 DON stated, they didn't have anywhere to move the positive residents so they left the residents where they were. They do not have a COVID-19 unit.</p> <p>On November 24, 2020 at 9:39 AM, V3 ADON stated, they didn't have anywhere to move the positive residents so they left them where they were. They were advised to close the privacy curtain and wear different PPE (personal protective equipment) for each resident.</p> <p>On November 25, 2020 at 3:12 PM, V12 Facility's Medical Director stated, "When they test positive (residents), isolate them and hope for the best. That is all we can do."</p> <p>On November 30, 2020 at 9:22 AM, V11 Nurse at local Health Department stated, "best practice is to separate the positive residents and cohort them together. They should have a plan for this."</p> <p>The Centers for Disease Control and Prevention</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>(CDC) website entitled Responding to COVID-19 Considerations for the Public Health Response to COVID-19 in Nursing Homes states, "If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit. Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents..."</p> <p>The facility's Coronavirus (COVID-19) policy dated May 1, 2020 shows, "Policy: It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical features and an Epidemiologic Risk for the COVID-19 and to adhere to Federal and State/Local recommendations... In the event of a facility outbreak, institute outbreak management protocols: ... Place residents in private rooms on standard, contact, droplet (airborne if available) precautions. Cohort residents identified with same symptoms/COVID-19 confirmation..."</p> <p>The facility's COVID-19 policy dated May 1, 2020 shows, "What to do if there is active COVID-19 in facility: 1. Isolation for all residents: Infected Resident (s), Known or Suspected: Single room: if possible, place resident in private room with their own bathroom and the door to their room closed. Cohort with other COVID-19 residents: May need to share rooms with other COVID-19 positive or suspected residents."</p> <p>2. On November 23, 2020 at 9:10 AM, R3 and R4 were both lying in bed. The bedside curtain was pulled between the residents.</p> <p>R4's COVID-19 laboratory test form shows the test was collected on November 3, 2020 and</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>reported to the facility on November 7, 2020 as "detected". R4's progress notes show he developed symptoms of a fever and congestion starting on November 3, 2020.</p> <p>R4's electronic medical record (EMR) shows R4 passed away in the facility on November 23, 2020.</p> <p>R3's COVID-19 laboratory test form shows the test was collected on November 3, 2020 and reported to the facility on November 7, 2020 as "not detected". Another laboratory test for COVID-19 collected on November 9, 2020 and reported to the facility on November 12, 2020 as "not detected". The most recent laboratory COVID-19 test collected on November 16, 2020 and reported to the facility on November 19, 2020 as "detected". (R3 remained roommates with R4 the entire time R4 was positive for COVID 19. R3 tested positive for COVID-19 13 days after R4's COVID-19 positive result).</p> <p>R3's EMR shows he was sent out to a local hospital on November 23, 2020. "Patient noted to be more lethargic and confused this morning. Oxygen (O2) saturations (sats) noted to be 86% at room air. O2 applied at 3L (liters) and sats increased to 88%. O2 increased to 5L with sats increasing to 91%. Continues with congested, non-productive cough..." Another progress note for the same day shows, "911 called and arrived to transport patient to local hospital." R3 was admitted to the local hospital with a diagnosis of Pneumonia and COVID-19.</p> <p>On November 30, 2020 at 12:45 PM, V2 DON stated, R3 remained in the hospital and was inpatient hospice now.</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>The facility resident roster provided on November 23, 2020 showed R3 and R4 are roommates.</p> <p>3. On November 23, 2020 at 9:10AM, R8 and R9 were in their room together. The bedside curtain was pulled between the residents.</p> <p>On November 23, 2020 at 1:56 PM, V2 Director of Nursing (DON) stated that R8 currently had symptoms of COVID-19. They had done a rapid COVID-19 test over the weekend and it showed he was negative. She continued stating that all residents were being tested for COVID-19 today (November 23, 2020) and R8 would be tested again with a PCR (polymerase chain reaction) test. They always follow up rapid COVID-19 tests with a PCR COVID-19 test.</p> <p>R8's progress notes dated November 22, 2020 showed, "updated Nurse Practitioner (NP) on resident having increased congestion with the need for suctioning and abnormal vital signs ..." Another progress note on the same date at a later time shows, "reported chest x-ray results to NP with new orders to begin Lasix (water pill) 20mg (milligrams) X 3 days related to pulmonary venous congestion ..."</p> <p>On November 23, 2020, R8's progress notes show, "Resident noted with SPO2 (oxygen saturations) of 79% on room air and pulse of 112. Chest congestion heard without auscultation. Provided suctioning, administered PRN (as needed) inhaler and started O2 (oxygen) via NC (nasal cannula). Lung sounds coarse, crackles in midline to the apices and are diminished at the bases. Chest percussion to promote cough successful and the resident had several strong productive coughs following ..."</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>R8's progress notes continued to show R8 was having COVID-19 symptoms. The facility did another rapid COVID test on November 24, 2020 and it showed R8 was positive with COVID-19. The progress notes continue to show R8 was sent to the emergency room on November 25, 2020 and admitted to the local hospital with a diagnosis of hypoxia (low oxygen saturation) and pneumonia related to COVID-19 and weakness.</p> <p>R9's COVID-19 laboratory test form collected on November 3, 2020 and reported to the facility on November 7, 2020 at "not detected". Another COVID-19 laboratory test form collected on November 9, 2020 and reported to the facility on November 11, 2020 as "not detected". The most recent COVID-19 laboratory test collected on November 16, 2020 and reported to the facility on November 19, 2020 as "not detected". (R9 remained with R8 for 3 days while R8 was having COVID-19 symptoms).</p> <p>The facility's resident roster provided on November 23, 2020 showed R8 and R9 are roommates.</p> <p>(A)</p>	S9999		
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