

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH)
STATE OF ILLINOIS,)
 Complainant,)
)
 v.)
)
PETERSEN MANAGEMENT COMPANY, LLC)
D/B/A PALM TERRACE OF MATTOON,)
 Respondent.)

Docket No. NH 15-C0213

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 IL76368 conducted by the Department on April 15, 2015, at Palm Terrace of Mattoon, 1000 Palm Avenue, Mattoon, Illinois 61938. On May 26, 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: 300.1210b), 300.1210d)2), 300.1210d)3), 300.1220b)2), 300.1220b)3), 300.1220b)7), 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. 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 ¹⁹

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

Dated this 29 day of may, 2015.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS


THE DEPARTMENT OF PUBLIC HEALTH) Docket No. NH 15-C0213
STATE OF ILLINOIS,)
Complainant,)
v.)
PETERSEN MANAGEMENT COMPANY, LLC)
D/B/A PALM TERRACE OF MATTOON,)
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: Marikay Snyder
Licensee Info: Petersen Management Company, LLC
Address: 830 W. Trailcreek Drive
Peoria, IL 61614

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the
29 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: IL6002109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2015
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NAME OF PROVIDER OR SUPPLIER PALM TERRACE OF MATTOON	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PALM MATTOON, IL 61938
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.1210b) 300.1210d)2) 300.1210d)3) 300.1220b)2) 300.1220b)3) 300.1220b)7) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care 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: 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a 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>Section 300.1220 Supervision of Nursing Services</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 05/05/15
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S9999	<p>Continued From page 1</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 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. 7) Coordinating the care and services provided to residents in the nursing facility.</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 evidenced by:</p> <p>Based on record review and interview, the facility failed to reassess pain levels and ensure that an ordered diagnostic test was completed in a timely manner for one of five residents (R2) reviewed for injury and pain in the sample of five. This failure</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>resulted in R2 experiencing unrelieved pain from a fractured right femur for 10 days.</p> <p>Findings include:</p> <p>The Physician Order Sheet (POS) dated April 2015 for R2 documents the following diagnoses: Status Post Fall, Musculoskeletal Disorder and Subdural Hematoma. The POS documents an order for Tylenol 325 milligrams, two tablets every four hours as needed for pain with a date of 3/25/15 on admit. The same POS documents an order dated 4/1/15 for R2 to have an x-ray of the right leg related to pain and a Computed Tomography Scan without contrast of the subtrochanteric area of the right femur.</p> <p>A mobile x-ray report dated 4/1/15 for R2 documents the following under Findings: Right Femur. 2 views, with documented Impressions of : "There is a lucent line in the subtrochanteric area of the femur seen on the lateral view only and an incomplete subtrochanteric fracture versus a positional artifact cannot be excluded. Recommend a follow up and should include a localized study of the hip and should include two views. Clinical correlation is recommended." The same report is noted with hand written documentation by E9, Registered Nurse that R2's Primary Care Physician, Z1 was notified and orders were received for a Computed Tomography (CT) scan of R2's right leg.</p> <p>The medical record contains a Telephone Order dated 4/1/15 documenting that E9 received an order from Z1 for R2 to have a CT scan without contrast of the subtrochanteric area of the right femur.</p> <p>A facility form titled "Information Needed to Make</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Resident Appointment" dated 4/1/15 and completed by E9, documents that R2 is to go out to the Radiology Department at a local hospital for a "CT scan without contrast on subtrochanteric area of the femur. The form documents that the appointment is requested by Z1 and there is an order from Z1. The same form requires a selection of the priority level that the appointment needs to be made. E9 documents that the appointment needs to be made "now". The form documents that the appointment is arranged on 4/8/15, scheduled for 4/10/15 at 3:45 pm and that nursing is notified of the appointment on 4/8/15 by E3, Social Services Director.</p> <p>R2's Minimum Data Set (MDS dated 3/31/15 documents R2 as cognitively intact and is independent in transfers. The MDS inaccurately documents that R2 has not received any pain medication in the previous five days from the assessment reference date of 3/31/15. Nursing Notes document on admit of 3/25/15, that R2 complained of right hip pain and pain medication was given.</p> <p>On 3/26/15 pain medication is documented as given at 4:05 pm and again at 9:15 pm for complaints of right leg pain. At 2:00 am Nursing Notes document "(R2) was needy at the first part of the shift." On 3/27/15 at 1:00 am Nursing Notes again document R2 to be "needy and on the call light." On 3/28/15 pain medication is documented as given at 4:25 pm for leg pain. On 3/29/15 and again on 3/30/15 Nursing Notes document R2 as "still very needy on the night shift." On 3/30/15 at 7:45 am Nursing Notes document that R2 fell while standing in the restroom and complains of right leg pain and is given pain medication of Tylenol.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>On 4/1/15 at 1:00 pm Nursing Notes document that R2 has complaints of pain to the right leg. Z1 is notified, an x-ray is ordered. On the same date of 4/1/15 at 3:00 pm documentation in the Nursing Notes state that x-ray results are received and Z1 is notified. New orders for CT Scan of right femur received. On 4/2/15 at 1:00 am Nursing Notes document R2 sliding out of bed onto the floor at 11:50 pm. On 4/3/15 Tylenol is documented as given for complaints of right leg pain. There is no further documentation in the Nursing Notes after 4/3/15 until 4/9/15, when a late entry for 4/8/15 is made on 4/9/15 concerning pain management review by the IDT (Interdisciplinary Team).</p> <p>On 4/10/15, Nursing Notes document R2 being transported from the facility for a CT Scan and is returned. Tylenol is given for leg pain at 6:20 pm. At 6:55 pm, Z1 notifies the facility that R2 has a fractured right hip and is to be sent to the Emergency Room. R2 is transferred to the hospital and is admitted with the diagnoses of Acute Femur Fracture.</p> <p>On 4/14/15 Nursing Notes document R2's return to the facility Post Surgical repair of the right femur/hip on 4/12/15.</p> <p>The Medication Administration Record documents the following days of R2 receiving Tylenol for right leg pain: 3/28, 3/29, 3/30, 4/2, 4/3, 4/5, 4/6, 4/7, 4/8, 4/9 and 4/10/15.</p> <p>R2's facility report titled "Pain Assessment" dated 3/25/15 and 3/30/15 document moderate pain. The Pain Assessment dated 4/1/15 documents mild pain. There is no further documentation in the Medical Record of any further Pain Assessments after 4/1/15.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>The Care Plan dated 3/25 through 4/5/15 documents that R2 is a "Newly admitted resident with pain or risk factors for pain, needs monitored and or treated for pain. The Care Plan also documents that R2 uses a wheelchair for mobility purposes.</p> <p>A report titled "Physical Therapy Plan of Care" dated 4/2/15 documents that on evaluation and assessment, R2 reports a pain scale rating of 9 out of 10 for right leg pain and is unable to ambulate due to pain. The goal for R2's pain level per the evaluation is that R2 will be able to report a decrease in pain from 9 to 7 on a scale of 1 to 10, 10 being the worse pain.</p> <p>Physical Therapy Daily Treatment Notes document the following: On 4/3/15 notes document that R2 complains of right knee/inner thigh area pain, rating it at 10 out of 10, which increased with activity. On 4/6/15 Physical Therapy (PT) documents that R2 is unable to take a step and was limited secondary to fear of falling and right leg pain is rated an 8 to 9 on a scale of 10. R2 is shuffling and has a decrease step length and height. On 4/8/15, R2 reports during physical therapy, when instructed to put more weight through right leg, that it hurts too bad. On 4/9/15 during physical therapy, R2 rated his pain at 10 out of 10 in the right leg. On 4/10/15 therapy notes document that R2 is only able to stand 2 to 3 minutes at a time. R2 complains of pain in left leg/hip during weight bearing and rates the pain at 8 to 9 out of 10. On 4/13/15, Physical Therapy Discharge Summary documents that R2's decrease in pain goal had not been met as of 4/10/15.</p> <p>On 4/14/15 at 1:30 pm E2, Director of Nursing</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>stated that R2's x-ray report had not been reviewed previously by E2. On 4/14/15 at 1:35 pm E2 reviewed the x-ray and stated "Yes a CT Scan should have been done right away." E2 acknowledged there had been a delay in treatment for R2.</p> <p>On 4/14/15 at 2:30 pm, E3 stated that a Care Conference had been held on 4/8/15 with R2 in attendance and Z3, Charleston Transitional Facility Assistant via telephone. E3 stated during the conference, Z3 had concerns of R2's pain and R2 verbalized that pain was an issue. E3 stated she reported the pain issue to E8, Registered Nurse that same day.</p> <p>On 4/14/15 at 3:30 pm, E8 stated she had been notified of R2's pain issues but had no knowledge of R2's falls or R2's x-ray results. No new orders were requested.</p> <p>On 4/14/15 at 3:45 pm Z1, Primary Care Physician stated that he had been notified by the facility of R2's x-rays and continued unrelieved pain so an order was given for a CT Scan of R2's hip area. Z1 stated that the expectation was that it would be done right away.</p> <p>On 4/15/15 at 9:20 am, R2 stated he told several nurses that his pain was bad and getting worse. R2 stated "It made it hard for me to sleep at night." R2 stated when he complained about pain the nurses would tell him that he would have to let the medicine that he was given take affect. R2 stated "I felt like they were ignoring me so I told (Z3) about it." R2 also stated that he had asked for a shot of something so the pain would go away, but was told no.</p> <p>On 4/15/15 at 9:40 am E9, Registered Nurse</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>stated that R2's x-ray results from 4/1/15 had been given to Z1 on 4/1/15 and an order for a CT Scan was received. E9 stated "I filled out a form that we use to schedule appointments on and gave it to Social Service, I slipped it under their door as they had already gone home." E9 went on to state that he had noted on the form that the CT Scan was needed now. The form documents a rating scale based on a one to five for resident need; One meaning the CT Scan is needed right away.</p> <p>On 4/15/15 at 9:50 am E3, Social Service Assistant stated the facility has a system for making appointments. The nurses fill out an "Information Needed to Make Resident Appointment" form and it is given to E3 and the appointment is made according to the need documented. E3 stated sometimes she does not get these requests right away. E3 stated "I don't know what happens to them. I was not aware that (R2) had an x-ray showing a possible fracture." E4 stated she did not have an explanation of why R2's CT Scan did not get made when it should have.</p> <p>On 4/15/15 at 1:30 pm E6 and E7, both Physical Therapy Assistants stated that R2 had complained multiple times of right hip.</p> <p>(B)</p>	S9999		
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