

Quarterly Report

Oct - Dec 2017

The Illinois Department of Public Health has initiated action, as indicated, against the following facilities which have been determined to be in violation of the Nursing Home Care Act, or has recommended decertification to the Director of the Department of Healthcare and Family Service, or the Secretary of the United States Department of Health and Human Services for violations in relation to patient care, pursuant to Titles XVIII and XIX of the Federal Social Security Act.

FACILITY NAME: A. Merkle C Knipprath N.H.
FACILITY ADDRESS: 1190 E. 2900 North Road
FACILITY CITY, STATE, ZIP: Clifton, IL 60927

DOCKET NUMBER: NH 17-S0273

LICENSEE INFO: Arthur Merkle –Clara Knipprath Nursing Home
LICENSEE ADDRESS: 18927 Hickory Creek Drive, Suite 300
LICENSEE CITY, STATE, ZIP: Mokena, IL 60448

Survey Date – 04/27/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Accolade Healthcare of Pontiac
FACILITY ADDRESS: 300 West Lowell
FACILITY CITY, STATE, ZIP: Pontiac, IL 61764

DOCKET NUMBER: [NH 17-S0590](#)

LICENSEE INFO: Accolade Healthcare of Pontiac, LLC
LICENSEE ADDRESS: 1900 East Golf Road, Suite 950A
LICENSEE CITY, STATE, ZIP: Schaumburg, IL 60173

Survey Date – 11/21/2017

Type C violation of an occurrence for violating one or more of the following sections of the Code: 300.696a) and 300.696c)6). This instance in accordance with 300.282f) and j) of the Code is assessed a fine due to the violation of the sections of the Code with a high risk designation: 300.696). A fine of \$500.00.

FACILITY NAME: Addolorata Villa
FACILITY ADDRESS: 555 McHenry Road
FACILITY CITY, STATE, ZIP: Wheeling, IL 60090

DOCKET NUMBER: NH 17-S0237

LICENSEE INFO: Franciscan Communities, Inc.
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 04/07/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

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FACILITY NAME: Aperion Care Bloomington
FACILITY ADDRESS: 1509 North Calhoun Street
FACILITY CITY, STATE, ZIP: Bloomington, IL 61701

DOCKET NUMBER: [NH 17-C0446](#)

LICENSEE INFO: Aperion Care Bloomington, LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Bloomington, IL 61701

Survey Date – 08/24/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)1)2)3), 300.1220b)2), 300.2040b), 300.2040d), 300.2040e), 300.2070a), 300.2070b), 300.3220f) 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). A fine of \$25,000.00.

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210a), 300.1210b), 300.1210d)1)3), 300.1220b)2), 300.3220f) 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). A fine of \$2,200.00

Total fines of \$27,200.00.

FACILITY NAME: Aperion Care Bloomington
FACILITY ADDRESS: 1509 North Calhoun Street
FACILITY CITY, STATE, ZIP: Bloomington, IL 61701

DOCKET NUMBER: [NH 17-C0496](#)

LICENSEE INFO: Aperion Care Bloomington LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 09/27/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)2), 300.1210d)5), 300.1220b)2) 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). A fine of \$25,000.00.

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210a), 300.1210b), 300.1210d)1), 300.1210d)2), 300.1210d)3), 300.1220b)2), 300.1620a) 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). A fine of \$2,200.00.

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210a), 300.1210b), 300.1210d)2), 300.1210d)5), 300.1220b)2), 300.1810b), 300.1810h) 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). A fine of \$2,200.00

Total Fines of \$29,400.00.

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FACILITY NAME: Aperion Care Chicago Heights
FACILITY ADDRESS: 490 West 16th Street
FACILITY CITY, STATE, ZIP: Chicago Heights, IL 60411

DOCKET NUMBER: NH 17-S0220

LICENSEE INFO: Riviera Care Center, LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 04/06/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Aperion Care Evanston
FACILITY ADDRESS: 1300 Oak Avenue
FACILITY CITY, STATE, ZIP: Evanston, IL 60201

DOCKET NUMBER: [NH 17-S0505](#)

LICENSEE INFO: Evanston Nursing & Rehab Center, LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 09/21/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 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)5), 300.1210d)6) and 300.3240a). A fine of \$2,200.00.

FACILITY NAME: Aperion Care Fairfield
FACILITY ADDRESS: 305 Northwest 11th Street
FACILITY CITY, STATE, ZIP: Fairfield, IL 62837

DOCKET NUMBER: [NH 17-S0443](#)

LICENSEE INFO: Way-Fair Nursing & Rehabilitation Center, LLC
LICENSEE ADDRESS: 8170 McCormick Boulevard, Suite 219
LICENSEE CITY, STATE, ZIP: Skokie, IL 62837

Survey Date – 09/01/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 300.1210d)6), 300.1220b)2), 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)6) and 300.3240a). A fine of \$2,200.00.

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FACILITY NAME: Aperion Care Jacksonville
FACILITY ADDRESS: 1021 North Church Street
FACILITY CITY, STATE, ZIP: Jacksonville, IL 62650

DOCKET NUMBER: [NH 17-C0462](#)

LICENSEE INFO: North Church Nursing & Rehab, LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 08/29/2017

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), 300.1210c), 300.1210d)3), 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). A fine of \$2,200.00.

FACILITY NAME: Aperion Care Jacksonville
FACILITY ADDRESS: 1021 North Church Street
FACILITY CITY, STATE, ZIP: Jacksonville, IL 62650

DOCKET NUMBER: [NH 17-S0585](#)

LICENSEE INFO: North Church Nursing & Rehab, LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 10/31/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210c), 300.1210d)2), 300.1210d)3), 300.1220b)2) 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). A fine of \$2,200.00.

FACILITY NAME: Aperion Care Moline
FACILITY ADDRESS: 430 South 30th Avenue
FACILITY CITY, STATE, ZIP: East Moline, IL 61244

DOCKET NUMBER: [NH 17-C0459](#)

LICENSEE INFO: Riverwood Rehab, LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 08/29/2017

Type AA violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 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). A fine of \$50,000.00.

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FACILITY NAME: Aperion Care Moline
FACILITY ADDRESS: 430 South 30th Avenue
FACILITY CITY, STATE, ZIP: East Moline, IL 61244

DOCKET NUMBER: [NH 17-C0522](#)

LICENSEE INFO: Riverwood Rehab, LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 11/07/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1010h), 300.1210b), 300.1220b)3), 300.2900d)2) 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), 300.2900d)2) and 300.3240a). A fine of \$25,000.00.

FACILITY NAME: Auburn Rehab & HCC
FACILITY ADDRESS: 304 Maple Avenue
FACILITY CITY, STATE, ZIP: Auburn, IL 62615

DOCKET NUMBER: [NH 17-C0490](#)

LICENSEE INFO: Auburn Nursing and Rehabilitation Center, L.L.C.
LICENSEE ADDRESS: 412 East Lawrence
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 10/10/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 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). A fine of \$2,200.00.

FACILITY NAME: Batavia Rehab & Hlth Care Ctr
FACILITY ADDRESS: 520 Fabyan Parkway
FACILITY CITY, STATE, ZIP: Batavia, IL 60510

DOCKET NUMBER: [NH 17-C0494](#)

LICENSEE INFO: Petersen Health Operations, L.L.C.
LICENSEE ADDRESS: 830 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 09/20/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1010h), 300.1210b), 300.1210d)3), 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). A fine of \$2,200.00.

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FACILITY NAME: Belhaven Nursing & Rehab Ctr
FACILITY ADDRESS: 11401 South Oakley Avenue
FACILITY CITY, STATE, ZIP: Chicago, IL 60643

DOCKET NUMBER: [NH 17-C0531](#)

LICENSEE INFO: Belhaven Nursing and Rehabilitation Center, LLC
LICENSEE ADDRESS: 240 Fencil Lane
LICENSEE CITY, STATE, ZIP: Hillside, IL 60162

Survey Date – 10/05/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210a), 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: 300.1210d)6) and 300.3240a). A fine of \$2,200.00.

FACILITY NAME: Belmont Nursing Home
FACILITY ADDRESS: 1936 West Belmont Avenue
FACILITY CITY, STATE, ZIP: Chicago, IL 60657

DOCKET NUMBER: [NH 17-C0415](#)

LICENSEE INFO: Belmont Nursing Home, Inc.
LICENSEE ADDRESS: 1936 West Belmont Avenue
LICENSEE CITY, STATE, ZIP: Chicago, IL 60657

Survey Date – 08/29/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.3300)2)A)e)1)2)3)4)5)f)g)k)s). A fine of \$1,100.00.

FACILITY NAME: Bethany Rehab & HCC
FACILITY ADDRESS: 3298 Resources Parkway
FACILITY CITY, STATE, ZIP: DeKalb, IL 60115

DOCKET NUMBER: NH 17-S0299

LICENSEE INFO: Bethany Health,. LLC
LICENSEE ADDRESS: 412 East Lawrence
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 06/07/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

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FACILITY NAME: Bloomington Rehab & HCC
FACILITY ADDRESS: 1925 South Main Street
FACILITY CITY, STATE, ZIP: Bloomington, IL 61701

DOCKET NUMBER: [NH 17-S0480](#)

LICENSEE INFO: Petersen Health Operations, L.L.C.
LICENSEE ADDRESS: 830 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 09/14/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210a), 300.1210b), 300.1210d)5) 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). A fine of \$2,200.00.

FACILITY NAME: Bria of Cahokia
FACILITY ADDRESS: 3354 Jerome Lane
FACILITY CITY, STATE, ZIP: Cahokia, IL 62206

DOCKET NUMBER: [NH 17-S0547](#)

LICENSEE INFO: Atrium Hlth Care & Rehab Ctr of Cahokia, LLC
LICENSEE ADDRESS: 465 Central Avenue #100
LICENSEE CITY, STATE, ZIP: Northfield, IL 60093

Survey Date – 10/05/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1035a)2), 300.1210b), 300.1210d)2), 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). A fine of \$25,000.00.

FACILITY NAME: Bria of Forest Edge
FACILITY ADDRESS: 8001 South Western Avenue
FACILITY CITY, STATE, ZIP: Chicago, IL 60620

DOCKET NUMBER: [NH 17-C0519](#)

LICENSEE INFO: Forest Edge Healthcare & Rehabilitation Center, LLC
LICENSEE ADDRESS: 6865 North Lincoln Avenue
LICENSEE CITY, STATE, ZIP: Lincolnwood, IL 60712

Survey Date – 10/25/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 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: 300.1210d)6) and 300.3240a). A fine of \$2,200.00.

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FACILITY NAME: Brookdale Burr Ridge
FACILITY ADDRESS: 6801 Highgrove Boulevard
FACILITY CITY, STATE, ZIP: Burr Ridge, IL 60527

DOCKET NUMBER: [NH 17-C0591](#)

LICENSEE INFO: S-H OPCOO Burr Ridge, LLC
LICENSEE ADDRESS: 801 Adlai Stevenson Drive
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 11/20/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b)5), 300.1210c), 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). A fine of \$2,200.00.

FACILITY NAME: Brookdale Plaza Lisle SNF
FACILITY ADDRESS: 1800 Robin Lane
FACILITY CITY, STATE, ZIP: Lisle, IL 60532

DOCKET NUMBER: [NH 17-S0560](#)

LICENSEE INFO: Brookdale Living Communities of Illinois-DNC, L.L.C.
LICENSEE ADDRESS: 801 Adlai Stevenson Drive
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 11/02/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210a), 300.1210b), 300.1210d)5) 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). A fine of \$2,200.00.

FACILITY NAME: Brother James Court
FACILITY ADDRESS: 2508 St. James Road
FACILITY CITY, STATE, ZIP: Springfield, IL 62707

DOCKET NUMBER: NH 17-C0123

LICENSEE INFO: Brother James Court
LICENSEE ADDRESS: 1214 South 8th Street
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 01/23/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

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FACILITY NAME: Brother James Court
FACILITY ADDRESS: 2508 St. James Road
FACILITY CITY, STATE, ZIP: Springfield, IL 62707

DOCKET NUMBER: [NH 17-S0509](#)

LICENSEE INFO: Brother James Court
LICENSEE ADDRESS: 1214 South 8th Street
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 09/26/2017

Type B violation for violating one or more of the following sections of the Code: 350.620a), 350.1060e), 350.1210, 350.3240a) and 350.3240f). A fine of \$750.00.

FACILITY NAME: Charleston Rehab and Health Care Center
FACILITY ADDRESS: 716 Eighteenth Street
FACILITY CITY, STATE, ZIP: Charleston, IL 61920

DOCKET NUMBER: NH 17-S0157

LICENSEE INFO: Petersen Health Network, LLC
LICENSEE ADDRESS: 830 W. Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 03/01/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Chateau Nrsg & Rehab Center
FACILITY ADDRESS: 7050 Madison Street
FACILITY CITY, STATE, ZIP: Willowbrook, IL 60521

DOCKET NUMBER: [NH 17-C0515](#)

LICENSEE INFO: Chateau Nursing and Rehabilitation Center, L.L.C.
LICENSEE ADDRESS: 2201 Main Street
LICENSEE CITY, STATE, ZIP: Evanston, IL 60202

Survey Date – 10/18/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6), 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)6) and 300.3240a). A fine of \$25,000.00.

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FACILITY NAME: Chateau Nrsg & Rehab Center
FACILITY ADDRESS: 7050 Madison Street
FACILITY CITY, STATE, ZIP: Willowbrook, IL 60521

DOCKET NUMBER: [NH 17-C0516](#)

LICENSEE INFO: Chateau Nursing and Rehabilitation Center, L.L.C.
LICENSEE ADDRESS: 2201 Main Street
LICENSEE CITY, STATE, ZIP: Evanston, IL 60202

Survey Date – 10/26/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210c) 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). A fine of \$25,000.00.

FACILITY NAME: Citadel Care Center-Elgin
FACILITY ADDRESS: 180 South State Street
FACILITY CITY, STATE, ZIP: Elgin, IL 60123

DOCKET NUMBER: [NH 17-C0581](#)

LICENSEE INFO: Citadel Care Center – Elgin, LLC
LICENSEE ADDRESS: 191 North Wacker Drive, Suite 1800
LICENSEE CITY, STATE, ZIP: Chicago, IL 60606

Survey Date – 11/02/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1010h), 300.1210a), 300.1210d)5), 300.3220f) 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: 300.1210d)5) and 300.3240a). A fine of \$25,000.00.

FACILITY NAME: Citadel Estates Hazel Crest
FACILITY ADDRESS: 3701 West 183rd Street
FACILITY CITY, STATE, ZIP: Hazel Crest, IL 60429

DOCKET NUMBER: NH 17-C0068

LICENSEE INFO: Citadel Estates Hazel Crest, LLC
LICENSEE ADDRESS: 191 N. Wacker Drive, Suite 1800
LICENSEE CITY, STATE, ZIP: Chicago, IL 60606

Survey Date – 01/23/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

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FACILITY NAME: Citadel Estates –Hazel Crest
FACILITY ADDRESS: 3701 West 183rd Street
FACILITY CITY, STATE, ZIP: Hazel Crest, IL 60429

DOCKET NUMBER: [NH 17-S0559](#)

LICENSEE INFO: Citadel Estates – Hazel Crest, LLC
LICENSEE ADDRESS: 191 North Wacker Drive, Suite 1800
LICENSEE CITY, STATE, ZIP: Chicago, IL 60606

Survey Date – 11/03/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 330.710a), 330.710c)2) and 330.4240a). The fine was doubled in this instance in accordance with 330.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 330.4240a). A fine of \$2,200.00.

FACILITY NAME: Collinsville Rehab & Health CC
FACILITY ADDRESS: 614 North Summit
FACILITY CITY, STATE, ZIP: Collinsville, IL 62234

DOCKET NUMBER: [NH 17-S0564](#)
[NH 17-C0565](#)

LICENSEE INFO: Petersen Health Business, LLC
LICENSEE ADDRESS: 830 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 62234

Survey Date – 10/24/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1030a)1), 300.1030a)2), 300.1035a) 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: 300.3240a). A fine of \$25,000.00.

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1010h), 300.1210d)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: 300.3240a). A fine of \$25,000.00.

Total fines of \$50,000.00.

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FACILITY NAME: Community Care Center
FACILITY ADDRESS: 4314 South Wabash Avenue
FACILITY CITY, STATE, ZIP: Chicago, IL 60653

DOCKET NUMBER: [NH 17-C0488](#)

LICENSEE INFO: CC Care, LLC
LICENSEE ADDRESS: 1S443 Summitt Avenue, Suite 205
LICENSEE CITY, STATE, ZIP: Oakbrook Terrace, IL 60181

Survey Date – 10/13/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6), 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)6) and 300.3240a). A fine of \$2,200.00.

FACILITY NAME: Countryview Terrace
FACILITY ADDRESS: 52 Old Route 45, P.O. Box 116
FACILITY CITY, STATE, ZIP: Louisville, IL 62858

DOCKET NUMBER: [NH 17-S0417](#)

LICENSEE INFO: Petersen Health Care, Inc.
LICENSEE ADDRESS: 830 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 08/15/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 350.620a) 350.1230d)1)2) and 350.3240a). A fine of \$6,250.00.

FACILITY NAME: Crossroad Care Ctr Woodstock
FACILITY ADDRESS: 309 McHenry Avenue
FACILITY CITY, STATE, ZIP: Woodstock, IL 60098

DOCKET NUMBER: [NH 17-C0548](#)

LICENSEE INFO: Crossroads Care Center of Woodstock, LLC
LICENSEE ADDRESS: 5750 Old Orchard Road, Suite 420
LICENSEE CITY, STATE, ZIP: Skokie, IL 60077

Survey Date – 11/03/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 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). A fine of \$25,000.00.

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FACILITY NAME: Crossroad Care Ctr Woodstock
FACILITY ADDRESS: 309 McHenry Avenue
FACILITY CITY, STATE, ZIP: Woodstock, IL 60098

DOCKET NUMBER: [NH 17-C0549](#)

LICENSEE INFO: Crossroads Care Center of Woodstock, LLC
LICENSEE ADDRESS: 5750 Old Orchard Road, Suite 420
LICENSEE CITY, STATE, ZIP: Skokie, IL 60077

Survey Date – 10/18/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 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). A fine of \$2,200.00.

FACILITY NAME: Danville Care Center
FACILITY ADDRESS: 1701 North Bowman
FACILITY CITY, STATE, ZIP: Danville, IL 61832

DOCKET NUMBER: NH 17-C0133

LICENSEE INFO: Danville Care Center, LTD
LICENSEE ADDRESS: 5750 Old Orchard Road, Suite 420
LICENSEE CITY, STATE, ZIP: Danville, IL 60077

Survey Date – 02/11/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: DeKalb County Rehab & Nursing
FACILITY ADDRESS: 2600 North Annie Gliddon Road
FACILITY CITY, STATE, ZIP: DeKalb, IL 60115

DOCKET NUMBER: NH 17-C0341

LICENSEE INFO: The County of DeKalb
LICENSEE ADDRESS: 110 East Sycamore DeKalb Co Building
LICENSEE CITY, STATE, ZIP: Sycamore, IL 60178

Survey Date – 06/28/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

Quarterly Report

Oct - Dec 2017

FACILITY NAME: El Paso Health Care Center
FACILITY ADDRESS: 850 East Second Street
FACILITY CITY, STATE, ZIP: El Paso, IL 61738

DOCKET NUMBER: [NH 17-S0461](#)

LICENSEE INFO: Petersen Health Network, LLC
LICENSEE ADDRESS: 830 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 09/18/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6), 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)6) and 300.3240a). A fine of \$2,200.00.

FACILITY NAME: El Paso Health Care Center
FACILITY ADDRESS: 850 East Second Street
FACILITY CITY, STATE, ZIP: El Paso, IL 61738

DOCKET NUMBER: NH 17-S0461

LICENSEE INFO: Petersen Health Network, LLC
LICENSEE ADDRESS: 830 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 09/18/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Fair Havens Christian Village
FACILITY ADDRESS: 1790 South Fairview Avenue
FACILITY CITY, STATE, ZIP: Decatur, IL 62521

DOCKET NUMBER: [NH 17-C0503](#)

LICENSEE INFO: Fair Havens Christian Homes, Inc.
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 09/21/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210a), 300.1210b)5), 300.1210c), 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). A fine of \$2,200.00.

Quarterly Report

Oct - Dec 2017

FACILITY NAME: Fair Havens Christian Village
FACILITY ADDRESS: 1790 South Fairview Avenue
FACILITY CITY, STATE, ZIP: Decatur, IL 62521

DOCKET NUMBER: NH 17-C0503

LICENSEE INFO: Fair Havens Christian Homes, Inc.
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 09/21/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Fair Oaks Rehab & HCC
FACILITY ADDRESS: 1515 Blackhawk
FACILITY CITY, STATE, ZIP: South Beloit, IL 61080

DOCKET NUMBER: [NH 17-S0418](#)

LICENSEE INFO: Fair Oaks Rehabilitation and Health Care Center, LLC
LICENSEE ADDRESS: 412 East Lawrence
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 08/24/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210c), 300.1210d)2), 300.1210d)6), 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)6) and 300.3240a). A fine of \$25,000.00.

FACILITY NAME: Forest City Rehab & Nursing Center
FACILITY ADDRESS: 321 Arnold Avenue
FACILITY CITY, STATE, ZIP: Rockford, IL 61108

DOCKET NUMBER: NH 17-C0247

LICENSEE INFO: Forest City Rehab and Nursing Center, LLC
LICENSEE ADDRESS: 4711 Golf Road, Suite 200
LICENSEE CITY, STATE, ZIP: Skokie, IL 60076

Survey Date – 04/06/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

Quarterly Report

Oct - Dec 2017

FACILITY NAME: Franklin Grove Living & Rehab
FACILITY ADDRESS: 502 North State Street
FACILITY CITY, STATE, ZIP: Franklin Grove, IL 61031

DOCKET NUMBER: [NH 17-C0420](#)

LICENSEE INFO: Franklin Grove Living & Rehabilitation Center, LLC
LICENSEE ADDRESS: 7434 Skokie Boulevard
LICENSEE CITY, STATE, ZIP: Skokie, IL 60077

Survey Date – 08/18/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 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). A fine of \$25,000.00.

FACILITY NAME: Friendship Manor Health Care
FACILITY ADDRESS: 485 South Friendship Drive
FACILITY CITY, STATE, ZIP: Nashville, IL 62263

DOCKET NUMBER: [NH 17-S0563](#)

LICENSEE INFO: Friendship Manor Group, LLC
LICENSEE ADDRESS: 485 South Friendship Drive
LICENSEE CITY, STATE, ZIP: Nashville, IL 62263

Survey Date – 11/17/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.160a), 300.1210a), 300.1210b), 300.1210c), 300.1210d)5) 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). A fine of \$2,200.00.

FACILITY NAME: Gardenview Manor
FACILITY ADDRESS: 14792 Catlin-Tilton Road
FACILITY CITY, STATE, ZIP: Danville, IL 61834

DOCKET NUMBER: NH 17-S0013

LICENSEE INFO: Gardenview Manor, LLC
LICENSEE ADDRESS: 5750 Old Orchard Road, Suite 420
LICENSEE CITY, STATE, ZIP: Skokie, IL 60077

Survey Date – 12/07/2016

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

Quarterly Report

Oct - Dec 2017

FACILITY NAME: Generations at Neighbors
FACILITY ADDRESS: 811 West 2nd Street
FACILITY CITY, STATE, ZIP: Byron, IL 61010

DOCKET NUMBER: [NH 17-S0558](#)

LICENSEE INFO: Generations at Neighbors, LLC
LICENSEE ADDRESS: 6840 North Lincoln Avenue
LICENSEE CITY, STATE, ZIP: Lincolnwood, IL 60712

Survey Date – 10/26/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210a), 300.1210b), 300.1210d)1), 300.1610a)1), 300.1630d) 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). A fine of \$2,200.00.

FACILITY NAME: Generations at Rock Island
FACILITY ADDRESS: 2545 24th Street
FACILITY CITY, STATE, ZIP: Rock Island, IL 61201

DOCKET NUMBER: [NH 17-C0416](#)

LICENSEE INFO: Generations at Rock Island, LLC
LICENSEE ADDRESS: 6840 North Lincoln Avenue
LICENSEE CITY, STATE, ZIP: Lincolnwood, IL 60712

Survey Date – 08/02/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1010h), 300.1210b), 300.1210d)5) 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). A fine of \$2,200.00.

FACILITY NAME: Glenwood Healthcare & Rehab
FACILITY ADDRESS: 19330 South Cottage Grove
FACILITY CITY, STATE, ZIP: Glenwood, IL 60425

DOCKET NUMBER: NH 17-C0414

LICENSEE INFO: Glenwood Healthcare & Rehab, Inc.
LICENSEE ADDRESS: 5750 Old Orchard Road, Suite 420
LICENSEE CITY, STATE, ZIP: Skokie, IL 60077

Survey Date – 08/01/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

Quarterly Report

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FACILITY NAME: Glenwood Terrace -Springfield
FACILITY ADDRESS: 2724 Glenwood Avenue
FACILITY CITY, STATE, ZIP: Springfield, IL 62704

DOCKET NUMBER: [NH 17-C0562](#)

LICENSEE INFO: Community Living Options, Inc.
LICENSEE ADDRESS: 285 South Farnham Street
LICENSEE CITY, STATE, ZIP: Galesburg, IL 61401

Survey Date – 09/29/2017

Type B violation for violating one or more of the following sections of the Code: 350.620a), 350.1060e), 350.1230b)6), 350.1230b)7) and 350.3240a). A fine of \$550.00.

FACILITY NAME: Granite Nsg & Rehab Center
FACILITY ADDRESS: 3500 Century Drive
FACILITY CITY, STATE, ZIP: Granite City, IL 62040

DOCKET NUMBER: [NH 17-S0579](#)

LICENSEE INFO: Granite Nursing and Rehabilitation Center, L.L.C.
LICENSEE ADDRESS: 901 South 2nd Street, Suite 201
LICENSEE CITY, STATE, ZIP: Springfield, IL 62704

Survey Date – 10/19/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 300.1210d)6), 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)6) and 300.3240a). A fine of \$25,000.00.

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 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). A fine of \$2,200.00.

Total Fines of \$27,200.00.

FACILITY NAME: Harmony Nursing & Rehab Center
FACILITY ADDRESS: 3919 West Forest Avenue
FACILITY CITY, STATE, ZIP: Chicago, IL 60625

DOCKET NUMBER: NH 17-C0163

LICENSEE INFO: Harmony Nursing and Rehabilitation Center, Inc.
LICENSEE ADDRESS: 6633 North Lincoln Avenue
LICENSEE CITY, STATE, ZIP: Lincolnwood, IL 60712

Survey Date – 03/02/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

Quarterly Report

Oct - Dec 2017

FACILITY NAME: Havana Health Care Center
FACILITY ADDRESS: 609 North Harpham Street
FACILITY CITY, STATE, ZIP: Havana, IL 62644

DOCKET NUMBER: [NH 17-C0573](#)

LICENSEE INFO: Petersen Health Quality, LLC
LICENSEE ADDRESS: 830 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Havana, IL 62644

Survey Date – 10/30/2017

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), 300.1210c), 300.1210d)2), 300.1210d)3), 300.1210d)5), 300.3220f) 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). A fine of \$2,200.00.

FACILITY NAME: Heartland Manor Nursing Center
FACILITY ADDRESS: 410 Northwest Third, P.O. Box 10
FACILITY CITY, STATE, ZIP: Casey, IL 62420

DOCKET NUMBER: [NH 17-S0578](#)

LICENSEE INFO: Heartland Manor, Inc. Nursing Center
LICENSEE ADDRESS: 410 N W Third Street, P.O. Box 10
LICENSEE CITY, STATE, ZIP: Casey, IL 62420

Survey Date – 10/27/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 300.1210c), 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). A fine of \$2,200.00.

FACILITY NAME: Heartland of Galesburg
FACILITY ADDRESS: 280 East Losey Street
FACILITY CITY, STATE, ZIP: Galesburg, IL 61401

DOCKET NUMBER: NH 17-C0096

LICENSEE INFO: Heartland of Galesburg, IL, LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 01/11/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

Quarterly Report

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FACILITY NAME: Heartland of Normal
FACILITY ADDRESS: 510 Broadway
FACILITY CITY, STATE, ZIP: Normal, IL 61761

DOCKET NUMBER: [NH 17-C0543](#)

LICENSEE INFO: Heartland of Normal IL, LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 11/06/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1010h), 300.1210b), 300.1210d)2), 300.1210d)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) and 300.3240a). A fine of \$2,200.00.

FACILITY NAME: Heartland of Paxton
FACILITY ADDRESS: 1001 East Pells Street
FACILITY CITY, STATE, ZIP: Paxton, IL 60957

DOCKET NUMBER: [NH 17-C0423](#)

LICENSEE INFO: Heartland of Paxton IL, LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 08/14/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 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: 300.1210d)6) and 300.3240a). A fine of \$2,200.00.

FACILITY NAME: Heartland of Paxton
FACILITY ADDRESS: 1001 East Pells Street
FACILITY CITY, STATE, ZIP: Paxton, IL 60957

DOCKET NUMBER: NH 17-C0423

LICENSEE INFO: Heartland of Paxton IL, LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 08/14/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

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FACILITY NAME: Helia Healthcare of Champaign
FACILITY ADDRESS: 1915 South Mattis Street
FACILITY CITY, STATE, ZIP: Champaign, IL 61821

DOCKET NUMBER: [NH 17-S0429](#)

LICENSEE INFO: Helia Healthcare of Champaign, LLC
LICENSEE ADDRESS: 118 West Edwards Street, Suite 200
LICENSEE CITY, STATE, ZIP: Springfield, IL 62704

Survey Date – 08/30/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 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). A fine of \$2,200.00.

FACILITY NAME: Helia Healthcare of Champaign
FACILITY ADDRESS: 1915 South Mattis Street
FACILITY CITY, STATE, ZIP: Champaign, IL 61821

DOCKET NUMBER: [NH 17-S0599](#)

LICENSEE INFO: Helia Healthcare of Champaign, LLC
LICENSEE ADDRESS: 118 West Edwards Street, Suite 200
LICENSEE CITY, STATE, ZIP: Springfield, IL 62704

Survey Date – 11/13/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b) 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). A fine of \$2,200.00.

FACILITY NAME: Helia Healthcare of Olney
FACILITY ADDRESS: 410 East Mack
FACILITY CITY, STATE, ZIP: Olney, IL 62450

DOCKET NUMBER: [NH 17-C0540](#)

LICENSEE INFO: Helia Healthcare of Olney, LLC
LICENSEE ADDRESS: 118 West Edwards Street, Suite 200
LICENSEE CITY, STATE, ZIP: Springfield, IL 62704

Survey Date – 10/03/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 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)5), 300.1210d)6) and 300.3240a). A fine of \$2,200.00.

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FACILITY NAME: Heritage Health - Litchfield
FACILITY ADDRESS: 628 South Illinois Street
FACILITY CITY, STATE, ZIP: Litchfield, IL 62056

DOCKET NUMBER: NH 17-S0057

LICENSEE INFO: Heritage Health – Litchfield, LLC
LICENSEE ADDRESS: 115 West Jefferson Street, Suite 4004
LICENSEE CITY, STATE, ZIP: Bloomington, IL 61701

Survey Date – 12/16/2016

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Heritage Health - Staunton
FACILITY ADDRESS: 215 West Pennsylvania Avenue
FACILITY CITY, STATE, ZIP: Staunton, IL 62088

DOCKET NUMBER: NH 17-S0079

LICENSEE INFO: Heritage Health – Staunton, LLC
LICENSEE ADDRESS: 115 West Jefferson Street, Suite 401
LICENSEE CITY, STATE, ZIP: Bloomington, IL 61701

Survey Date – 01/13/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Hillsboro Rehab & HCC
FACILITY ADDRESS: 1300 East Tremont Street
FACILITY CITY, STATE, ZIP: Hillsboro, IL 62049

DOCKET NUMBER: [NH 17-S0500](#)

LICENSEE INFO: Hillsboro Rehabilitation and Health Care Center, LLC
LICENSEE ADDRESS: 412 East Lawrence
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 09/15/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210a), 300.1210b)2), 300.1210b)4), 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)2), 300.1210b)4) and 300.3240a). A fine of \$2,200.00.

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1010h), 300.1210b)2), 300.1210d)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)2) and 300.3240a). A fine of \$2,200.00.

Total Fines of \$4,400.00.

Quarterly Report

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FACILITY NAME: Holland Terrace
FACILITY ADDRESS: 15175 State Street
FACILITY CITY, STATE, ZIP: South Holland, IL 60473

DOCKET NUMBER: [NH 17-C0474](#)

LICENSEE INFO: Pioneer Concepts, Inc.
LICENSEE ADDRESS: 285 South Farnham Street
LICENSEE CITY, STATE, ZIP: Galesburg, IL 61401

Survey Date – 09/28/2017

Type B violation for violating one or more of the following sections of the Code: 350.620a), 350.1210, 350.1420a), 350.1430b), 350.1610f), 350.1610g) and 350.3210a). A fine of \$550.00.

FACILITY NAME: Holland Terrace
FACILITY ADDRESS: 15175 State Street
FACILITY CITY, STATE, ZIP: South Holland, IL 60473

DOCKET NUMBER: NH 17-C0474

LICENSEE INFO: Pioneer Concepts, Inc.
LICENSEE ADDRESS: 285 South Farnham Street
LICENSEE CITY, STATE, ZIP: Galesburg, IL 61401

Survey Date – 09/28/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Illini Restorative Care
FACILITY ADDRESS: 1455 Hospital Road
FACILITY CITY, STATE, ZIP: Silvis, IL 61282

DOCKET NUMBER: [NH 17-S0506](#)

LICENSEE INFO: Gensis Health System
LICENSEE ADDRESS: 801 Illini Drive
LICENSEE CITY, STATE, ZIP: Silvis, IL 61282

Survey Date – 09/26/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b) 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). A fine of \$25,000.00.

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FACILITY NAME: Illini Restorative Care
FACILITY ADDRESS: 1455 Hospital Road
FACILITY CITY, STATE, ZIP: Silvis, IL 61282

DOCKET NUMBER: NH 17-S0506

LICENSEE INFO: Gensis Health System
LICENSEE ADDRESS: 801 Illini Drive
LICENSEE CITY, STATE, ZIP: Silvis, IL 61282

Survey Date – 09/26/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Integrity HC of Wood River
FACILITY ADDRESS: 393 Edwardsville Road
FACILITY CITY, STATE, ZIP: Wood River, IL 62095

DOCKET NUMBER: [NH 17-C0469](#)

LICENSEE INFO: Wood River Healthcare & Rehabilitation Center, LLC
LICENSEE ADDRESS: 2015 West Main, Suite 111
LICENSEE CITY, STATE, ZIP: Carbondale, Illinois 62901

Survey Date – 09/14/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1030a), 300.1210b), 300.1210c), 300.1210d)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) and 300.3240a). A fine of \$25,000.00.

FACILITY NAME: Jerseyville Nsg & Rehab Center
FACILITY ADDRESS: 1001 South State Street
FACILITY CITY, STATE, ZIP: Jerseyville, IL 62052

DOCKET NUMBER: [NH 17-C0498](#)

LICENSEE INFO: Helia Healthcare of Jerseyville, LLC
LICENSEE ADDRESS: 118 West Edwards Street, Suite 200
LICENSEE CITY, STATE, ZIP: Springfield, IL 62704

Survey Date – 10/12/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 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: 300.1210d)6) and 300.3240a). A fine of \$25,000.00.

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FACILITY NAME: Lake Forest Place
FACILITY ADDRESS: 1101 Pembridge Drive
FACILITY CITY, STATE, ZIP: Lake Forest, IL 60045

DOCKET NUMBER: [NH 17-S0555](#)

LICENSEE INFO: Lake Forest Place, LLC
LICENSEE ADDRESS: 3200 Grant Street
LICENSEE CITY, STATE, ZIP: Evanston, IL 60201

Survey Date – 11/01/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.3240b) and 300.32040e). 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: 300.3240e). A fine of \$2,200.00.

FACILITY NAME: Lexington Hlth Cr Ctr - Lombard
FACILITY ADDRESS: 2100 South Finley Road
FACILITY CITY, STATE, ZIP: Lombard, IL 60148

DOCKET NUMBER: NH 17-C0398

LICENSEE INFO: Lexington Health Care Center of Lombard, Inc.
LICENSEE ADDRESS: 665 West North Avenue
LICENSEE CITY, STATE, ZIP: Lombard, IL 60148

Survey Date – 08/17/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Lexington Hlth Cr Ctr-Lombard
FACILITY ADDRESS: 2100 South Finley Road
FACILITY CITY, STATE, ZIP: Lombard, IL 60148

DOCKET NUMBER: [NH 17-C0593](#)

LICENSEE INFO: Lexington Health Care Center of Lombard, Inc.
LICENSEE ADDRESS: 665 West North Avenue
LICENSEE CITY, STATE, ZIP: Lombard, IL 60148

Survey Date – 11/16/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 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). A fine of \$25,000.00.

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FACILITY NAME: Lexington of Elmhurst
FACILITY ADDRESS: 420 West Butterfield Road
FACILITY CITY, STATE, ZIP: Elmhurst, IL 60126

DOCKET NUMBER: [NH 17-C0588](#)

LICENSEE INFO: Lexington Health Care Center of Elmhurst, Inc.
LICENSEE ADDRESS: 665 West North Avenue
LICENSEE CITY, STATE, ZIP: Lombard, IL 60148

Survey Date – 11/16/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210a), 300.1210b)5), 300.1210c), 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: 300.1210d)6) and 300.3240a). A fine of \$25,000.00.

FACILITY NAME: Lexington of Schaumburg
FACILITY ADDRESS: 675 South Roselle Road
FACILITY CITY, STATE, ZIP: Schaumburg, IL 60193

DOCKET NUMBER: [NH 17-S561](#)

LICENSEE INFO: Lexington Health Care Center of Schaumburg, Inc.
LICENSEE ADDRESS: 665 West North Avenue
LICENSEE CITY, STATE, ZIP: Lombard, IL 60148

Survey Date – 10/19/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)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) and 300.3240a). A fine of \$2,200.00.

FACILITY NAME: Lincoln Manor
FACILITY ADDRESS: 2650 North Monroe Street
FACILITY CITY, STATE, ZIP: Decatur, IL 62526

DOCKET NUMBER: [NH 17-C0450](#)

LICENSEE INFO: Lincoln Manor Healthcare, LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 09/21/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.3240a) and 300.3300y) . 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). A fine of \$2,200.00.

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FACILITY NAME: Lydia Healthcare
FACILITY ADDRESS: 13901 South Lydia
FACILITY CITY, STATE, ZIP: Robbins, IL 60472

DOCKET NUMBER: [NH 17-S0481](#)

LICENSEE INFO: Lydia Healthcare I, L.L.C.
LICENSEE ADDRESS: 13901 South Lydia Avenue
LICENSEE CITY, STATE, ZIP: Robbins, IL 60472

Survey Date – 09/08/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.690a), 300.3240a), 300.3240c) and 300.3240e). 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: 300.3240a) and 300.3240e). A fine of \$2,200.00.

FACILITY NAME: Lydia Healthcare
FACILITY ADDRESS: 13901 South Lydia
FACILITY CITY, STATE, ZIP: Robbins, IL 60472

DOCKET NUMBER: NH 17-S0481

LICENSEE INFO: Lydia Healthcare I, L.L.C.
LICENSEE ADDRESS: 13901 South Lydia Avenue
LICENSEE CITY, STATE, ZIP: Robbins, IL 60472

Survey Date – 09/08/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Mado Healthcare – Douglas Park
FACILITY ADDRESS: 1550 South Albany
FACILITY CITY, STATE, ZIP: Chicago, IL 60623

DOCKET NUMBER: NH 17-C0274

LICENSEE INFO: Sacred Heart Home Incorporated
LICENSEE ADDRESS: 1541 North Wells Street
LICENSEE CITY, STATE, ZIP: Chicago, IL 60610

Survey Date – 05/03/2017

FINAL ORDER – Violation Amended, Fine Assessment Reduced, Notice of Conditional License Withdrawn.

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FACILITY NAME: Manorcare of Naperville
FACILITY ADDRESS: 200 Martin Avenue
FACILITY CITY, STATE, ZIP: Naperville, IL 60540

DOCKET NUMBER: [NH 17-C0460](#)

LICENSEE INFO: Manor Care of Naperville IL, LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 09/14/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1010h), 300.1210b), 300.1210d)3), 300.1210d)4)A)B), 300.1210d)5) 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). A fine of \$2,200.00.

FACILITY NAME: Manorcare of Palos Hts West
FACILITY ADDRESS: 11860 Southwest Highway
FACILITY CITY, STATE, ZIP: Palos Heights, IL 60463

DOCKET NUMBER: NH 17-C0019

LICENSEE INFO: Manor Care of Palos Heights (West) IL, LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 11/23/2016

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Manorcare of Westmont
FACILITY ADDRESS: 512 East Ogden Avenue
FACILITY CITY, STATE, ZIP: Westmont, IL 60559

DOCKET NUMBER: [NH 17-S0499](#)

LICENSEE INFO: Manor Care of Westmont IL, LLC
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 10/11/2017

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: 300.1210d)6) and 300.3240a). A fine of \$2,200.00.

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FACILITY NAME: Mason Point
FACILITY ADDRESS: One Masonic Way
FACILITY CITY, STATE, ZIP: Sullivan, IL 61951

DOCKET NUMBER: NH 17-C0030

LICENSEE INFO: Petersen Health Care VII, LLC
LICENSEE ADDRESS: 830 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 12/08/2016

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Mayfield Care Center
FACILITY ADDRESS: 5905 West Washington
FACILITY CITY, STATE, ZIP: Chicago, IL 60644

DOCKET NUMBER: [NH 17-C0487](#)

LICENSEE INFO: Mayfield Care Center, LLC
LICENSEE ADDRESS: 5215 Old Orchard Road, Suite 960
LICENSEE CITY, STATE, ZIP: Skokie, IL 60077

Survey Date – 09/20/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 300.1210d)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)5), 300.1210d)6) and 300.3240a). A fine of \$2,200.00.

FACILITY NAME: McLean County Nursing Home
FACILITY ADDRESS: 901 North Main Street
FACILITY CITY, STATE, ZIP: Normal IL 61761

DOCKET NUMBER: [NH 17-S0557](#)

LICENSEE INFO: McLean County
LICENSEE ADDRESS: 115 East Washington Street, Room 401
LICENSEE CITY, STATE, ZIP: Bloomington, IL 61702

Survey Date – 11/07/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 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). A fine of \$2,200.00.

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FACILITY NAME: Meadowbrook Manor
FACILITY ADDRESS: 431 West Remington Boulevard
FACILITY CITY, STATE, ZIP: Bolingbrook, IL 60440

DOCKET NUMBER: [NH 17-C0504](#)

LICENSEE INFO: Butterfield Health Care, Inc.
LICENSEE ADDRESS: 150 North Riverside Plaza, #3000
LICENSEE CITY, STATE, ZIP: Chicago, IL 60606

Survey Date – 10/18/2017

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), 300.1210c), 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)5), 300.1210d)6) and 300.3240a). A fine of \$2,200.00.

FACILITY NAME: Meadowbrook Manor - Naperville
FACILITY ADDRESS: 720 Raymond Drive
FACILITY CITY, STATE, ZIP: Naperville, IL 60563

DOCKET NUMBER: [NH 17-C0456](#)

LICENSEE INFO: Butterfield Health Care II, Inc,
LICENSEE ADDRESS: 150 North Riverside Plaza, Suite 3000
LICENSEE CITY, STATE, ZIP: Chicago, IL 60606

Survey Date – 08/08/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 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). A fine of \$2,200.00.

FACILITY NAME: Miller Health Care Center
FACILITY ADDRESS: 1601 Butterfield Trail
FACILITY CITY, STATE, ZIP: Kankakee, IL 60901

DOCKET NUMBER: [NH 17-S0454](#)

LICENSEE INFO: Riverside Senior Living Center
LICENSEE ADDRESS: 350 North Wall Street
LICENSEE CITY, STATE, ZIP: Kankakee, IL 60901

Survey Date – 08/25/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 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). A fine of \$2,200.00

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FACILITY NAME: Morton Villa Health & Rehab Centre
FACILITY ADDRESS: 190 East Queenwood Road
FACILITY CITY, STATE, ZIP: Morton, IL 61550

DOCKET NUMBER: NH 17-S0134

LICENSEE INFO: Morton Villa Healthcare and Rehabilitation Centre, LLC
LICENSEE ADDRESS: 4600 West Touhy Avenue, Suite 200
LICENSEE CITY, STATE, ZIP: Lincolnwood, IL 60712

Survey Date – 01/26/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Mosaic of Springfield, The
FACILITY ADDRESS: 444 West Carpenter
FACILITY CITY, STATE, ZIP: Springfield, IL 62702

DOCKET NUMBER: [NH 17-S0468](#)

LICENSEE INFO: Capitol Healthcare and Rehabilitation Centre, LLC
LICENSEE ADDRESS: 150 North Riverside Plaza, #3000
LICENSEE CITY, STATE, ZIP: Chicago, IL 60606

Survey Date – 09/29/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)1), 300.1210d)3), 300.1210d)5) 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). A fine of \$2,200.00.

FACILITY NAME: Nokomis Rehab & Health Care Center C
FACILITY ADDRESS: 505 Stevens Street
FACILITY CITY, STATE, ZIP: Nokomis, IL 62075

DOCKET NUMBER: NH 17-C0389

LICENSEE INFO: Petersen Health Network, LLC
LICENSEE ADDRESS: 839 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 08/10/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

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FACILITY NAME: Oak Terrace Healthcare Center
FACILITY ADDRESS: 1750 West Washington
FACILITY CITY, STATE, ZIP: Springfield, IL 62702

DOCKET NUMBER: [NH 17-C0442](#)

LICENSEE INFO: The Oak Manor Properties Land Trust
LICENSEE ADDRESS: 1750 West Washington
LICENSEE CITY, STATE, ZIP: Springfield, IL 62702

Survey Date – 09/22/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.3300b) and 300.3300y). A fine of \$1,100.00.

FACILITY NAME: Paramount Oak Park R & N Ctr
FACILITY ADDRESS: 625 North Harlem
FACILITY CITY, STATE, ZIP: Oak, Park, IL 60302

DOCKET NUMBER: NH 17-S0087
NH 17-C0088

LICENSEE INFO: Paramount of Oak Park Rehabilitation & Nursing Center, LLC
LICENSEE ADDRESS: 191 North Wacker Drive, Suite 1800
LICENSEE CITY, STATE, ZIP: Chicago, IL 60606

Survey Date – 12/21/2016

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Parc of Joliet, The
FACILITY ADDRESS: 222 North Hammes Avenue
FACILITY CITY, STATE, ZIP: Joliet, IL 60435

DOCKET NUMBER: [NH 17-C0583](#)

LICENSEE INFO: The Parc at Joliet, LLC
LICENSEE ADDRESS: 2201 Main Street
LICENSEE CITY, STATE, ZIP: Evanston, IL 60202

Survey Date – 11/07/2017

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) 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). A fine of \$2,200.00.

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FACILITY NAME: Parkway Manor
FACILITY ADDRESS: 3116 Williamson County Parkway
FACILITY CITY, STATE, ZIP: Marion, IL 62959

DOCKET NUMBER: [NH 17-C0432](#)

LICENSEE INFO: UDI #1, LLC
LICENSEE ADDRESS: 285 South Farhan Street
LICENSEE CITY, STATE, ZIP: Galesburg, IL 61401

Survey Date – 08/17/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.1010h), 300.1210b), 300.1210c) 300.1210d)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) and 300.3240a). A fine of \$25,000.00.

FACILITY NAME: Parkway Manor
FACILITY ADDRESS: 3116 Williamson County Parkway
FACILITY CITY, STATE, ZIP: Marion, IL 62959

DOCKET NUMBER: [NH 17-C0541](#)

LICENSEE INFO: UDI #1, LLC
LICENSEE ADDRESS: 285 South Farnham Street
LICENSEE CITY, STATE, ZIP: Galesburg, IL 61401

Survey Date – 10/03/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 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). A fine of \$25,000.00.

FACILITY NAME: Peterson Park Health Care Center
FACILITY ADDRESS: 6141 North Pulaski Road
FACILITY CITY, STATE, ZIP: Chicago, IL 60646

DOCKET NUMBER: NH 17-C0072

LICENSEE INFO: Peterson Park Associates, LLC
LICENSEE ADDRESS: 801 Adlai Stevenson Drive
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 12/23/2016

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

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FACILITY NAME: Piasa Manor
FACILITY ADDRESS: 110 North Alby Court
FACILITY CITY, STATE, ZIP: Godfrey, IL 62035

DOCKET NUMBER: [NH 17-S0586](#)

LICENSEE INFO: Home and Environments for Living and Programs, Inc.
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 09/26/2017

Type B violation for violating one or more of the following sections of the Code: 350.620a), 350.1060e) and 350.3240a). A fine of \$550.00.

FACILITY NAME: Pinecrest Manor
FACILITY ADDRESS: 414 South Wesley Avenue
FACILITY CITY, STATE, ZIP: Mount Morris, IL 61054

DOCKET NUMBER: [NH 17-S0517](#)

LICENSEE INFO: Brethren Home
LICENSEE ADDRESS: 414 South Wesley Avenue
LICENSEE CITY, STATE, ZIP: Mount Morris, IL 61054

Survey Date – 10/11/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1030a)2), 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). A fine of \$25,000.00.

FACILITY NAME: Pleasant View Luther Home
FACILITY ADDRESS: 505 College Avenue
FACILITY CITY, STATE, ZIP: Ottawa, IL 61350

DOCKET NUMBER: [NH 17-C0592](#)

LICENSEE INFO: Pleasant View Luther Home, Inc.
LICENSEE ADDRESS: 800 West Oakton Street
LICENSEE CITY, STATE, ZIP: Arlington Heights, IL 60004

Survey Date – 10/30/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1010h), 300.1210b), 300.1210d)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) and 300.3240a). A fine of \$25,000.00.

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FACILITY NAME: Presence Nazarethville
FACILITY ADDRESS: 300 North River Road
FACILITY CITY, STATE, ZIP: Des Plaines, IL 60016

DOCKET NUMBER: [NH 17-S0458](#)

LICENSEE INFO: Presence Senior Services Chicagoland
LICENSEE ADDRESS: 1127 North Oakley, Suite 268
LICENSEE CITY, STATE, ZIP: Chicago, IL 60622

Survey Date – 09/27/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.610c)4F), 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: 300.1210d)6) and 300.3240a). A fine of \$25,000.00.

FACILITY NAME: Regency Care
FACILITY ADDRESS: 2120 W. Washington Street
FACILITY CITY, STATE, ZIP: Springfield, IL 62702

DOCKET NUMBER: NH 17-C0168

LICENSEE INFO: Rutledge-Regency Operations, LLC
LICENSEE ADDRESS: 202 N. Center Street
LICENSEE CITY, STATE, ZIP: Bloomington, IL 61701

Survey Date – 03/04/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Regency Care of Sterling
FACILITY ADDRESS: 612 West St. Mary's Street
FACILITY CITY, STATE, ZIP: Sterling, IL 61081

DOCKET NUMBER: [NH 17-S0589](#)

LICENSEE INFO: Sterling SNF Management, LLC
LICENSEE ADDRESS: 1315 West Lawrence Avenue
LICENSEE CITY, STATE, ZIP: Springfield, IL 62704

Survey Date – 11/16/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b)5), 300.1210c), 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: 300.1210d)6) and 300.3240a). A fine of \$2,200.00.

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FACILITY NAME: Renaissance Care Center
FACILITY ADDRESS: 1675 East Ash Street
FACILITY CITY, STATE, ZIP: Canton, IL 61520

DOCKET NUMBER: NH 17-S0110

LICENSEE INFO: Renaissance Care Center, Inc.
LICENSEE ADDRESS: 5750 Old Orchard Road, Suite 420
LICENSEE CITY, STATE, ZIP: Skokie, IL 60077

Survey Date – 01/20/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: River North of Bradley H & R
FACILITY ADDRESS: 650 North Kinzie
FACILITY CITY, STATE, ZIP: Bradley, IL 60915

DOCKET NUMBER: [NH 17-C0419](#)

LICENSEE INFO: River North of Bradley Health and Rehabilitation Center, LLC
LICENSEE ADDRESS: 191 North Wacker Drive, Suite 1800
LICENSEE CITY, STATE, ZIP: Chicago, IL 60606

Survey Date – 08/03/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1010h), 300.1210b), 300.1210c)3), 300.1210d)5), 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). A fine of \$25,000.00.

FACILITY NAME: Robings Manor RHC
FACILITY ADDRESS: 502 North Main Street
FACILITY CITY, STATE, ZIP: Brighton, IL 62012

DOCKET NUMBER: [NH 17-C0427](#)

LICENSEE INFO: Petersen Health Business, LLC
LICENSEE ADDRESS: 830 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 08/10/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210a), 300.1210b)3), 300.1210d)4)A)D) 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). A fine of \$2,200.00.

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FACILITY NAME: Robings Manor RHC
FACILITY ADDRESS: 502 North Main Street
FACILITY CITY, STATE, ZIP: Brighton, IL 62012

DOCKET NUMBER: NH 17-C0427

LICENSEE INFO: Petersen Health Business, LLC
LICENSEE ADDRESS: 830 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 08/10/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Rolling Hills Manor
FACILITY ADDRESS: 3615 16th Street
FACILITY CITY, STATE, ZIP: Zion, IL 60099

DOCKET NUMBER: [NH 17-S0554](#)

LICENSEE INFO: Slovak American Charitable Association
LICENSEE ADDRESS: 3521 16th Street
LICENSEE CITY, STATE, ZIP: Zion, IL 60099

Survey Date – 10/18/2017

Type C violation of an occurrence for violating one or more of the following sections of the Code: 300.615e) and 300.615f). This instance in accordance with 300.282f) and j) of the Code is assessed a fine due to the violation of the sections of the Code with a high risk designation: 300.615e) and 300.615f)). A fine of \$500.00.

FACILITY NAME: Rosewood Care Center of Alton
FACILITY ADDRESS: 3490 Humbert Road
FACILITY CITY, STATE, ZIP: Alton, IL 62002

DOCKET NUMBER: [NH 17-C0518](#)

LICENSEE INFO: Bravo Care of Alton, Inc.
LICENSEE ADDRESS: 412 East Lawrence
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 10/06/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code 300.1210d)6). 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: 300.1210d)6). A fine of \$2,200.00.

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FACILITY NAME: Rosewood Care Ctr St. Charles
FACILITY ADDRESS: 850 Dunham Road
FACILITY CITY, STATE, ZIP: St. Charles, IL 60174

DOCKET NUMBER: [NH 17-C0465](#)

LICENSEE INFO: Bravo Care of St. Charles, Inc.
LICENSEE ADDRESS: 412 East Lawrence
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 09/07/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.1210a), 300.1210d)5), 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: 300.1210d)5) and 300.3240a). A fine of \$25,000.00.

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210c), 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: 300.1210d)6) and 300.3240a). A fine of \$2,200.00.

Total fines of \$27,200.00.

FACILITY NAME: Sharon Health Care Pines
FACILITY ADDRESS: 3614 North Rochelle
FACILITY CITY, STATE, ZIP: Peoria, IL 61604

DOCKET NUMBER: [NH 17-S0413](#)

LICENSEE INFO: Sharon Health Care Pines
LICENSEE ADDRESS: 465 Central Avenue, Suite 100
LICENSEE CITY, STATE, ZIP: Northfield IL 60093

Survey Date – 08/18/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6), 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)6) and 300.3240a). A fine of \$25,000.00.

FACILITY NAME: Shelbyville Rehab & Hlth C Ctr
FACILITY ADDRESS: 2116 South 3rd & Dacey Drive
FACILITY CITY, STATE, ZIP: Shelbyville, IL 62565

DOCKET NUMBER: [NH 17-S0470](#)

LICENSEE INFO: Petersen Health & Wellness, Inc.
LICENSEE ADDRESS: 830 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 08/25/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 300.1210d)6) and 300.3240a). The fine was doubled in this instance in accordance with

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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). A fine of \$2,200.00.

FACILITY NAME: Shelbyville Rehab & Hlth C Ctr
FACILITY ADDRESS: 2116 South 3rd & Dacey Drive
FACILITY CITY, STATE, ZIP: Shelbyville, IL 62565

DOCKET NUMBER: NH 17-S0470

LICENSEE INFO: Petersen Health & Wellness, Inc.
LICENSEE ADDRESS: 830 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 08/25/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Smith Village
FACILITY ADDRESS: 2320 West 113th Place
FACILITY CITY, STATE, ZIP: Chicago, IL 60643

DOCKET NUMBER: [NH 17-S0544](#)

LICENSEE INFO: The Washington and Jane Smith Community - Beverly
LICENSEE ADDRESS: 208 South LaSalle Street, Suite 814
LICENSEE CITY, STATE, ZIP: Chicago, IL 60604

Survey Date – 10/13/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 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). A fine of \$25,000.00.

FACILITY NAME: Snyder Village
FACILITY ADDRESS: 1200 East Partridge
FACILITY CITY, STATE, ZIP: Metamora, IL 61548

DOCKET NUMBER: NH 17-C0405

LICENSEE INFO: Metamora Community Nursing Home
LICENSEE ADDRESS: 1200 East Partridge
LICENSEE CITY, STATE, ZIP: Metamora, IL 61548

Survey Date – 07/27/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

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FACILITY NAME: Southview Manor Nursing Center
FACILITY ADDRESS: 3311 South Michigan Street
FACILITY CITY, STATE, ZIP: Chicago, IL 60616

DOCKET NUMBER: NH 17-C0172

LICENSEE INFO: SV Care, LLC
LICENSEE ADDRESS: 1S433 Summitt Avenue, Suite 204
LICENSEE CITY, STATE, ZIP: Oakbrook Terrace, IL 60181

Survey Date – 03/28/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Spring Creek Nrsg & Rehab Ctr
FACILITY ADDRESS: 777 Draper Avenue
FACILITY CITY, STATE, ZIP: Joliet, IL 60432

DOCKET NUMBER: [NH 17-S0572](#)

LICENSEE INFO: Spring Creek Nursing & Rehab Center, LLC
LICENSEE ADDRESS: 2201 Main Street
LICENSEE CITY, STATE, ZIP: Evanston, IL 60202

Survey Date – 11/08/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 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). A fine of \$25,000.00.

FACILITY NAME: St. Anthony's Nrsg & Rehab Center
FACILITY ADDRESS: 767 30th Street
FACILITY CITY, STATE, ZIP: Rock Island, IL 61201

DOCKET NUMBER: [NH 17-C0412](#)

LICENSEE INFO: St. Anthony's Nursing and Rehabilitation Center, L.L.C.
LICENSEE ADDRESS: 150 North Riverside Place, Suite 3000
LICENSEE CITY, STATE, ZIP: Chicago, IL 61201

Survey Date – 08/18/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 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). A fine of \$25,000.00.

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FACILITY NAME: St. Anthony's Nrsng & Rehab Ctr
FACILITY ADDRESS: 767 30th Street
FACILITY CITY, STATE, ZIP: Rock Island, IL 61201

DOCKET NUMBER: [NH 17-C0532](#)

LICENSEE INFO: St. Anthony's Nursing and Rehabilitation Center, L.L.C.
LICENSEE ADDRESS: 150 North Riverside Plaza, Suite 3000
LICENSEE CITY, STATE, ZIP: Chicago, IL 60601

Survey Date – 10/14/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 300.1210c), 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). A fine of \$25,000.00.

FACILITY NAME: St. Anthony's Nsg & Rehab Ctr
FACILITY ADDRESS: 767 30th Street
FACILITY CITY, STATE, ZIP: Rock Island, IL 61201

DOCKET NUMBER: [NH 17-C0584](#)

LICENSEE INFO: St. Anthony's Nursing and Rehabilitation Center, L.L.C.
LICENSEE ADDRESS: 150 North Riverside Plaza, Suite 3000
LICENSEE CITY, STATE, ZIP: Chicago, IL 61201

Survey Date – 11/15/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.3240a), 300.3240b), 300.3240d) and 300.3240e). 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), 300.3240a), 300.3240d)and 300.3240e). A fine of \$2,200.00.

FACILITY NAME: St. Joseph Home of Springfield
FACILITY ADDRESS: 3306 South 6th Street Road
FACILITY CITY, STATE, ZIP: Springfield, IL 62703

DOCKET NUMBER: [NH 17-S0492](#)

LICENSEE INFO: St. Joseph's Home of Springfield
LICENSEE ADDRESS: 2408 West Heading Avenue
LICENSEE CITY, STATE, ZIP: Peoria, IL 61604

Survey Date – 10/10/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.3240a), 300.3240b), 300.3240c), 300.3240d), and 300.3240e). The fine was doubled in this

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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: 300.3240a), 300.3240d) and 300.3240e). A fine of \$2,200.00.

FACILITY NAME: Sunrise Skilled Nursing & Rehab
FACILITY ADDRESS: 333 South Wrightsman Street
FACILITY CITY, STATE, ZIP: Virden, IL 62690

DOCKET NUMBER: [NH 17-C0433](#)

LICENSEE INFO: Covenant Care Sunrise, LLC
LICENSEE ADDRESS: 2015 West Main Street, Suite 111
LICENSEE CITY, STATE, ZIP: Carbondale, IL 62901

Survey Date – 09/01/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6), 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)6) and 300.3240a). A fine of \$25,000.00.

FACILITY NAME: Sunset Rehabilitation & Health Care
FACILITY ADDRESS: 129 South 1st Avenue
FACILITY CITY, STATE, ZIP: Canton, IL 61520

DOCKET NUMBER: NH 17-C0387

LICENSEE INFO: Petersen Health Junction, LC
LICENSEE ADDRESS: 830 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 07/21/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: Swansea Rehab & Hlth Care Ctr
FACILITY ADDRESS: 1405 North Second Street
FACILITY CITY, STATE, ZIP: Swansea, IL 62226

DOCKET NUMBER: [NH 17-C0533](#)

LICENSEE INFO: Petersen Health Care II, Inc.
LICENSEE ADDRESS: 830 West Trailcreek Drive
LICENSEE CITY, STATE, ZIP: Peoria, IL 61614

Survey Date – 11/03/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1010h), 300.1210b), 300.1210d)2), 300.1210d)3), 300.1220b)2), 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) and 300.3240a). A fine of \$2,200.00.

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FACILITY NAME: Symphony at the Tillers
FACILITY ADDRESS: 4390 Route 71
FACILITY CITY, STATE, ZIP: Oswego, IL 60543

DOCKET NUMBER: [NH 17-C0556](#)

LICENSEE INFO: Symphony Oswego, LLC
LICENSEE ADDRESS: 801 Adlai Stevenson Drive
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 10/27/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210c), 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: 300.1210d)6) and 300.3240a). A fine of \$25,000.00.

FACILITY NAME: Symphony of Decatur
FACILITY ADDRESS: 2530 North Monroe Street
FACILITY CITY, STATE, ZIP: Decatur, IL 62526

DOCKET NUMBER: [NH 17-C0448](#)

LICENSEE INFO: Symphony Aspen Ridge, LLC
LICENSEE ADDRESS: 801 Adlai Stevenson Drive
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 08/24/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b) 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). A fine of \$25,000.00.

FACILITY NAME: Symphony of Chicago West
FACILITY ADDRESS: 5130 West Jackson Boulevard
FACILITY CITY, STATE, ZIP: Chicago, IL 60644

DOCKET NUMBER: [NH 17-C0489](#)

LICENSEE INFO: Symphony Jackson Square, LLC
LICENSEE ADDRESS: 801 Adlai Stevenson Drive
LICENSEE CITY, STATE, ZIP: Springfield, IL 62703

Survey Date – 09/29/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6) and 300.3240a). The fine was doubled in this instance in

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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). A fine of \$2,200.00.

FACILITY NAME: Thomas Lombard House
FACILITY ADDRESS: 4129A North Route 1 & 17, P.O. Box 260
FACILITY CITY, STATE, ZIP: Momence, IL 60954

DOCKET NUMBER: NH 17-S0311

LICENSEE INFO: Good Shepherd Manor, Inc.
LICENSEE ADDRESS: 4129 North Route ` & 17
LICENSEE CITY, STATE, ZIP: Momence, IL 60954

Survey Date – 06/20/2017

FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.

FACILITY NAME: United Methodist Village, The
FACILITY ADDRESS: 1616 Cedar
FACILITY CITY, STATE, ZIP: Lawrenceville, IL 62439

DOCKET NUMBER: [NH 17-C0426](#)

LICENSEE INFO: The United Methodist Village, Inc.
LICENSEE ADDRESS: 190 South LaSalle Street, Suite 3700
LICENSEE CITY, STATE, ZIP: Chicago, IL 60603

Survey Date – 08/14/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 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). A fine of \$2,200.00.

FACILITY NAME: Valley Hi Nursing Home
FACILITY ADDRESS: 2406 Hartland Road
FACILITY CITY, STATE, ZIP: Woodstock, IL 60098

DOCKET NUMBER: [NH 17-S0452](#)

LICENSEE INFO: McHenry County
LICENSEE ADDRESS: 2200 North Seminary Avenue
LICENSEE CITY, STATE, ZIP: Woodstock, IL 60098

Survey Date – 08/23/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6), 300.1220b)3), and 300.3240a). The fine was doubled in this

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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). A fine of \$25,000.00.

FACILITY NAME: Veracare Burbank
FACILITY ADDRESS: 5400 West 87th Street
FACILITY CITY, STATE, ZIP: Burbank, IL 60459

DOCKET NUMBER: [NH 17-C0440](#)

LICENSEE INFO: Veracare Brentwood, LLC
LICENSEE ADDRESS: 6312 North Central Park Avenue
LICENSEE CITY, STATE, ZIP: Chicago, IL 60659

Survey Date – 09/01/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 300.1210d)1), 300.1210d)2), 300.1620a), 300.3220f) 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). A fine of \$2,200.00.

FACILITY NAME: Waterfront Terrace
FACILITY ADDRESS: 7750 South Shore Drive
FACILITY CITY, STATE, ZIP: Chicago, IL 60649

DOCKET NUMBER: [NH 17-S0445](#)

LICENSEE INFO: Waterfront Terrace, Inc.
LICENSEE ADDRESS: 191 North Wacker Drive, Suite 1800
LICENSEE CITY, STATE, ZIP: Chicago, IL 60606

Survey Date – 08/25/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.661). 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: 300.661). A fine of \$2,200.00.

FACILITY NAME: Wentworth Rehab & HCC
FACILITY ADDRESS: 201 West 69th Street
FACILITY CITY, STATE, ZIP: Chicago, IL 60621

DOCKET NUMBER: [NH 17-C0551](#)

LICENSEE INFO: Wentworth Rehabilitation and Health Care Center, Inc.
LICENSEE ADDRESS: 4200 West Peterson Avenue, Suite 140
LICENSEE CITY, STATE, ZIP: Chicago, IL 60646

Survey Date – 10/20/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 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). A fine of \$2,200.00.

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FACILITY NAME: Wheaton Care Center
FACILITY ADDRESS: 1325 Manchester Road
FACILITY CITY, STATE, ZIP: Wheaton, IL 60187

DOCKET NUMBER: [NH 17-S0441](#)

LICENSEE INFO: Eric Rothner Limited Partnership
LICENSEE ADDRESS: 2201 Main Street, Suite A
LICENSEE CITY, STATE, ZIP: Evanston, IL 60202

Survey Date – 08/31/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 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). A fine of \$2,200.00.

FACILITY NAME: White Hall Nsg & Rehab Center
FACILITY ADDRESS: 620 West Bridgeport Street
FACILITY CITY, STATE, ZIP: White Hal, IL 62092

DOCKET NUMBER: [NH 17-S0493](#)

LICENSEE INFO: White Hall Nursing and Rehabilitation Center, L.L.C.
LICENSEE ADDRESS: 901 South 2nd Street, Suite 201
LICENSEE CITY, STATE, ZIP: Springfield, IL 62704

Survey Date – 09/28/2017

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)5) 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). A fine of \$2,200.00.

FACILITY NAME: Winchester House
FACILITY ADDRESS: 1125 North Milwaukee Avenue
FACILITY CITY, STATE, ZIP: Libertyville, IL 60048

DOCKET NUMBER: [NH 17-S0582](#)

LICENSEE INFO: Transitional Care of Lake County, LLC
LICENSEE ADDRESS: 1 North LaSalle Street, Suite 1350
LICENSEE CITY, STATE, ZIP: Chicago, IL 60602

Survey Date – 11/06/2017

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 300.1210d)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) and 300.3240a). A fine of \$25,000.00.

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FACILITY NAME: Windmill Nursing Pavilion
FACILITY ADDRESS: 16000 South Wabash
FACILITY CITY, STATE, ZIP: South Holland, IL 60473

DOCKET NUMBER: [NH 17-S0523](#)

LICENSEE INFO: Windmill Nursing Pavilion, ltd
LICENSEE ADDRESS: 191 North Wacker Drive, Suite 1800
LICENSEE CITY, STATE, ZIP: Chicago, IL 60606

Survey Date – 10/25/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 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)5), 300.1210d)6) and 300.3240a). A fine of \$2,200.00.

FACILITY NAME: Windsor Estates Nsg & Rehab
FACILITY ADDRESS: 18300 South Lavernge
FACILITY CITY, STATE, ZIP: Country Club Hills, IL 60478

DOCKET NUMBER: [NH 17-C0421](#)

LICENSEE INFO: McAllister Nursing & Rehab, LLC
LICENSEE ADDRESS: 9100 Karlov Avenue
LICENSEE CITY, STATE, ZIP: Skokie, IL 60076

Survey Date – 08/10/2017

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b 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). A fine of \$2,200.00.

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.1210a), 300.1210b), 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). A fine of \$2,200,00.

Total fines of \$4,400.00.

FACILITY NAME: Windsor Estates Nsg & Rehab
FACILITY ADDRESS: 18300 South Lavernge
FACILITY CITY, STATE, ZIP: Country Club Hills, IL 60478

DOCKET NUMBER: NH 17-C0421

LICENSEE INFO: McAllister Nursing & Rehab, LLC
LICENSEE ADDRESS: 9100 Karlov Avenue
LICENSEE CITY, STATE, ZIP: Skokie, IL 60076

Survey Date – 08/10/2017

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FINAL ORDER – Violation Amended/Affirmed, Fine Assessment Reduced and/or Notice of Conditional License Withdrawn.