

DEPARTMENT OF PUBLIC HEALTH  
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH	)	Docket No. NH 10-C0286
STATE OF ILLINOIS,	)	
Complainant,	)	
	)	
vs.	)	
	)	
ALDEN GARDENS OF WATERFORD, L.L.C.,	)	
	)	
Respondent,	)	

NOTICE OF TYPE "A" VIOLATION(S); AND ORDER TO ABATE OR ELIMINATE; NOTICE OF  
CONDITIONAL LICENSE; NOTICE OF FINE ASSESSMENT;  
NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS;  
NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act {(210 ILCS 45/1-101)}(Act)},  
NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE

It is the determination of the Illinois Department of Public Health, State of Illinois (Department) that there has been a substantial failure by Respondent to comply with the Act and Rules promulgated under the Act. A Complaint Investigation #1071787 conducted by the Department on July 1, 2010, at Alden Gardens of Waterford, 1955 Randi Drive, Aurora, Illinois. On October 20, 2010, the Department determined that such violations constitute one or more Type A violations of the Act and the Sheltered Care Facilities Code, 77 IL. Adm. Code 330.

The nature of each such violation is further described in the CMS 2567 which is attached hereto as Attachment A and made a part hereof.

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

A "Type A" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Nursing Home Care Act.

NOTICE OF CONDITIONAL LICENSE

In accordance with Sections 3-305 and 3-311 of the Act, the Department hereby issues a Conditional License for the operation of the Facility. This license replaces the unconditional license issued to Alden Gardens of Waterford on January 10, 2010. The Facility's current license number is 0044503. The term of the conditional license shall be from November 20, 2010 to May 19, 2011. It is conditioned upon the licensee's compliance with the facility's previously approved Plan of Correction hereto and incorporated herein as Attachment B. **THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON November 20, 2010.**

The Conditional License will be withdrawn and an unrestricted license will be issued to Respondent upon the expiration of the term of the Conditional License, provided Respondent substantially complies with the attached Plan of Correction.

During the term of the Conditional License, Respondent will retain its status as a certified provider of Medicaid services so long as Respondent's facility complies with the applicable federal regulations.

Failure by Respondent to substantially comply with the terms of the attached Plan of Correction may result in the revocation of the Conditional License in accordance with Sections 3-316 and 3-119 of the Act.

If the Respondent timely requests a hearing to protest the basis for the issuance of the Conditional License, the terms of the Conditional License shall be stayed pending the issuance of the Final Order at the conclusion of the hearing and the facility may operate in the same manner as with an unrestricted license. However, the Plan of Correction must be followed.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of \$10,000.00, as follows:

- Type A violation for violating one or more of sections 330.1510a), 330.1510e) 330.1710a), 330,1710b), 330.1710c)1), 2), 3), 4) and 5)A) and 330.1710g) a fine of \$5,000.00.

-Type A violation for violating section 330.4240a), a fine of \$5,000.00.

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health  
P.O. Box 4263  
Springfield, Illinois 62708

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

- (A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department.
- (B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license; the license shall not be renewed; or
- (C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-311, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of Type "A" Violation(s), Notice of Conditional License, and Notice of Fine Assessment. In order to obtain a hearing the licensee must send a written request for hearing no later than thirty (30) days after receipt by the licensee of these Notices. The request for hearing must be sent to the Illinois Department of Public Health, Division of Long-Term Care, Quality Assurance, 525 West Jefferson Street, Fifth Floor, Springfield, Illinois 62761.

FAILURE TO REQUEST A HEARING WITHIN THIRTY DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

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William A. Bell  
Acting Deputy Director  
Office of Health Care Regulation

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

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)  
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)

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type A Violation(s) and Order to Abate or Eliminate; Notice of Conditional License and Conditional License; Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators; Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent: Kenneth J. Fisch  
Licensee Info: Alden Gardens of Waterford, L.L.C.  
Address: 4200 West Peterson Avenue  
Chicago, Illinois 60646

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the \_\_\_\_\_ day of \_\_\_\_\_ 2010.

\_\_\_\_\_  
Wendy Fry

ATTACHMENT B

DEPARTMENT OF PUBLIC HEALTH  
STATE OF ILLINOIS

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STATE OF ILLINOIS	)	Docket No. NH 10-C0286
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ALDEN GARDENS OF WATERFORD, L.L.C.,	)	
	)	
Respondent,	)	IMPOSED PLAN OF CORRECTION
	)	

Pursuant to Section 3-313 of the Nursing Home Care Act, as amended, (210 ILCS 45/1-101) (2000), the Illinois Department of Public Health imposed the following plan of correction:

SEE ATTACHED

1209-6/jr