

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/22/2021
NAME OF PROVIDER OR SUPPLIER THREE CROWNS PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 PIONEER PLACE EVANSTON, IL 60201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	Initial Comments Complaint Investigation 2190940/IL130918	S 000			
S9999	Final Observations Statement of Licensure Violations (Violation 1 of 2) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.3210 General	S9999			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	Continued From page 1 o) The facility shall also immediately notify the resident's family, guardian, representative, conservator and any private or public agency financially responsible for the resident's care whenever unusual circumstances such as accidents, sudden illness, disease, unexplained absences, extraordinary resident charges, billings, or related administrative matters arise. These requirements were NOT MET as evidenced by: Based on interview and record review, the facility failed to notify the responsible party of a change in skin condition for one resident (R1) reviewed for notification of change. Findings include: R1 is a 96 year old male, originally admitted on 6-22-2020 with medical diagnoses that include but are not limited to hyperlipidemia, unspecified dementia and depressive disorder. R1 was transferred to a local hospital on 11-29-2020. On 2-21-2021 at 10:20am V7 (Family Member) stated, "The nursing staff did not report to me or V9 (Family Member) that R1 developed a pressure ulcer while at the facility." On 2-21-2021 at 9:50am V3 (Registered Nurse) stated, "I always called and communicated with the family when there were any changes to R1's condition. I do not remember why I did not document that I informed them that R1 developed a sacral wound." On 2-21-2021 at 11:30am V2 (Director of Nursing) stated, "R1 was here in the facility and he acquired a stage 2 wound to the sacral area."	S9999			

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S9999	Continued From page 2 V3 told me the family was contacted, but I do not see any documentation that they were informed. V3 never documented the notification." On 2-22-2021 at 11:40am V2 (Director of Nursing) stated, "We need to call the family when the patient has a changed in condition; my expectation is that the nurse communicates and documents the conversation with the patient's family with any changes. There is no excuse for not doing it." Facility provided document, "Nurse Notification of Physician and Power of Attorney" dated 10-1-09 reads: It is the responsibility of licensed nurses to notify the Power of Attorney or resident guardian of any clinical change. (No Violation Issued) (Violation 2 of 2) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.696 Infection Control c) Each facility shall adhere to the following	S9999			

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S9999	Continued From page 3 guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340): 2) Guideline for Hand Hygiene in Health-Care Settings These requirements were NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to follow their infection control protocol by not performing hand hygiene when performing wound care for three (R2, R3 and R6) residents reviewed for wound care. Findings include: 1. R2 is an 89 year old female originally admitted on 9-11-2017 with medical diagnoses that include but are not limited to dementia without any behavioral disturbance, major depressive disorder and atrial fibrillation. On 2-21-2021 at 11:15am V3 (Registered Nurse) and V6 (Certified Nursing Assistant) were in the room with R2. V3 performed wound care to the left ischial area. V3 was observed changing gloves during wound care but did not perform hand hygiene or wash her hands at the beginning of the wound care treatment or after removing the pair of gloves on three different occasions. On 2-21-2021 at 2:45pm V3 stated, "I know I should have done hand hygiene or wash my hands when I was doing the dressing change, but I did not do it." 2. R3 is a 91 year old female originally admitted	S9999			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THREE CROWNS PARK

**2320 PIONEER PLACE
EVANSTON, IL 60201**

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S9999	Continued From page 4 on 7-8-2020 with medical diagnoses that include but are not limited to Alzheimer's disease, Hypertension and pressure ulcers. On 2-21-2021 at 12:45am V8 (Licensed Practical Nurse) performed wound care on R3. V8 was observed wearing gloves, cleaning the wound, removed her gloves on three different occasions and applied a new pair of gloves without performing any hand hygiene or washing her hands. On 2-21-2021 at 2:35pm V8 stated, "I was supposed to wash my hands every time I changed my gloves, but I did not do it. It was my fault." 3. R6 is a 98 year old female originally admitted on 11-25-2020 with medical diagnoses that include but are not limited to myelodysplastic syndrome, megaloblastic anemia and disorder of the skin and subcutaneous tissue. On 2-21-2021 at 2:20pm V4 (Registered Nurse/RN) performed wound care treatment on R6. Surveyor observed V4 wearing gloves and changing them during the wound care observation but did not perform any hand washing or hand hygiene. V4 stated, "I do not know what the hand washing policy here is, but I know I am supposed to wash my hands before starting the treatment and after I removed the gloves. I did not wash my hands before starting the treatment or when I changed my gloves. I did not use any hand sanitizer or wash my hands. I was supposed to perform hand hygiene, but I did not do it." On 2-22-2021 at 10:40am V2 (Director of Nursing) stated, "My expectation is the nursing	S9999		

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S9999	Continued From page 5 staff needs to perform hand hygiene or wash their hands all the time they use any pair of gloves, including when they changed them during direct patient care. It is unacceptable not following the infection control policy." Facility provided document, "Standard Infection Precautions" dated: 2005 reads: Wash hands each time gloves are removed. (C)	S9999			