

DEPARTMENT OF PUBLIC HEALTH  
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH ) Docket No. NH 15-S0226  
STATE OF ILLINOIS, )  
Complainant, )  
 )  
v. )  
 )  
PRESBYTERIAN HOMES )  
D/B/A WESTMINSTER PLACE, )  
Respondent. )

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLACEMENT  
ON QUARTERLY LIST OF VIOLATORS;  
NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.)  
(hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "B" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Licensure Investigation conducted by the Department on April 14, 2015, at Westminster Place, 3200 Grant Street, Evanston, Illinois 60201. On May 28, 2015, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Statement of Licensure Violations which is attached hereto and incorporated herein as Attachment A and made a part hereof.

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

**A Plan of Correction is required to be submitted by the facility within two weeks from the date the violation notice was sent. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice. Please email the Plan of Correction to the following email address: [DPH.LTCQA.POChearing@illinois.gov](mailto:DPH.LTCQA.POChearing@illinois.gov). If your facility does not have email capabilities then you can mail it to the attention of: Leona Juhl, IDPH, Long Term Care/QA, 525 West Jefferson, Springfield, IL 67261.**

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of "B" Violation(s); Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices. **Please email**

the hearing request to the following email address: DPH.LTCQA.POChearing@illinois.gov. If your facility does not have email capabilities then you can mail it to the attention of: Leona Juhl, IDPH, Long Term Care/QA, 525 West Jefferson, Springfield, IL 67261.

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



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

Dated this 29<sup>th</sup> day of May, 2015.

DEPARTMENT OF PUBLIC HEALTH  
STATE OF ILLINOIS

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Docket No. NH 15-S0226

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent: John Burns  
Licensee Info: Presbyterian Homes  
Address: 3200 Grant Street  
Evanston, IL 60201

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 29<sup>th</sup> day of May 2015.



Leona Juhl  
Long Term Care/QA  
Illinois Department of Public Health

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/14/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WESTMINSTER PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3200 GRANT STREET EVANSTON, IL 60201</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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Z9999	<p><b>FINDINGS</b></p> <p>Statement of Licensure Violations:</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. These medications shall be administered as ordered by the licensed prescriber and at the designated time.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide and administer thyroid medication as ordered from 3/24/15 through 3/28/15 for one resident (R1) out of 3.</p> <p>Findings include:</p> <p>On 4/10/15 at 2pm, E1 (Administrator) stated the facility implemented an electronic medication administration system on 3/24/15 and R1's thyroid medication did not appear on R1's electronic medication administration record. E1 stated this error caused R1 not to receive her thyroid medication from 3/24/15 through 3/28/15.</p> <p>On 4/14/15 at 9:30am, E4 (Nurse Educator) stated when E3 (Nurse) came to work on 3/29/15, she noticed that R1's thyroid medication was not on the electronic medication administration record. E4 stated that E3 checked R1's physician order sheet and noted that the thyroid medication had not been discontinued. E3 gave R1 the thyroid medication on 3/29/15 and 3/30/15. E4 stated that E3 informed the supervisor regarding R1's thyroid medication not being in the electronic system. E4 stated that the facility has completed an audit to make certain that there were no other</p>	Z9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/14/2015</b>
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Z9999	<p>Continued From page 1</p> <p>errors with residents' electronic medication administration record. E4 stated on 4/14/15 there were no other errors in the medication administration electronic system. E4 stated that the reason R1's thyroid medication has order date 3/30/15 is that this is when the order was put into the system.</p> <p>On 4/14/15 at 9:45am, E5 (Pharmacy Director) stated it was his fault that R1's thyroid medication was not entered in R1's electronic medication system. E5 stated he did not sign off on the medication so it could be entered into the electronic system. E5 stated that it was human error, his fault.</p> <p>On 4/14/15 at 10:15am, E3 (Nurse) stated when she came to work on 3/29/15, she noticed that R1's thyroid medication was not listed on the electronic medication system. E3 stated she checked R1's chart and noted that R1's thyroid medication had not been discontinued. E3 stated that she gave the medication and notified her supervisor.</p> <p>Z1's (Attending Physician) notes dated 4/1/15 read "Informed that R1 missed thyroid 3/24 through 3/28. Nurse tells me this was secondary to computer system of meds. R1 did receive doses on 3/29 and 3/30 per nurse. TSH (thyroid stimulating hormone) done 3/31, 2.633 ml (normal range 0.340 -5.600 uU/ml)."</p> <p style="text-align: center;"><b>B</b></p>	Z9999		
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