

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  07/03/2022
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NAME OF PROVIDER OR SUPPLIER  THREE CROWNS PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 PIONEER PLACE EVANSTON, IL 60201
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S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations:  1 of 3 Licensure Violations:  300.675a)1)2)3)A)B)C)D)E)F)G 300.675b)1)A)B)C)D)E)2)3)4) 300.675c)1)A)B)C)D)E)F)G)H)I)J)2)3)4) 300.675d) 300.675e)  Section 300.675 COVID-19 Training Requirements EMERGENCY  a)Definitions. For the purposes of this Section, the following terms have the meanings ascribed in this subsection (a):  1)"CMMS Training" means CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management, available at <a href="https://QSEP.cms.gov">https://QSEP.cms.gov</a> .  2)"Frontline clinical staff" means the medical director of the facility, facility treating physicians , registered nurses , licensed practical nurses, certified nurse assistants , psychiatric service rehabilitation aides, rehabilitation therapy aides, psychiatric services rehabilitation coordinators, assistant directors of nursing, directors of nursing , social service directors, and any licensed physical, occupational or speech therapists. Any consultants, contractors, volunteers, students in any training programs , and caregivers who	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>provide, engage in, or administer direct care and services to residents on behalf of the facility are also considered frontline clinical staff.</p> <p>3) "Management staff" means any facility staff who:</p> <p>A) Assign and direct nursing activities;</p> <p>B) Oversee comprehensive assessment of residents' medical needs and care planning;</p> <p>C) Recommend numbers and levels of nursing personnel;</p> <p>D) Plan nursing service budgeting;</p> <p>E) Develop standards of nursing practice;</p> <p>F) Supervise in-service education and skill training for all personnel; or</p> <p>G) Participate in the screening of prospective residents and resident placement.</p> <p>b) Required Frontline Clinical Staff Training</p> <p>1) All frontline staff employed by the facilities shall complete the following portions of CMMS Training</p> <p>A) Module 1: Hand Hygiene and PPE;</p> <p>B) Module 2: Screening and Surveillance;</p> <p>C) Module 3: Cleaning the Nursing Home;</p> <p>D) Module 4: Cohorting; and</p> <p>E) Module 5: Caring for Residents with Dementia in a Pandemic.</p> <p>2) Facilities shall ensure at least 50% of frontline clinical staff have completed the CMMS Training by January 31, 2021.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>3)Facilities shall ensure at least 100% of frontline clinical staff have completed the CMMS Training by February 28, 2021.</p> <p>4)Facilities shall require, within 14 days after hiring, CMMS Training for all frontline clinical staff hired after January 31, 2021.</p> <p>c)Required Management Staff Training 1)All management staff employed by facilities shall complete the following portions of CMMS Training: A)Module 1: Hand Hygiene and PPE; B)Module 2: Screening and Surveillance; C)Module 3: Cleaning the Nursing Home; D)Module 4: Cohorting; E)Module 5: Caring for Residents with Dementia in a Pandemic; F)Module 6: Infection Prevention and Control; G)Module 7: Emergency Preparedness and Surge Capacity; H)Module 8: Addressing Emotional Health of Residents and Staff; I)Module 9: Telehealth for Nursing Homes ; and J)Module 10: Getting Your Vaccine Delivery System Ready.</p> <p>2)Facilities shall ensure at least 50% of management staff have completed the CMMS Training by January 31, 2021.</p> <p>3)Facilities shall ensure 100% of management staff have completed the CMMS Training by February 28, 2021.</p> <p>4)Facilities shall require, within 14 days after hiring, CMMS Training for all management staff hired after January 31 , 2021.</p> <p>d)By January 31, 2021, all facilities shall certify</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>compliance, in the form and format specified by the Department, with subsections (b)(2) and (c) (2).</p> <p>e)By February, 2021, all facilities shall certify compliance, in the form and format specified by the Department, with subsections (b)(3) and (c) (3).</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that all frontline staff completed the mandatory CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management as required. This failure has the potential to affect all 27 residents currently residing on the skilled nursing unit of the facility.</p> <p>Findings include:</p> <p>7/2/22 at 2:41pm, V3 (Infection Preventionist) was interviewed via phone and stated that she has worked at the facility since November 2020 and is the Infection Preventionist. V3 stated, I worked a minimum of 8-10 hours per week in the month of June and that's what I've been working. When asked about frontline training of staff related to COVID, V3 stated, my hours aren't enough to meet the needs of the training for staff, so the DON (V2, Director of Nursing) takes care of that; when I am not there, the DON covers for me as Infection Preventionist.</p> <p>During this survey, V1 (Administrator) and V2 (Director of Nursing) were asked to provide documentation and/or training records of CMMS training completed by staff, and it was not provided.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>7/2/22 at 3:15pm, V1 (Administrator) stated that she does not currently have access to human resources files and that is where the documentation of staff training would be.</p> <p>V1 provided a signed CMMS Targeted COVID-19 Training - Final Facility Certification attestation sheet dated 7/14/21.</p> <p>7/3/22 at 1:06pm, V1 (Administrator) confirmed that she did not have access to requested staff training records and that there are probably a few people who have not completed the training, but they will get it done in the coming week.</p> <p>(C)</p> <p>2 of 3 Licensure Violations:</p> <p>300.697c)</p> <p>Section 300.697c) Infection Preventionists</p> <p>A facility shall designate a person or persons as Infection Preventionists (IP) to develop and implement policies governing control of infections and communicable diseases. The IPs shall be qualified through education, training, experience, or certification or a combination of such qualifications. The IP's qualifications shall be documented and shall be made available for inspection by the Department. (Section 2-213(d) of the Act). The facility's infection prevention and control program as required by Section 300.696(e) shall be under the management of an IP.</p> <p>c) A facility shall have at least one IP on-site for a minimum of 20 hours per week to develop</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>and implement policies governing prevention and control of infectious diseases.</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to have an infection preventionist working a minimum of 20 hours per week in order to carry out required tasks related to infection prevention and control in the facility. This failure has the potential to affect all 27 residents currently residing on the skilled nursing unit of the facility.</p> <p>Findings include:</p> <p>During entrance conference with V1 (Administrator), V1 was asked to provide the name of the facility's infection preventionist; V1 provided the name and contact information for V3 (Infection Preventionist).</p> <p>7/2/22 at 1pm, V2 (Director of Nursing) provided survey team with the phone number to contact V3 (Infection Preventionist) and stated that she could be called with any questions because V3 only works part time and is not on duty today.</p> <p>7/2/22 at 2:41pm, V3 (Infection Preventionist) was interviewed via phone and stated that she has worked at the facility since November 2020 and is the Infection Preventionist. V3 stated, I worked a minimum of 8-10 hours per week in the month of June and that's what I've been working. I review resident records for use of antibiotics ...I don't really oversee the COVID testing since I am not there every day. When asked about frontline training of staff related to COVID, V3 stated, my hours aren't enough to meet the needs of the training for staff, so the DON (V2, Director of</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Nursing) takes care of that; when I am not there, the DON covers for me as Infection Preventionist.</p> <p>7/2/22 at 3:54pm, V2 (Director of Nursing) stated that it is correct that V3 (Infection Preventionist) only works about 8-10 hours a week and that she (V2) covers for V3, when V3 is not there. V2 (Director of Nursing) stated that she is not certified as an Infection Preventionist and there are no other staff certified either.</p> <p>Facility provided a copy of V3's certificate of completion of the Nursing Home Infection Preventionist Training Course, awarded 19.3 Contact Hours on 8/8/2019.</p> <p>(B)</p> <p>3 of 3 Licensure Violations:</p> <p>300.700a) 300.700b)1)2)3)</p> <p>Section 300.700 Testing for Legionella Bacteria</p> <p>a) A facility shall develop a policy for testing its water supply for Legionella bacteria. The policy shall include the frequency with which testing is conducted. The policy and the results of any tests and corrective actions taken shall be made available to the Department upon request. (Section 3-206.06 of the Act)</p> <p>b) The policy shall be based on the ASHRAE Guideline "Managing the Risk of Legionellosis Associated with Building Water Systems" and the Centers for Disease Control and Prevention's "Toolkit for Controlling Legionella in Common Sources of Exposure". The policy shall include,</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>at a minimum:</p> <ol style="list-style-type: none"> <li>1) A procedure to conduct a facility risk assessment to identify potential Legionella and other waterborne pathogens in the facility water system;</li> <li>2) A water management program that identifies specific testing protocols and acceptable ranges for control measures; and</li> <li>3) A system to document the results of testing and corrective actions taken.</li> </ol> <p>This regulation was NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to have a policy in place to address the frequency and testing of its water supply for Legionella bacteria. This failure has the potential to affect all 27 residents currently residing on the skilled nursing unit of the facility.</p> <p>Findings include:</p> <p>7/2/22 at 2:41pm, V3 (Infection Preventionist) was interviewed via phone and stated that she has worked at the facility since November 2020 and is the Infection Preventionist. When asked about her role in regard to surveillance of Legionella bacteria and the facility's water supply, V3 stated, I believe this is a work in progress with the Administrator ...I brought it up to her (V1, Administrator) ...we do surveillance of residents for signs and symptoms of Legionnaire's ...there is no water surveillance program, V1 is looking for a company.</p> <p>7/2/22 at 5:19pm, V1 (Administrator) provided facility Legionella policy and stated that the water</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>is only tested according to the policy; "We don't do routine testing."</p> <p>7/3/22 at 1:06pm, V1 (Administrator) confirmed that she did not have the information for the water management company available and that the facility currently does not have a Facilities Director employed by the facility.</p> <p>V1 provided a copy of the facility's Legionella Surveillance and Detection policy (Revised July 2017). Policy Statement reads: Our facility is committed to the prevention, detection and control of water-borne contaminants, including Legionella. Legionnaire's disease will be included as part of our infection surveillance activities.</p> <p>The policy does not include any information regarding frequency and testing of the facility's water supply in regarding to surveillance and/or prevention.</p> <p>(B)</p>	S9999		