

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/26/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146199	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER THREE CROWNS PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2323 MCDANIEL AVE 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) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 880 SS=D	<p>Annual Certification and Licensure Survey Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; 	F 880	5/16/25	

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

TITLE

(X6) DATE

Electronically Signed

05/17/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	<p>Continued From page 1</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPPC and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPPC and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow contact isolation protocols by failing to place correct signage on resident room door regarding isolation precautions, they failed to ensure that a resident on contact isolation was placed in an appropriate room, and they failed to ensure that a resident's</p>	F 880	<p>Three Crowns Park Provider No. 146199 Plan of Correction Survey Date 4/24/2025</p> <p>Three Crowns Park respectfully submits this plan of correction as its allegation of</p>	

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F 880	<p>Continued From page 2</p> <p>breathing mask was properly contained in accordance with infection control protocols.</p> <p>These failures applied to two (R3 and R4) of six residents reviewed for infection control.</p> <p>Findings include:</p> <p>R4 is 86 years old and have resided at the facility since 2019. Face sheet listed the following medical diagnosis among others: Local infection of the skin and subcutaneous tissue, abnormal posture, personal history of malignant neoplasm of the bladder, dependence on renal dialysis, methicillin resistant staphylococcus aureus infection as cause of disease classified elsewhere, methicillin resistant staphylococcus aureus infection unspecified site, pressure induced deep tissue damage of contagious site of back, buttock, and hip etc.</p> <p>04/22/25 1:15AM, R4 was observed in his room with another resident (R3) sharing the same room. An enhanced barrier precaution signage was noted at the door and some personal protective equipment (PPE) was noted behind the door. R4 was sitting on a motorized wheelchair, awake, alert and oriented and stated that he is doing okay. R4 said that he gets wound care at night, they do it when he lays down and it is okay with him. R4 added that he gets breathing treatment and normally does it himself after breakfast or before, he also takes his two inhalers after the breathing treatment. A breathing machine was noted at the bedside with the breathing mask open to air and not contained.</p> <p>R4 was observed during the survey moving around the facility in his motorized wheelchair and even attended the resident council meeting held</p>	F 880	<p>compliance. The following combined plan of correction and allegation of compliance is not an admission to any of the alleged deficiencies or violations and is submitted at the request of the Illinois Department of Public Health. Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies.</p> <p>Statement of Findings: F 880</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Physician's orders were carried out for a wound swab of R4's wound on 5/13/2025. R4 has been placed in a private room under contact isolation, pending the results of R4's wound swab results on 5/13/2025.</p> <p>R4's Care Plan updated to include contact isolation on 5/13/2025.</p> <p>R3 was assessed by the physician on 5/13/2025 for any signs and symptoms of infection and none noted.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>An audit of the Skilled Nursing residents' admissions, including isolation precautions upon admission, since 04/24/2025 was completed. Any resident</p>

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F 880	<p>Continued From page 3 by a surveyor.</p> <p>R3 is 79 years old, admitted to the facility on 4/1/2025, medical diagnosis includes, but not limited to presence of urogenital implants, unspecified dementia, unsteadiness on feet, type 2 diabetes, retention of urine, presence of aortocoronary bypass graft, etc.</p> <p>Review of facility list for residents on isolation dated February 2025 listed R4 as being on contact isolation for MRSA of wound and C-diff. Isolation was started on 2/24/2025 and the end of isolation was documented as on going. Care plan initiated 3/1/2025 states: R4 is on contact isolation d/t MRSA/ C diff. Goal states: R4 will remain in his room while on contact isolation. Staff will adhere to the contact isolation while providing care to prevent spread of infection. Interventions include Provide education to the resident as able and family on Contact Isolation protocol and rationale, Staff to wear PPE's when providing care per facility protocol. Mask/eye shield as indicated for potential splashing/contamination, etc.</p> <p>04/23/25 11:30AM, V3 (infection prevention nurse) said that R4 used to be on contact isolation for MRSA of the wound, he went to the hospital and the isolation was discontinued at the hospital. Resident is just on enhanced barrier precaution now, the admitting nurse called the hospital who told her that that the isolation was discontinued, V3 told the nurse to document the information from the hospital.</p> <p>Review of resident's record did not show any physician order or progress note stating that R4's contact isolation was discontinued. Surveyor</p>	F 880	<p>admitted with isolation precautions was implemented per facility protocol.</p> <p>What measures will be put in place or what systemic changes will the facility make to ensure that the deficient practice does not recur:</p> <p>DON/designee re-educated Skilled Nursing Staff to confirm with the referring hospital regarding the isolation precautions for residents. If the resident is on isolation precautions, the facility will implement as per the recommendation of the physician. This training will be completed by 5/16/2025, Skilled Nursing staff who are out on leave will be re-educated prior to first shift.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC must be integrated into the quality assurance system Corrective Action Taken:</p> <p>The infection preventionist/designee will review newly admitted residents during the daily IDT meeting (that is held on business days) to ensure that the resident is on correct isolation precautions as indicated.</p> <p>DON/designee will audit Skilled Nursing Care Plans to ensure they accurately reflect the resident's appropriate isolation</p>	

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F 880	<p>Continued From page 4</p> <p>requested for the information from facility, but none was provided.</p> <p>On 4/24/2025 at 12:16PM, V2 (DON) said that they could not find any documentation that R4's contact isolation was discontinued. V2 added that R4 should have been in a private room and the contact isolation precaution sign should have been placed on the door. V2 also said that residents breathing masks should be contained after use.</p> <p>Transmission based precaution policy provided by V2 (DON) revised September 2022, states that transmission-based precaution are initiated when a resident develops signs and symptoms of transmissible infection, arrives for admission with symptoms of infection or have laboratory confirmed infection and is at risk of transmitting the infection to other residents.</p> <p>Under contact precaution, the policy states in part that contact precautions are implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. Contact precautions are also used in situations when a resident is experiencing wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and suggest an increased potential for extensive environmental contamination and risk of transmission of a pathogen even before a specific organism has been identified.</p> <p>Under discontinuation of isolation the policy states that transmission-based precaution is discontinued when it is determined that the resident's condition no longer indicates such precaution. Residents remain on appropriate</p>	F 880	<p>precautions. These audits will occur weekly for a period of 12 weeks. The results of the audits will be presented quarterly at the QAPI meeting.</p> <p>Date of Compliance 05/16/2025</p>	

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F 880	Continued From page 5 transmission-based precaution until discontinued by the attending physician or the infection preventionist.		F 880	