Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: C **B. WING** IL6007603 01/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3200 GRANT STREET** WESTMINSTER PLACE **EVANSTON, IL 60201** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 22910036/IL154433 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.696b)3) Section 300.696 Infection Prevention and Control b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. 3) Facility activities shall be monitored on an ongoing basis by the Infection Preventionist to ensure adherence to all infection prevention and control policies and procedures. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure source control (mask) and eye protection (personal protective equipment) was worn during a COVID-19 Attachment A outbreak. This failure has the potential to affect all Statement of Licensure Violations 128 facility residents.

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

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6007603 B. WING 01/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3200 GRANT STREET WESTMINSTER PLACE **EVANSTON, IL 60201** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 The findings include: The dementia unit census showed 78 residents and the skilled unit census showed 50 residents for a total of 128 residents. On 1/7/23 at 9:55 AM, on the second floor of the dementia unit, V26 (Certified Nursing Assistant/CNA) had a surgical mask below her mouth and no eye protection. V26 was seated across from and within six feet of R18. R18 did not have a face covering on. V27 (Licensed Practical Nurse/LPN) was at the medication cart and had no eye protection on. V25 (Caregiver) was present and had no eye protection on. On 1/7/23 at 10:00 AM, V3 (Registered Nurse/RN-Supervisor) arrived at the area and had no eye protection on. On 1/7/23 at 10:17 AM, on the third floor of the skilled unit, V4 (LPN) was at the medication cart and had no eye protection on. V5 (CNA), V6 (Dietary), V7 (CNA), V11 (CNA), and V8 (RN) were working and had no eye protection on. V9 (Housekeeping) was in R4's room. V9 did not have a mask or eye protection on. There were two large signs referred to Infection Control Bulletins posted immediately upon exiting the elevator onto the first and second floor skilled units showing the community transmission level was high, they were in outbreak status and eye protection and masks were required. On 1/7/23 at 10:33 AM, on the third floor of the skilled unit, R5 and R6 were seated at a table in the dining area. R5 and R6 were less than six feet from each other and neither had face coverings or eye protection on. V2 (Director of

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C **B. WING** IL6007603 01/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3200 GRANT STREET** WESTMINSTER PLACE **EVANSTON, IL 60201 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **DEFICIENCY**) Continued From page 2 S9999 Nursing/DON) arrived at the dining area without eye protection on and identified R5 and R6 for this surveyor. On 1/7/23 at 10:45 AM, V10 (Housekeeping) was on the third floor of the skilled unit and was not wearing eye protection. On 1/7/23 at 11:25 AM on the third floor of the dementia unit, V12 (RN) was not wearing eye protection. V13 (Activities) was in a small area with six residents without masks or eye protection. V13 had a mask under her chin and did not have eye protection on. R7 and R8 were within six feet of each other and without face coverings and eye protection. R9 was within six feet of R10 and R10 was within six feet of R11. R9, R10, and R11 were without face coverings and eye protection. V14 (CNA) had no PPE on. V15 (Housekeeping) had no eye protection on. V16 (R12's family member) was visiting in R12's room. Neither R12 nor V16 had face coverings or eye protection on. On 1/7/23 at 11:35 AM, all six residents in the activity area were not wearing face coverings along with V13. On 1/7/23 at 11:40 AM on the first floor of the dementia unit, V17 (CNA) had eye protection on top of her head. V18 (CNA) and V19 (Housekeeping) had no eye protection on. The facility's dementia unit has three resident occupied floors. The connected skilled unit's first and third floors are resident occupied. The second floor is not resident occupied at this time. On 1/7/23 at 10:35 AM, V2 (Director of Nurses)

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said all beds in the dementia unit were licensed.

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PRINTED: 03/09/2023 **FORM APPROVED**

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