

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 08/30/2023
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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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(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 Annual Licensure Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1060c) 300.1060d)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1060 Vaccinations</p> <p>c) A facility shall administer or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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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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S9999	<p>Continued From page 1</p> <p>vaccination is medically contraindicated. (Section 2-213(b) of the Act)</p> <p>d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213(b) of the Act)</p> <p>This regulation was NOT MET as evidenced by</p> <p>Based on interview and record review the facility failed to provide and document pneumonia vaccinations and failed to follow their policy, for two residents (R4, R5) of five residents reviewed for immunizations in the sample of six.</p> <p>Findings include:</p> <p>6/29/23 11:30 AM V3 (DON-Director of Nursing) said that the pharmacist evaluated immunizations last August (2022). They are coming back in July 2023 to evaluate and administer for those who need them. We do not give pneumonia vaccines, the outside pharmacist does.</p> <p>On 6/29/23 the facility provided a table that indicated that R4 had a (pneumococcal conjugate) on 8/25/16 and R5 had no historical vaccines for pneumonia. R4 and R5 are due for (pneumococcal polysaccharide vaccine) per the CDC (Centers for Disease Control and Prevention) Recommended Adult Immunization Schedule, United States, 2023.</p> <p>On 6/30/23 at 11:00 AM V3 (DON) presented a table that indicated R4 and R5 received (pneumococcal polysaccharide vaccine) on 8/25/22. V3 was asked to provide the documentation that the vaccine was given to R4</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>and R5. V3 presented documentation from the pharmacy for R2, she said that the pharmacist could not provide documentation for R4 and R5. The admission records indicate that R4 was admitted 6/3/2019 and R5 was admitted 6/28/2022.</p> <p>Policy: Pneumococcal Vaccine-Revised March 2022 All residents are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections.</p> <p>1. Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, are offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated.</p> <p>2. Assessments of pneumococcal vaccination status are conducted within five (5) working days of the resident's admission if not conducted prior to admission.</p> <p>6. For each resident who receives the vaccine, the date of the vaccination, lot number, expiration date, person administering, and the site of vaccination are documented in the resident's medical record.</p> <p>7. Administration of the pneumococcal vaccines are made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.</p>	S9999		

