

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 01/03/2025
NAME OF PROVIDER OR SUPPLIER Three Crowns Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2323 McDaniel Ave Evanston, IL 60201	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>33760</p> <p>Based on interview and record review the facility failed to transfer a resident in a safe manner. This failure resulted in R1 falling and sustaining lacerations to her right foot 3rd, 4th and 5th toes requiring sutures.</p> <p>Findings include:</p> <p>R1's Physician Order Sheet dated 1/25 show R1 has diagnoses that include chronic kidney disease, spinal stenosis and chronic pain.</p> <p>R1's careplan with initiated date of 9/26/24 show R1 is alert and oriented and able to verbalize her needs. High risk for falls due to impaired balance. R1's careplan under transfers show, - (R1) requires staff assistance with transfer due to decreased physical mobility, She requires staff assistance with transfers using sit to stand lift. She is at times able to transfer from wheelchair/c to bed with staff using gait belt and pivot. She can verbalize if she feel weak to pivot and can use sit to stand lift.</p> <p>The Facility Reported Incident (FRI) sent to the state agency as initial and final dated 12/16/24 show, blood was noted on the floor next to resident's bed by facility staff. It was observed that the resident (R1) had a laceration to her right foot. Resident sent to the emergency room (ER), received three sutures. Resident returned to the facility the same day in good condition. During the investigation, R1 stated the CNA lost her grip which caused her to slide down in the wheelchair. Foot rests were in place at the time. Laceration is clean and healing. Resident remains in good condition, medicated for pain as needed.</p> <p>The facility Incident Report dated 12/16/24 shows, Type-fall. Place-residents room. Activity-transfer. Injury-leg, right toe lacerations to 3 of her toes on the 3rd toe, 4th toe and 5th toe. Lacerations measuring: 1. 5 centimeters (cm) x 0.8 cm, 1 cm x 2 cm, 2 cm x 0.6 cm, distal part of the 3rd, 4th, and 5th right toes.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

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 01/03/2025
NAME OF PROVIDER OR SUPPLIER Three Crowns Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2323 McDaniel Ave Evanston, IL 60201	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/3/24 at 10:45 AM, R1 was in her room, sitting in her wheelchair alert and pleasant. R1 said last month she fell and injured her right foot's 3rd, 4th and 5th toes. R1 said the staff (V7, Certified Nursing Assistant) got her up from bed to put her in her wheelchair. I don't think she realized how heavy I was, she was not able to lift me, she was sort of grabbing me and I ended falling on the floor. Then I saw blood, that was when I was told I needed to go to the hospital, I had sutures in my right toes. (showed this surveyor her right 3rd, 4th and 5th toes that was previously injured). V2 (Director of Nursing) who was with this surveyor said V7 (agency CNA) should have used the mechanical stand lift or ask another staff for assistance to transfer R1 safely.</p> <p>On 1/3/24 at 1:26 PM V5 (License Practical Nurse) said she was R1's nurse on 12/16/24. At around 6:45 AM, V7 (agency CNA) informed me that R1 was on the floor. V7 said she was transferring R1 by herself from bed to wheelchair but R1 ended on the floor. V5 (LPN) said she went to check on R1 who was lying on the floor with blood noted on the floor. Body assessment done that show R1 sustained lacerations to her right leg toes. (3rd, 4th and 5th toes). Later R1 was sent to the hospital to have her lacerations to be sutured.</p> <p>R1's Hospital Emergency Department (ED) note dated 12/16/24 show, diagnosis-lacerations of right foot . evaluated in the ED today for lacerations to right foot Your lacerations were repaired in the ED with sutures. Remove sutures in 7 days.</p> <p>On 1/3/24 at 2PM both V1 (Administrator) and V2 (Director of Nursing) said V7 (agency CNA) does not work at the facility any longer. V7 had been on do not return status.</p> <p>The facility policy on Safe Lifting and transfers dated July 2017 show, In order to protect the safety and well being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents.</p>		