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	IL6008098	A. BUILDING: ______ B. WING ______	09/22/2021

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S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations I. of II. Statement of Licensure Violations: 300.686 a)8) 300.686 f)1) through f)12) Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications a) For the purposes of this Section, the following definitions shall apply: 8) "Informed consent" - documented, written permission for specific medications, given freely, without coercion or deceit, by a capable resident, or by a resident's surrogate decision maker, after the resident, or the resident's surrogate decision maker, has been fully informed of, and had an opportunity to consider, the nature of the medications, the likely benefits and most common risks to the resident of receiving the medications, any other likely and most common consequences of receiving or not receiving the medications, and possible alternatives to the proposed medications f) Protocol for Securing Informed Consent for Psychotropic Medication 1) Except in the case of an emergency as described in subsection (e), no resident shall be administered psychotropic medication prior to a discussion between the resident or the resident's surrogate decision maker, or both, and the resident's physician or a physician the resident was referred to, a registered pharmacist who is not a dispensing pharmacist for the facility where the resident lives, or a licensed nurse about the most common possible risks and benefits of a	S9999	**Attachment A** **Statement of Licensure Violations**	

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recommended medication and the use of standardized consent forms designated by the Department. (Section 2-106.1(b) of the Act)

2) Prior to initiating any detailed discussion designed to secure informed consent, a licensed health care professional shall inform the resident or the resident's surrogate decision maker that the resident's physician has prescribed a psychotropic medication for the resident, and that informed consent is required from the resident or the resident's surrogate decision maker before the resident may be given the medication.

3) The discussion shall include information about:

A) The name of the medication;

B) The condition or symptoms that the medication is intended to treat, and how the medication is expected to treat those symptoms;

C) How the medication is intended to affect those symptoms;

D) Other common effects or side effects of the medication, and any reasons (e.g., age, health status, other medications) that the resident is more or less likely to experience side effects;

E) Dosage information, including how much medication would be administered, how often, and the method of administration (e.g., orally or by injection; with, before, or after food);

F) Any tests and related procedures that are required for the safe and effective administration of the medication;

G) Any food or activities the resident should avoid while taking the medication;

H) Any possible alternatives to taking the medication that could accomplish the same purpose; and

I) Any possible consequences to the resident of not taking the medication.

4) Pursuant to Section 2-105 of the Act, the discussion designed to secure informed consent

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shall be private, between the resident or the resident's surrogate decision maker and the resident's physician, or a physician the resident was referred to, or a registered pharmacist who is not a dispensing pharmacist for the facility where the resident lives, or a licensed nurse.

5) In addition to the oral discussion, the resident or his or her surrogate decision maker shall be given the information in subsection (f)(3) in writing. The information shall be in plain language, understandable to the resident or his or her surrogate decision maker. If the written information is in a language not understood by the resident or his or her surrogate decision maker, the facility, in compliance with the Language Assistance Services Act and the Language Assistance Services Code, shall provide, at no cost to the resident or the resident's surrogate decision maker, an interpreter capable of communicating with the resident or his or her surrogate decision maker and the authorized prescribing professional conducting the discussion. The authorized prescribing professional shall guide the resident through the written information. The written information shall include a place for the resident or his or her surrogate decision maker to give, or to refuse to give, informed consent. The written information shall be placed in the resident's record. Informed consent is not secured until the resident or surrogate decision maker has given written informed consent. If the resident has dementia and the facility is unable to contact the resident's surrogate decision maker, the facility shall not administer psychotropic medication to the resident except in an emergency as provided by subsection (e).

6) Informed consent shall be sought first from a resident, then from a surrogate decision maker, in the following order or priority:

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S9999	Continued From page 3 A) The resident's guardian of the person if one has been named by a court of competent jurisdiction. B) In the absence of a court-ordered guardian, informed consent shall be sought from a health care agent under the Illinois Power of Attorney Act [755 ILCS 45] who has authority to give consent. C) If neither a court-ordered guardian of the person, nor a health care agent under the Power of Attorney Act, is available, and the attending physician determines that the resident lacks capacity to make decisions, informed consent shall be sought from the resident's attorney-in-fact designated under the Mental Health Treatment Preference Declaration Act [755 ILCS 43], if applicable, or the resident's representative. 7) Regardless of the availability of a surrogate decision maker, the resident may be notified and present at any discussion required by this Section. Upon request, the resident or the resident's surrogate decision maker shall be given, at a minimum, written information about the medication and an oral explanation of common side effects of the medication to facilitate the resident in identifying the medication and in communicating the existence of side effects to the direct care staff. 8) The facility shall inform the resident, surrogate decision maker, or both of the existence of a copy of: A) The resident's care plan; B) The facility policies and procedures adopted in compliance with Section 2-106.1(b-15) of the Act, and this Section; and C) A notification that the most recent of the resident's care plans and the facility's policies are available to the resident or surrogate decision maker upon request.	S9999		

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S9999	Continued From page 4 9) The maximum possible period for informed consent shall be until: A) A change in the prescription occurs, either as to type of psychotropic medication or dosage; or B) A resident's care plan changes in a way that affects the prescription or dosage of the psychotropic medication. 10) A resident or his or her surrogate decision maker shall not be asked to consent to the administration of a new psychotropic medication in a dosage or frequency that exceeds the maximum recommended daily dosage as found in the Prescribers Digital Reference database, the Lexicomp-online database, or the American Society of Health-System Pharmacists database unless the reason for exceeding the recommended daily dosage is explained to the resident or his or her surrogate decision maker by a licensed medical professional, and the reason for exceeding the recommended daily dosage is justified by the prescribing professional in the clinical record. The dosage and frequency shall be reviewed and re-justified by the licensed prescriber on a weekly basis and reviewed by a consulting pharmacist. The justification for exceeding the recommended daily dosage shall be recorded in the resident's record and shall be approved within seven calendar days after obtaining informed consent, in writing, by the medical director of the facility. 11) Pursuant to Section 2-104(c) of the Act, the resident or the resident's surrogate decision maker shall be informed, at the time of the discussion required by subsection (f)(1), that his or her informed consent may be withdrawn at any time, and that, even with informed consent, the resident may refuse to take the medication. 12) The facility shall obtain informed consent using forms provided by the Department on its	S9999		

Illinois Department of Public Health

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S9999	Continued From page 5 official website, or on forms approved by the Department, pursuant to Section 2-106.1(b) of the Act. The facility shall document on the consent form whether the resident is capable of giving informed consent for medication therapy, including for receiving psychotropic medications. If the resident is not capable of giving informed consent, the identity of the resident's surrogate decision maker shall be placed in the resident's record. The requirement was not met as evidenced by: Based on observation, interview, and record review, the facility failed to obtain written consent for psychotropic drugs for two of five residents (R26, R41) reviewed for psychotropic medications in the sample of 12. The findings include: 1. R41's Physician Orders dated 8/10/21 shows an order to increase Remeron (antidepressant medication) to 30 mg (milligrams) daily. R41's most recent Psychotropic Medication Consent dated 6/18/21 shows consent was received for Remeron 15 mg at bedtime. On 9/21/21, V6 RN said she did not know R41's consent was not updated to reflect the increase in R41's Remeron. R41's Medication Administration Record for 9/1/21-9/30/21 shows that R41 has be receiving Remeron 30 mg daily at bedtime. 2. R26's Physician Orders for 9/1/21-9/30/21 show an order for haloperidol decanoate 50	S9999		

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S9999	Continued From page 6 mg/ML (milliliter) inject 1.5 ml (75 mg) intramuscular monthly (moderate severe with psychotic features) with a start date of 12/16/2020. R26's Psychotropic consents show consent was given for Haldol 3 mg twice daily. On 9/21/21 at 12:53 PM, V6 said the floor nurse is responsible for get psychotropic medication consents upon receiving the order and prior to administering the medication. V6 said a new consent is obtained when any changes are made to the psychotropic medication. The facility's Psychotropic Medication Policy revised 11/28/17 shows, "Psychotropic medication shall not be prescribed or administered without the informed consent of the resident, the resident's guardian, or other authorized representative." "C" II. of II. Statement of Licensure Violations: 300.1210 b)4) 300.1210 b 5) 300.1210 d) 6) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.	S9999		

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S9999	Continued From page 7 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. The requirement was not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident was supervised while showering which contributed to a resident (R8) falling in the shower and sustaining a femur(leg) fracture. The facility failed to ensure a resident(R16) was ambulated in a safe manner with a gait belt. This applies to 2 of 12 residents (R8, R16) reviewed for	S9999		

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S9999	Continued From page 8 safety/supervision in the sample of 12. The findings include: 1. R8's Care Plan dated December 20, 2017 showed R8 "has risk factors that require monitoring and intervention to reduce potential for self-injury" due to her medical conditions that affect her balance and gait. The Care Plan showed "Monitor (R8) for signs of fatigue during ambulation." R8's Occupational Therapy Plan of Care dated January 9, 2020 showed R8 needed supervision or touch assistance with verbal cueing during showering/bathing. R8's Fall Risk Assessment dated April 7, 2021 showed R8 was at high risk for falls. R8's resident assessment dated April 12, 2021 showed R8 required limited assistance of one staff when showering/bathing. R8's Nurse's Notes dated June 30, 2021 showed R8 reported to staff that she had fallen on June 29, 2021 while in the shower. The Note showed that R8 "complained of right knee and right ankle pain and is limping. Physician notified and new orders received ...X-rays of right knee and right ankle ordered." R8's Nurse's Notes dated July 1, 2021 showed portable X-rays were completed in the facility on R8's right knee and right ankle. X-ray results showed a fractured right femur. R8 was sent to a local hospital for an evaluation of the injury. R8's X-ray report dated July 1, 2021 showed, "Oblique fracture at the superior patellar pole. Fracture distal femur at the adductor tubercle ..." R8's fall incident report dated June 30, 2021 showed R8 was alone in the shower when she fell. On September 21, 2021 at 9:37 AM, R8 stated. "I	S9999		

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S9999	Continued From page 9 fell in the shower. I was by myself. I told the nurse." On September 21, 2021 at 10:51 AM, V1 Administrator stated, "(R8) was in the shower by herself when she fell. She got herself up. She started limping and told the nurse she fell. We did X-rays on her here that showed she had a right femur fracture. She was sent to the hospital for an evaluation and returned to us the same day. I don't know if she was at risk for falls ..." On September 21, 2021 at 1:00 PM, V9 Physician stated, "Although she (R8) is at a lower risk for falls, she still needs to be supervised when going to the bathroom and in the shower." 2. R16's Care Plan dated March 23, 2020 showed R16 "has fall risk factors that require monitoring and intervention to reduce potential for self-injury ...Use 1 to 2 assist as needed with a gait belt ..." The Care Plan showed R16 had diagnoses including history of falls, unsteadiness on feet, and difficulty in walking. On September 20, 2021 at 1:44 PM, R16 was walking down the hallway using a walker. V5 Physical Therapy Assistant was walking next to R16. No gait belt was in place around R16's waist. On September 21, 2021 at 9:01 AM, V6 Registered Nurse stated, "(R16) is at risk for falls. All staff must use a gait belt when transferring or walking (R16)." The facility's Ambulation Without Device policy dated September 2018 showed, "Procedure: A. Place transfer belt around resident's waist, unless contraindicated ..." "B"	S9999		