

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010086	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/10/2021
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NAME OF PROVIDER OR SUPPLIER  BRIA OF PALOS HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 10426 SOUTH ROBERTS PALOS HILLS, IL 60465
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S 000	Initial Comments  Complaint Investigation:  2198257/IL140020	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1210a)  Section 300.610 Resident Care Policies  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.  Section 300.1210 General Requirements for Nursing and Personal Care  a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest	S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that a newly admitted resident was prescribed anti-seizure medication at a therapeutic level for the management of epileptic seizures. This failure resulted in a resident experiencing symptoms related to seizure and being hospitalized with subtherapeutic anti-seizure medication levels and applied to one (R4) of three residents reviewed for physician orders.</p> <p>Findings include:</p> <p>R4 was admitted into the facility on 10/8/21 from an acute care facility. Current diagnoses include but not limited to: Epilepsy, Dementia Without Behavioral Disturbance and Essential Hypertension.</p> <p>Nursing progress note dated 10/17/21, written by V3 (LPN, Licensed Practical Nurse) reads: Writer spoke with V4 Family Member, V4 verbalized some concerns regarding her dad's medications. V4 verbalized that her dad normally takes Depakote ER 250mg at bedtime. Dilantin 100mg three times daily 5 days a week, alternating with Dilantin 100mg twice daily 2 days a week. Endorse to night shift nurse to follow up with MD in the am regarding these new orders.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Review of R4's current POS (Physician Order Sheet) includes the following orders:</p> <ul style="list-style-type: none"> <li>- Levetiracetam Tablet 1000mg Give 1 tablet by mouth two times a day for anti-epileptic Start Date: 10/8/2021</li> <li>- Dilantin Capsule 100mg Give 1 capsule by mouth two times a day for anti-epileptic Start Date: 10/9/2021</li> </ul> <p>Additional orders include:</p> <ul style="list-style-type: none"> <li>- Dilantin Capsule 100mg Give 1 capsule by mouth three times a day every Mon, Wed, Fri, Sat, Sun for anti-epileptic, Start Date 10/18/2021</li> <li>- Depakote ER Tablet Extended Release 24-hour 250mg Give 1 tablet by mouth at bedtime related to Epilepsy Start Date 10/18/2021</li> <li>- Dilantin Capsule 100mg Give 1 capsule by mouth two times a day every Tue, Thu related to Epilepsy Start Date: 10/19/2021</li> </ul> <p>Nursing progress note dated 10/18/21 at 12:06 AM, V5 (LPN), documented: During rounding, pt. noted having seizure like symptoms. Body shaking, no response, eyes rolling in the back of head. Pt turned on side until subsided. Vitals taken and neuro check performed. Pt noted with left sided weakness. Call third eye and spoke with V6 Physician. Orders given to give Depakote 1 gram by mouth now then daily and to obtain labs in the am (CBC Complete Blood Count, CMP Complete Metabolic Panel, Dilantin, Depakote). Called V4 Family Member.</p> <p>10/18/21 at 12:33 AM, V5 (LPN) conducted a telehealth visit for R4 with V6 (Physician): patient with seizure x 3 over the weekend. Patient is on</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Dilantin for seizures. However, when nurse called V4 Family member V4 stated the patient should be on both Dilantin and Depakote. Patient has not received Depakote since he has been at the facility.</p> <p>Diagnosis, Assessment/Plan: patient not receiving Depakote in addition to Dilantin per V4 Family Member and has had seizures as a result. No current lab work. Will send blood work and start Depakote and obtain neurology consult to assist with seizure management.</p> <p>Give Depakote 1 gm (gram) by mouth x 1 stat dose now then give daily. Obtain neurology consult this week. Disposition: Stay at Facility.</p> <p>10/18/21 at 3:51 PM, V9 (Nurse Manager) documented: spoke with V4 Family Member and went over all medications. V9 (Nurse Manager) spoke with V10 (Physician) regarding changes in medications voiced by V4 and for R4 to return to regular scheduled medications as ordered and how he was taking them at home. V10 ok with changes.</p> <p>10/19/21 V8 (RN, Registered Nurse) documented: V4 Family Member at nurse's station, expresses frustration regarding the care R4 has been receiving. R4 expresses frustration about how patient seizure medications have been ordered and administered. V4 requests R4 be transferred to the hospital to receive Dilantin intravenously. At 3:53 PM, V21 (Previous DON) met with V4 (Family Member) and addressed concerns with medication changes made during hospitalization. Medication adjustments done previously to reflect at home routine. V4 now concerned with R4's Dilantin level. Refusing in house interventions. V4 prefers transfer to the hospital for IV therapy. At 5PM, R4 was transferred to the hospital via</p>	S9999		

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S9999	Continued From page 4  ambulance. Hospital emergency department documentation indicates: R4 stated, "The nursing home has been getting his medication dosing wrong."  Therapeutic drug monitoring Dilantin (phenytoin) lab work dated 10/18/21 documents: 3.3 (L) low (Reference range is 10.0-20.0 ug/ml).  The 10/19/21 hospital emergency department diagnosis indicates: 1. Subtherapeutic serum Dilantin level. R4 was admitted for observation. Hospital lab work indicates: Phenytoin value- 4.0 (L) Low, Reference Range: 10.0-20.0 mcg/ml (micrograms/milliliter).  11/9/21 at 2:49 PM, V10 (Physician) stated, "There is no clear-cut policy on Dilantin monitoring, it varies patient to patient. Baseline is once a week but when a patient is stable with no changes on a medication it is usually monitored monthly. If the patient is stable from the hospital no labs are ordered upon admission."  11/9/21 at 3:35 PM, V2 (DON) inquired on facility's policy for therapeutic drug monitoring and V2 stated, "We don't have a policy, it's according to each patient."  (A)	S9999		