

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001721	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2021
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN BUEHLER MEMORIAL HM.	STREET ADDRESS, CITY, STATE, ZIP CODE 3415 NORTH SHERIDAN ROAD PEORIA, IL 61604
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1of 2 300.1210d)3) 300.1210 General Requirements for Nursing and Personal Care 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. This requirement is not met as evidenced by: Based on record review and interview, the facility failed to perform routine neurological checks on one of three residents (R2) reviewed for falls in a total sample of five. Findings include: The Facility's "Post Fall Documentation" Policy dated 2/20/2019 documents, "If a resident has a fall, or is found on the floor, this is an incident that needs to be documented. The following is the	S9999	<p>Attachment A Statement of Licensure Violations</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>correct procedure for documentation and follow through". "7. Head injuries should have vital signs and neurological checks completed every 15 minutes (two times) then every 30 minutes (two times) and every hour (two times) then every shift for 48 hours."</p> <p>R2's "48 Hour Post Fall/Injury Form" dated 9/12/21 documents, "Resident found on the floor in bathroom tying to 'clean up things' and lost balance. Resident reported 'hit back of head'."</p> <p>R2's "Frequent Vital Sign Monitoring Sheet" shows an initial neurological assessment was done after R2 fell but no further neurological assessments were completed.</p> <p>On 12/1/21, V2 (Director of Nurses) stated, "The vitals and the neurological checks are incomplete on (R2) for her fall on 9/12/21."</p> <p>(C)</p> <p>2 of 2 300.686b)4)c)d)f)2)3)A)B)C)D)E)F)G)H)I)5)9)A)B)12)</p> <p>Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications</p> <p>b) A resident shall not be given unnecessary medications. An unnecessary medication is any drug used:</p> <p>4) Without adequate indications for its use;</p> <p>c) Residents shall not be given Antipsychotic medications unless Antipsychotic medication therapy is ordered by a physician or an authorized</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>prescribing professional, as documented in the resident's comprehensive assessment, to treat a specific symptom or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in accordance with Appendix F.</p> <p>d) Residents who use Antipsychotic medications shall receive gradual dose reductions and behavior interventions, unless clinically contraindicated, in an effort to discontinue these medications in accordance with Appendix F. In compliance with subsection 2-106.1(b) of the Act and this Section, the facility shall obtain informed consent for each dose reduction.</p> <p>f) Protocol for Securing Informed Consent for Psychotropic Medication</p> <p>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.</p> <p>3) The discussion shall include information about:</p> <p>A) The name of the medication;</p> <p>B) The condition or symptoms that the medication is intended to treat, and how the medication is expected to treat those symptoms;</p> <p>C) How the medication is intended to affect</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>those symptoms;</p> <p>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;</p> <p>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);</p> <p>F) Any tests and related procedures that are required for the safe and effective administration of the medication;</p> <p>G) Any food or activities the resident should avoid while taking the medication;</p> <p>H) Any possible alternatives to taking the medication that could accomplish the same purpose; and</p> <p>I) Any possible consequences to the resident of not taking the medication.</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>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).</p> <p>9) The maximum possible period for informed consent shall be until:</p> <p>A) A change in the prescription occurs, either as to type of psychotropic medication or dosage; or</p> <p>B) A resident's care plan changes in a way that affects the prescription or dosage of the psychotropic medication. (Section 2-106.1(b) of the Act).</p> <p>12) The facility shall obtain informed consent using forms provided by the Department on its 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</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>decision maker shall be placed in the resident's record.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide an adequate indication for use, complete the consent including dosage information and consent for increase in an Antipsychotic medication for one resident (R4) of three residents reviewed for psychotropic medications in the sample of five.</p> <p>Findings include:</p> <p>Facility Policy/Psychotropic/Anti-Anxiety/Anti-Depressant Medication assessments dated/revised 1/31/18 documents: "Prior to the use of such medication, there must be adequate supporting documentation."</p> <p>Current Physician's Order Sheet indicates R4 was admitted to the facility on 1/29/21 with diagnoses that include Nocturnal Confusion. This Physician Order Sheet does not include a diagnosis of Dementia, however Physician's notes dated 10/29/21 indicate R4 has "Advanced Alzheimer's Dementia."</p> <p>Current Physician's Order Sheet indicates R4 has orders initiated on 6/4/21 for Seroquel (Antipsychotic) 25mg (milligrams) twice daily.</p> <p>R4's Consent for Psychotropic Medication Use dated 2/2/21 indicates consent for Seroquel was received via phone consent on that date. The consent does not indicate dosage, times per day administered, what specific condition Seroquel is used to treat or any diagnosis.</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>R4's current Care Plan indicates R4 was receiving Seroquel 25 mg (milligrams) at bedtime as of 2/12/21; increased to 12.5mg in am and 25 mg at bedtime on 3/16/21 and increased again to Seroquel 25mg twice daily on 6/4/21.</p> <p>R4's Medical Record does not document that an updated consent was obtained for the increases in Seroquel on 3/16/21 or 6/4/21.</p> <p>Quarterly Psychoactive Medication Evaluation dated 3/16/21, 7/19/21 and 10/10/21 all indicate R4 was receiving Seroquel for "Diagnosis: Anxiety with Agitation related to Memory Loss." This Evaluation indicates, "Behavior warranting use of medication: combative, yells, disruptive, throwing objects."</p> <p>Pharmacy Recommendations dated 5/4/21 and 8/5/21 indicate recommendation for Gradual Dose Reductions of Seroquel. Physician reply denied reductions on both dates due to returning signs/symptoms of aggression and agitation.</p> <p>On 11/30/21 and 12/1/21, R4 was observed in bed with a small baby doll. On 12/1/21 at 8:45am, R4 was toileted by V4, CNA (Certified Nurse Assistant). At that time R4 was cooperative, calm and able to follow directions.</p> <p>On 12/1/21 at 9:10am V4, CNA stated that R4 has no behaviors - is accepting of care, sings and can converse - although not oriented. V4 stated that R4 sometimes cries but is easily redirected and consoled.</p> <p>On 12/1/21 at 9:30am V5, LPN (Licensed Practical Nurse) stated that R4 does not currently have any disruptive behaviors. V5 stated that R4</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>came from home and was receiving Norco (narcotic) for pain management and the Norco was decreased after being admitted. V5 stated that the family recommended increasing the Norco back to the previous "At home" dose to decrease R4's behaviors. V5 stated she doesn't know if the behaviors were reduced due to the Seroquel or the Norco.</p> <p>On 6/8/21, 5/16/21, 3/22/21, 3/16/21, 2/11/21, Progress notes indicate R4 was agitated and complaining of pain.</p> <p>On 12/1/21 at 12:00pm V2, DON (Director of Nursing) acknowledged that the behavior symptoms R4 was having are not an adequate indication for use of an Antipsychotic medication and agreed that R4 may have just needed the Norco returned to the previous dosage. V2 also acknowledged that the consent form was missing necessary information.</p> <p>(C)</p>	S9999		
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