Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ______ B. WING ______	C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APERION CARE WEST RIDGE	6450 NORTH RIDGE BLVD CHICAGO, IL 60626

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S 000	Initial Comments Complaint Investigation: 2281075/IL143347	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)2) 300.1220 b)2) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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. 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: 2)All treatments and procedures shall be administered as ordered by the physician. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including 2)Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. These Requirements were not met evidenced by: Based on interview, and record review, the facility failed to monitor the lithium level of one resident (R6) out of 3 residents (R6, R11 and R12) receiving lithium. This failure has caused R6 to be hospitalized with lithium overdose. Findings included: Face sheet documents R6 was admitted to facility	S9999		

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on 10/14/2020. Physician Order Sheet documents order for Lithium Carbonate 300 MG Capsule, one capsule by mouth twice daily for mood with start date of 10/14/2020. January Medication Administration Record documents R6 was receiving 300 MG of lithium twice a day, 9 am and 9 pm.
Records shows no order for lithium level since R6's admission on 10/14/2020.

Progress note dated 1/29/22 11:30 am reads; Narrative:
During this shift writer observed resident (R6) being lethargic. Mumbling with words and could not follow command. V/S taken, was not registering, noted with shallow breathing and desaturating. Writer informed Assistant Director Of Nursing (ADON), 911 called and arrive at 12:45 PM and took over resident care. First responder departed the facility around 12:57 PM to xx xx Hospital.

Progress note dated 1/6/22 reads: Resident with c/o blurred and fading vision, no eye pain or drainage.

Progress note documents R6 was admitted into Intensive Care Unit with diagnosis of Urinary Tract Infection (UTI), sepsis and lithium overdose. The complaint intake documents R6's Lithium level upon hospitalization was 3.2 and that the lithium range should be 0.8 to 1.2.

Medication Regimen Review (MRR) dated 12/31/21 reads: R6 is receiving medications which may require routine laboratory monitoring. Please consider ordering the following laboratory test, if appropriate. Lithium level. This document is signed by pharmacist Consultant (V9). The Nurse Practitioner (V10) signed it on 2/8/22. R6

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was hospitalized on 1/29/22 with diagnosis of UTI and lithium overdose.

Electronic record shows progress notes from psychiatrist on 12/15/20, 1/21/2021 and 8/6/21. None of this notes documents that the lithium level was addressed. Facility provided a non - electronic documentation (form typed and hand written) dated 10/26/21; 11/18/21 and 12/19/21 as a psychiatrist progress noted signed by V10. On those forms there is a box for labs orders included lithium level. The box is unchecked in all 3 psychiatrist review. There is no order to check lithium level."

On 02/09/22 at 04:05 PM V1 stated "None noted" as a response to surveyor request of R6's lithium level lab result.

Care plan documents: I use psychotropic medications Lithium Carbonate, Haldol medications r/t Behavior management and goals is I will be/remain free of psychotropic drug related complications, including movement disorder, discomfort, hypotension, gait disturbance, constipation/impaction or cognitive/behavioral impairment through review date. And the interventions to achieve it included: Monitor/document/report PRN any adverse reactions of Psycotropic medications: unsteady gait, tardive dyskinesia, EPS (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps nausea, vomiting, behavior symptoms not usual to the person.

On 02/10/22 at 11:38 AM primary care physician (V8) denies ordering lithium and stated it is the

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psychiatrist responsibility. Stated "I limited my activity to diabetes and other issues. I never ordered a lithium in my life."

On 02/10/2022 at 01:26 pm V 10 (nurse practitioner) states "I am a family nurse practitioner. I am about to finish my training on psychiatric. There should be a standard order to check the lithium level every 3 months. I believe I saw R6 last year. I gave order to the nurses to check the lithium level. I have not seen R6 this year. Last time probably was in November or December. Once the results comes back the nurses notify the provider and we will check the level. We don't know when the lab will be there to drawn blood. Checking the lithium level is important, of course, because we have to monitor for toxicity. If the patient is having nausea, vomiting, changing mental status, changing in vitals, blurred vision that is a red flag.
We don't check the level of the lithium only if we see side effects. It is part of the protocol, and it should be checked every 3 months at least. If the facility don't give the GDR, I wouldn't have it, because I don't have access to it. The pharmacy sends the GDR to facility (Director of Nursing -DON or psych nurse) and they will send it to us (provider). We agree or not with pharmacy recommendation. When I give a verbal order for a lab, I absolutely expect to see the result. I didn't ask for the result. I didn't make an adjustment on the lithium because I was not notified that the lithium level was elevated. We adjust the dosage of the medication (lithium and any other meds) for 2 different reasons. If the medication is not effective, the resident is exhibiting symptoms, for instance the mood is not stabilized, than you adjust the medication. And also we adjust the medication (in this case lithium) if the level of the medication is elevated. I signed the MRR on

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S9999	Continued From page 5 02/08/22 because the facility gave it to me that day." On 02/10/2020 at 03:15 PM V10 stated "the Graduation Drug Reduction, per our practice is to be done twice a year to make recommendation to the provider for the psychotropic medication. All the other meds active on the resident's profile we review it monthly. I did recommend a lithium level lab on December because I didn't see any lithium level lab in the chart. I also recommend it on August 2021. The December 31 was a follow up for the August recommendation. V10 said that the records she (V10) had on R6 were from April 2021, and from April to August 2021 there was no lithium level documented. On August 2021 she recommended a lithium level lab. On December she review it again and because there was no lithium level lab V10 recommended it again. On 02/10/22 at 05:57 PM V1 states "We are supposed to get the pharmacy review monthly. Even with the psychotropic. The pharmacy is supposed to send it to V2 (Assistant Director of Nursing -ADON)." On 02/10/22 at 06:00 PM V2 States "V9 (Pharmacy consultant) never sent the pharmacy recommendation to me until the day you (surveyor) requested. I go all the time to the pharmacy website and I didn't see any recommendation. They normally will send to me by email. I checked my email from August and it was not there. I never received anything from pharmacy. The pharmacy is supposed to do the medication review each month and send the recommendation to me. If I don't receive it I am assuming there is no problem. If the pharmacy send's to me I need to call the doctor and ask if they agree or disagree with pharmacy	S9999		

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recommendation. My responsibility is to ask the pharmacy. When I receive the pharmacy recommendation I email it to doctor or wait until the doctor/NP next visit. I never had anything to give to the nurse practitioner. I never received any order for lithium level lab. When you (surveyor) asked for R6's GDR we called the pharmacy and the pharmacy sent it to us. I called the NP and she signed it agreeing with the recommendation. It was on 02/08/22. The NP and doctors could have ordered the lithium level when they were here to see the patient.

On 02/10/22 at 07:06 PM V1 states "Unable to obtain additional information requested from pharmacy" in response to request of documentation showing when the pharmacy had sent the MRR with the recommendation for the lithium level laboratory test for R6.

Facility Policy and procedure on pharmacist Medication Regimen Review revised on 04/01/21 reads: Procedure:
Federally mandate standards of care as well as other applicable standards serve the basis for review to ensure that residents' medications are promoting or maintaining the residents' highest level of function in congruence with the residents' therapeutic goals and to identify clinically significant risk and /or adverse medication reaction.
It is the responsibility of the facility to assure that each of the recommendations results in a response by either a physician or nurse, as appropriate. And that "the documentation of completed medication regimen review should be kept as part of the resident's records to reflect at least twelve months of review."

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