Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
AND LEAR OF CONNECTION			A. BUILDING:		00.00	-	
		IL6015473	B. WING		10/2	5/2023	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
ILLINOIS	VETERANS HOME A	T QUINCY 1707 NOR QUINCY, I	TH 12TH ST IL 62301	REET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Annual Licensure S	urvey					
S1580	Section 340.1580 R	Restraints	S1580				
	This Regulation is Statement of Licens	not met as evidenced by: sure Violations:					
	340.1580d)						
	Section 340.1580 R	Restraints					
	d) The use of oprohibited.	chemical restraints is					
	This requirement is not met as evidence by:						
	interview, the facility were free from cher residents (R8, R10,	on, record review and y failed to ensure residents mical restraints for 11 of 13 R11, R12, R13, R14, R15, 9) reviewed for psychotropic mple of 19.					
	Findings include:						
	3/8/22 documents, defined as any drug	sition Devices policy dated "A Chemical Restraint is gused for discipline or staff not required to treat medical					
	documents, "Psychi which are used for a anti-depressant, and and/or anti-anxiety p	orug Use Policy dated 4/1997 otropic drugs refer to drugs anti-psychotic, ti-manic, sedative-hypnotic, purposes and which are used ental status, and the behavior		Attachment A Statement of Licensure Violations	•		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6015473 10/25/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1707 NORTH 12TH STREET ILLINOIS VETERANS HOME AT QUINCY **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S1580 Continued From page 1 S1580 of the resident... 9. Any resident on psychotropic drug therapy will be monitored daily for specific behaviors. Instances of specific behavior will be documented on the monthly Behavioral/Intervention Monthly Flowsheet." 1. R8's list of current diagnoses include Alzheimer's Disease Unspecified, Unspecified Dementia with moderate agitation and Personal history of other mental and behavioral disorders. R8's Careplan intervention dated 7/26/23 states "R8 uses psychotropic medications r/t (related to) behavioral management and advanced dementia." R8's physician's orders dated 9/13/23 documents R8 was prescribed Haldol (anti-psychotic medication) 1 mg (milligram) by mouth or intramuscular injection one hour prior to bath every Wednesday related to "UNSPECIFIED DEMENTIA, MODERATE, WITH AGITATION." This order replaces R8's previous order dated 8/23/23 for Ativan (anti-anxiety medication) 1 mg tablet by mouth one hour before bath on every Wednesday. R8's Medication Administration Record dated 9/1/2023 and 10/25/2023 documents Ativan 1 mg was administered 1 hour prior to bath on Wednesday 9/6/23 and Haldol 1 mg administered 1 hour prior to bath on each Wednesday between 9/13/23 and 10/25/23. R8's behavioral tracking dated 9/1/23 through 10/25/23 documents R8's behaviors were documented 6 of 8 bath days during that time period. R8's behavioral assessments included he had anxiety; was resistive to care, wandered and rummages/hoarded.

Illinois E	epartment of Public	: Health	38 5		FORM	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
			A. BUILDING:		COMPLETED	
		IL6015473	B. WING		10/2	5/2023
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
ILLINOIS	VETERANS HOME	41 GUINGT	RTH 12TH ST .IL 62301	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$1580	Continued From pa	age 2	S1580			
	the hall with V11 (R calm, not exhibiting unable to respond usually wanders the 10/24/23 at 1:00 Pl hall independently a contact or respond Wednesday 10/25/2 bath, R8 was observativity room during On 10/25/23 at 10:4 Nurse/RN) stated F this morning prior to scheduled Haldol 2 sleepy and "We are medications prophy	45 AM, V7 (Registered 88 received Haldol 1 mg dose o shower, as well as the mg dose which makes him e giving the pre-bath dactically to prevent behaviors because they are exhibiting				
	verified R8 does ha Disease Unspecifie moderate agitation mental and behavio	5 PM, V9 (Nursing Supervisor) ve a diagnosis of Alzheimer's d, Unspecified Dementia with and Personal history of other ral disorders but does not warrant the use of an cation.				
	2. R10's list of curre Unspecified Demen	ent diagnoses include tia with Moderate Agitation.				
	R10 was prescribed hour prior to bath ev 8/21/23.	Ativan 1 mg by mouth one very Monday and Thursday on				
	8/21/23 documents.	dministration Record dated Ativan 1 mg was prior to baths on every bath				

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6015473	B. WING		10/	25/2023
NAME OF	PROVIDER OR SUPPLIER	STREE	ADDRESS, CITY,	STATE, ZIP CODE		
ILLINOIS	S VETERANS HOME A	AT QUINCY	IORTH 12TH S CY, IL 62301	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S1580	Continued From pa	ge 3	S1580			
	day between 9/4/23	and 10/23/23.				
	10/25/23 document documented 10 of 1 period. R10's behav	og dated 9/23 through s R10's behaviors were l5 bath days during that time vioral assessments included cares, wanders, yells, and	•			
	Disorder, Post Trau Unspecified Sympto Function and Aware	ent diagnoses include Anxiet matic Stress Disorder, oms and Signs of Cognitive eness, Depression and itia Severe with Agitation.	y			
		Ativan 1 MG by mouth ever every Monday on 8/21/23.	У			
;	8/21/23 documents	prior to baths on every				
	10/25/23 documents documented 6 of 8 i	ng dated 9/1/23 through s R11's behaviors were bath days. R11's behavior nents he was resistive to ca	re,			
	Unspecified Major D	nt diagnoses include Single Depressive Disorder and Moderate with personal Brain Injury.				7 6.
		Ativan 1 MG by mouth ever every Monday on 8/21/23.	У			
	8/21/23 documents /	lministration Record dated Ativan 1mg was administere on every Monday between	d			

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6015473 10/25/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1707 NORTH 12TH STREET ILLINOIS VETERANS HOME AT QUINCY **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S1580 Continued From page 4 S1580 9/4/23 and 10/23/23. R12's Behavioral Log dated 9/1/23 through 10/25/23 documents R12's behaviors were documented 3 of 8 bath days. R12's behavior assessment documents R12 had striking out/hitting behaviors, agitation, anxiety and resistive to care. 5. R13's list of current diagnoses include Unspecified Dementia, with Moderate Agitation and other Behavioral Disturbances. R13's physician's order dated 8/22/23 documents Haldol 1 mg by mouth every 1 hour prior to bath on Tuesdays, as needed basis and was discontinued 10/2/23. On 10/3/23 to present, R13's physician's order documents Haldol 1 mg by mouth every 1 hour prior to bath on Tuesdays. R13's Medication Administration Record dated 8/22/23 documents Haldol 1 mg was administered as needed for agitation 1 hour prior to baths 3 times between 9/12/23 and 9/26/23. R13's Medication Record dated 10/3/23 documents Haldol 1 mg 1 hour prior to baths on Tuesday was administered as a scheduled medication 4 times between 10/3/23 and 10/24/23. R13's Behavioral Log dated 9/1/23 and 10/25/23 documents R13's behavioral were documented 2 of 7 bath days during that time frame. R13's behavior assessment documents R13 had exhibited agitation, anger, resistive to care, yelled and made disruptive noises. 6. R14's list of current diagnoses include Unspecified Neurocognitive Disorder Lewy Bodies.

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6015473 10/25/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1707 NORTH 12TH STREET ILLINOIS VETERANS HOME AT QUINCY **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S1580 Continued From page 5 S1580 R14's physician's order dated 8/22/23 documents Ativan 0.5 mg by mouth every 1 hour prior to bath on Tuesdays. R14's Medication Administration Record dated 8/22/23 documents Ativan 0.5 mg was administered 1 hour prior to baths every bath day between 9/5/23 and 10/24/23. R14's Behavioral Log dated 9/1/23 through 10/25/23 documents behavioral assessments were conducted 3 of 8 bath days during that time frame. R14's behavior assessments documents R14 was uncooperative/resistive to plan of care. wanders, yells, and rummages/hoards. 7. R15's lists of current diagnoses include Unspecified Dementia, Moderate with other Behavior Disorders. R15's physician's order dated 8/23/23 documents Ativan 1 mg by mouth every 1 hour prior to bath every Wednesday. R15's Medication Administration Record dated 8/23/23 documents Ativan 1 mg was administered 1 hour prior to baths on every bath day between 9/6/23 and 10/25/23. R15's Behavioral Log dated 9/1/23 through 10/25/23 documents behavioral assessments were conducted 7 of 8 bath days. R15's behavior assessments documents R15 would strikeout, spit, was uncooperative, fights and wanders.

8. R16's list of current diagnoses include

Severe Behavior Disturbances.

Unspecified Dementia, Severe with Agitation and

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			D 14/01/C			
IL6015473			B. WING		10/2	25/2023
	PROVIDER OR SUPPLIER	1707 NOR	DRESS, CITY, R TH 12TH S '	STATE, ZIP CODE F REET		
ILLINOIS	VETERANS HOME A	QUINCY QUINCY,	_			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$1580	Continued From pa	ge 6	S1580			
	R16's physician's order dated 8/20/23 documents Ativan 1 mg by mouth every 1 hour prior to baths on Thursdays and Sundays.					
1	R16's Medication Administration Record dated 8/20/23 documents Ativan 1 mg was administered 1 hour prior to baths on every bath day between 9/3/23 and 10/22/23.					
	10/25/23 document were conducted on behavioral assessm	og dated 9/23/23 through s behavioral assessments 1of 15 bath days. R16's nents documents R16 and was uncooperativeness				
	9. R17's list of current diagnoses include Post Traumatic Stress Disorder, Unspecified Dementia with Moderate Agitation and Behavioral Disturbances.					
		rder dated 8/24/23 documents ith every 1 hour prior to bath				
	8/24/23 documents	r prior to baths on every bath				
	documents behavio conducted on 3 of 7 assessments documents	og dated 9/23 and 10/25/23 ral assessments were bath days. R17's behavioral ments R17 exhibited crying, mess with cares, wanders and				
	Alzheimer's Disease	rent diagnoses include e Unspecified, Post Traumatic xiety, Depression and	:			

Illinois Department of Public Health STATE FORM

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6015473 10/25/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1707 NORTH 12TH STREET ILLINOIS VETERANS HOME AT QUINCY **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S1580 Continued From page 7 S1580 Dementia with Behavioral Disturbances. R18's physician's order dated 8/25/23 documents Ativan 1 mg by mouth every 1 hour prior to bath on Fridays. R18's Medication Administration Record dated 8/25/23 documents Ativan 1 mg was administered 1 hour prior to baths every bath day between 9/1/23 and 10/20/23. R18's Behavioral Log dated 9/23 through 10/25/23 documents behavioral assessments were conducted on 4 out of 8 bath days, R18's behavior assessments documents R18 had anxiety, compulsion, sees, feels, hears things that aren't there, wanders, suspicious/paranoia. uncooperative, wanders and appears sad. 11. R19's lists of diagnoses include Anxiety Disorder, Depression, Alzheimer's Disease Unspecified, Dementia with Moderate Agitation and Behavioral Disturbances. R19's physician's order dated 8/22/23 documents Ativan 1 mg by mouth every 1 hour prior to bath on Tuesday. R19's Medication Administration Record dated 8/22/23 documents Ativan 1 mg was administered 1 hour prior to baths every bath day between 9/5/23 and 10/24/23. R19's Behavioral Log dated 9/23 through 10/25/23 behavioral assessments were conducted on 0 of 10 bath days (9/5/23 through 10/24/23). On 10/24/23 at 11:00 AM, R19 was sitting in the

dining and television room sleeping in a chair.

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY IPLETED
		IL6015473	B. WING		10/	25/2023
	PROVIDER OR SUPPLIER VETERANS HOME A	4707 NO	RTH 12TH ST	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$1580	R19 had fallen asle was sleeping with a On 10/24/23 at 12:1 the same chair in the slouched over to hid (Registered Nurse) times with tactile and unsuccessful until row V12 stated "He is with and so he got awake R19 started took his noon medicand R19 fell back to in his hand. V12 are couple minutes late V12 walking away, On 10/25/23 at 10:4 confirmed R8 and Epsychotropic medic V7 stated "Pretty more receive pre-bath medications of being and symptoms of Sevening). There is bathroom at a time residents would be with, only staff. We medications prophy behaviors and not no exhibiting behaviors. On 10/25/23 at 11:2 Supervisor) stated "are given the pre-bathem because of becares and easily agi	pep during a phone call and a telephone to his ear. On PM, R19 continued sitting in the dining room. R19 was a left side sleeping. V12 tried to awake R19 multiple and verbal stimulation but was multiple attempts were made, ery sleepy today. (R19) had a bath time medications." Once to drink his health shake and cation. V12 left R19's side to sleep holding the shake cup bused R19, after returning a reto finish the shake. Upon R19 fell back to sleep. S AM, V7 (Registered Nurse) R10-R19 all receive ation scheduled before baths, such all of the residents who edications have the same resistive to cares and signs andowners (confusion in the only one resident in the when giving baths so no other are giving the pre-bath lactically to prevent the ecessarily because they are a every time it's bath day." O AM, V8 (Nursing Many of the residents who with medications are given thaviors. Most are resistive to tated. When they are given	S1580			
	the scheduled medi necessarily having b	pehaviors at that time but they				

PRINTED: 11/22/2023 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ 8. WING IL6015473 10/25/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1707 NORTH 12TH STREET ILLINOIS VETERANS HOME AT QUINCY **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) \$1580 Continued From page 9 S1580 get it for prevention so we can take care of them easier. They are prescribed by (V10 Family Nurse Practitioner) who oversees that unit and orders pre-bath medications based on a history of bath behaviors." (C) \$1610 Section 340.1610 S1610 Unnecessary, Psychotropic, Antipsychotic Drugs This Regulation is not met as evidenced by: Statement of Licensure Violations: 340.1610a)4) Section 340.1610 Unnecessary, Psychotropic, and Antipsychotic Drugs a) A resident shall not be given unnecessary drugs in accordance with Section 340. Table B. In addition, an unnecessary drug is any drug used: without adequate indications for its use; or (Section 2-106.1(a) of the Act, see P.A. 88-413, effective August 20, 1993) Section 340.TABLE B Guidelines for the Use of Various Drugs

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conditions":

Use of Antipsychotic Drugs Antipsychotic drugs should not be used unless the clinical record documents that the resident has one or more of the following "specific

Schizo-affective disorder:

Schizophrenia;

1.

2.

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paranoia, delusions) not exhibited as dangerous behaviors or as crying, screaming, yelling, or

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ IL6015473 B. WING 10/25/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1707 NORTH 12TH STREET **ILLINOIS VETERANS HOME AT QUINCY QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$1610 Continued From page 11 S1610 pacing but which cause the resident distress or impairment in functional capacity; or Antipsychotics should not be used if one or more of the following is/are the only indication: Wandering, 1. 2. Poor self care, 3. Restlessness. 4. Impaired memory, 5. Anxiety, 6. Depression (without psychotic features), 7. Insomnia, 8. Unsociability. Indifference to surroundings, 9. 10. Fidaetina. 11. Nervousness. 12. Uncooperativeness, or 13. Agitated behaviors which do not represent danger to the resident or others. This requirement is not met as evidence by: Based on observation, record review and interview, the facility failed to provide appropriate indications that warrant the use of an anti-psychotic medication and failed to reassess the need for an anti-psychotic medication after multiple resident falls and increased sleepiness for 1 of 13 residents (R8) reviewed for antipsychotic medications in a sample of 19 residents. Findings include: 1. R8's list of current diagnoses include Alzheimer's Disease Unspecified, Unspecified Dementia with moderate agitation and Personal history of other mental and behavioral disorders. R8's Careplan intervention dated 7/26/23 states,

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6015473 10/25/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1707 NORTH 12TH STREET ILLINOIS VETERANS HOME AT QUINCY **QUINCY, IL 62301** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY** S1610 Continued From page 12 S1610 "R8 uses psychotropic medications r/t (related to) behavioral management and advanced dementia." R8's physician's order dated 9/13/23 documents Haldol 1 MG (milligram) by mouth every day shift every Wed 1 hr (hour) prior to bath related to "UNSPECIFIED DEMENTIA, MODERATE, WITH AGITATION" may give p.o. (by mouth) or I.M. (intramuscular injection). R8's physician order dated 9/8/23 through 10/22/23 documents Haldol 2 mg by mouth two times a day for agitation/aggression twice daily. R8's behavioral assessments dated 9/2023 and 10/2023 included he had the behaviors of anxiety: was resistive to care, yelled and made disruptive noises, wandered, and rummaged/hoarded. R8's Social Service note dated 10/11/2023 1:55p.m. documents "(R8) continues to wander daily and is resistive, but not combative, with hands-on care." R8's Medication Administration Record noted Haldol 1 mg was administered prior to morning bath on 10/18/23 on "day" shift (no time specified). R8 nursing progress note 10/18/2023 at 10:40 AM (Wednesday/bath day) documents "While standing at nurses station this writer heard a loud thump followed by a "oh" coming from the dayroom. This writer responded immediately and upon entering dayroom member was observed sitting on the floor with his legs outstretched towards the north hall and leaning back on his left elbow. He did remain sitting for VS (vitals). Assist of 2 with to standing position. Member guided to

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6015473 10/25/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1707 NORTH 12TH STREET ILLINOIS VETERANS HOME AT QUINCY **QUINCY, IL 62301** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S1610 Continued From page 13 S1610 sitting position in chair and as soon as buttocks hit the chair member was up and walking out of dayroom. Purplish bruising noted to left elbow. Unknown if member hit his head, however, no redness or bumps noted to head." R8's nurse's progress note 10/21/2023 dated 6:00 PM documents "observed member (R8) lose balance and fall onto floor, corridor by north door of dining room and landed on left side, hit head on wall, clothed, nonskid socks on, lighting adequate, floor dry, uncluttered, moving all extremities per baseline status, no deformity or lacerations, has red raised area on left side of forehead, skin intact, assisted to sitting position and to wheelchair and to his room/bed.' R8's nurse's progress note dated 10/22/2023 at 11:11 AM documents "TO (telephone order) received from V10 (Nurse Practitioner) regarding R8 and has appeared more tired and moving more slowly which may be impairing his balance when ambulating. TO received to reduce Haldol to 1 mg po BID (twice daily) today only and she will discuss tomorrow." R8's physician order dated 10/22/23 documents R8 was prescribed a reduced dose of Haldol 1 mg by mouth for agitation/aggression two doses but was then discontinued on 10/22/23, R8's physician order dated 10/23/23 shows R8's Haldol was increased again to 2 mg twice daily by mouth but there is no documentation for the rational for the increased dose. **R8's Medication Administration Record** documents R8's Haldol dose was lowered to 1 mg for the 2 doses administered on that date as

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ordered.

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