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	IL6000954	A. BUILDING: _____ B. WING _____	10/03/2024

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S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 5): 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 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 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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c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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.

These requirements were not met as evidenced by:

Based on interview and record review, the facility failed to provide adequate supervision to a resident (R194) who is high risk for falls. This failure resulted in R194 sustaining a fall which required R194 to go to the local hospital due to sustaining a laceration above R194's left eyebrow, an acute interior column fracture of the C6 vertebrae without significant displacement and R194 to wear a neck brace for 8 weeks.

Findings include:

The facility's Initial Report to local State Agency dated 08/26/24 at 8:12 am, documents, in part R1 sustained a fall with a cut to the upper left eyebrow requiring staples.

The facility's Final Report to local State Agency dated 09/02/24 at 6:46 pm, documents, in part R194 was transferred to the local hospital. R1

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sustained a laceration to left eyebrow when R194 fell and hit her head on a chair in the dining room area. R194 readmitted from the local hospital with 8 stitches above the eyebrow. R194 was also diagnosed with acute interior column fracture of the C6 vertebrae without significant displacement ... R194 was discharged with instructions to wear neck braces to reduce movement of the vertebrae.

R194's hospital record dated 08/25/24 at 4:45 pm, documents, in part: "History of Present Illness: R194 is a 57-year-old with history of schizophrenia, schizoaffective disorder, transferred after a fall. Patient fell off a chair and laceration on left eyebrow and struck her (R194) head ... Imaging: MRI (Magnetic Resonance Imaging) Cervical Spine without contrast final result: Acute oblique-horizontal fracture of the C6 (Cervical) vertebral body extending to the ossified anterior longitudinal ligament and adjacent bridging osteophytes at C6 and C6-C7 with minimal displacement. Suspected fracture extension to the adjacent discs at C5-C6-and C6-C7 with annular tears." Wound: Musculoskeletal Immobilization Hard Collar Neck. Wound forehead right.

R194's Brief Interview for Mental Status (BIMS) dated 09/12/24 shows R194 has no BIMS score and indicates R194 has memory problems.

R194's Minimum Data Set (MDS) dated 08/07/24 shows R194 requires substantial/maximal assistance for sit to stand and Supervision or touching assistance for walking.

R194's Face sheet documents R194 admitted to the facility on 02/22/19, discharged from the facility 09/12/24 and has a diagnosis which

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include but not limited to nondisplaced fracture of sixth cervical vertebra subsequent encounter for fracture with routine healing and schizoaffective disorder and bipolar type. R194 no longer resides at the facility and surveyor was unable to interview R194.

On 09/30/24 at 12:40 pm, V16 (Licensed Practical Nurse, LPN) stated on 08/25/24 around 6:00 am, V16 was passing medication to residents on the sixth floor and observed V24 (Certified Nursing Assistant, CNA) ambulating R194 to the sixth-floor dining room. V16 explained V16 assumed V24 sat R194 down in the sixth-floor dining room. However, shortly after V24 left R194 in the dining room, V16 saw R194 walking from the dining room. V16 redirected R194 back to the dining room and sat R194 in a chair in the sixth-floor dining room. V16 then explained V16 continued to administer medications to residents on the sixth floor. V16 then was standing at V16 medication cart in the sixth-floor hallway slightly down from dining room area, with V16's back to the dining room area when V16 heard a loud noise. V16 stated V16 turned around and looked across the hallway and saw R194 laying on the floor in the entry way of the dining room with R194's head against the wall and the leg of another residents chair. V16 stated V16 went to assess R194 after R194's fall in the dining room and observed a laceration to R194's left eyebrow.

V16 stated R194 always has a staff member walk with R194. R194 is a resident who walks fast with an unsteady gait on her (R194) toes and requires assistance from staff for safe ambulation. V16 explained on 08/25/24 prior to R194's fall, R194 was not wearing shoes when V24 (CNA) ambulated R194 to the dining room or when V16

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redirected R194 to the dining room prior to R194's fall on 08/25/24. V16 stated, "We try our hardest to sit and monitor the dining room but this particular day it was chaotic. I (V16) still had two people to pass medication to, so I (V16) was at my cart (referring to the medication cart) and didn't see R194 in the dining room get up. I (V16) just turned around and looked over to the dining room and saw R194 had fallen on the floor." V16 explained R194's left eye was bleeding. V16 applied a cold wet towel to R194's eye, called R194's physician (who gave orders to send R194 to the local hospital), R194's family, and V2 (Director of Nursing, DON). V16 denied R194 had lost consciousness when R194 sustained a fall on 08/25/24. V16 stated there was no staff to monitor the dining room during R194's fall and all staff was providing care to other residents. V16 explained V16 would have monitored the dining room however V16 remembered V16 still had to administer medication to other residents. When V16 was asked regarding what can happen if residents who are high risk for falls are in the dining room without any staff supervision and V16 stated, "Falls and incidents can occur."

On 09/30/24 at 1:03 pm, V24 (Certified Nursing Assistant, CNA) stated on 08/25/24 around 5:30 am, V24 gave R194 a bed bath, got R194 dressed and took R194 to the dining room. V24 explained V24 then sat R194 in the dining room and went to take care of another resident. When V24 was asked regarding R194's mobility, V24 explained R194 does not use any assistive devices for ambulation. V24 stated, "Someone always walks with R194 to make sure R194 doesn't fall. About 15 minutes after R194 was in the dining room. I (V24) heard a loud "bang" noise like something hit the wall and someone fell from the dining room." V24 stated V24 rushed

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into the dining room and saw R194 laying on the floor and V16 (LPN) attending to R194. V24 explained V24 and V16 assisted R194 to a chair and V16 asked V24 to hold pressure to R194's eyebrow until the ambulance arrived. V24 stated R194 was not wearing shoes and R194 was wearing friction socks. When V24 was asked regarding what staff was monitoring the dining room when V24 left R194 in the dining room prior to R194's fall on 08/25/24 and V24 stated, "Everyone was working at that time. I (V24) don't remember any staff in the dining room. No staff was assigned to the dining room. My (V24) job is to get up the residents and give them showers."

On 10/01/24 at 10:49 am, V2 (Director of Nursing, DON) stated R194 is a resident with dementia, confused and alert to self. V2 stated R194 is to be monitored when placed in the dining room. V2 explained V2 requires staff to ambulate with R194 due to R194's leg (V2 was unable to remember which leg) is not very strong for R194's safety. On 08/25/24 V2 stated V2 received a call from V16 (LPN) that R194 stood up and started to walk and sustained a fall before the nurse could intervene. V2 explained V16 stated R194 tripped over another resident, fell, and cut R194's eye. V2 stated V2 instructed V16 to call V37 (R194's Physician) and send R194 to the hospital. V2 stated the local hospital applied sterile strips to R194's eyebrow and R194 had a X-ray showed a fracture of C6 (Cervical 6). V2 explained R194 was placed in a neck collar with orders to follow up with orthopedic surgeon in 8 weeks. V2 explained staff should be monitoring the dining room at all times when a resident who is high risk for falls is in the dining room. When V2 was asked regarding what staff was assigned to monitor the dining room on 08/25/24 during the time of R194's fall and V2 stated, "I (V2) really

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don't know. Staff should be in the dining room to monitor the residents safety." When V2 was asked regarding what could happen if a resident who is high risk for falls is not supervised by staff in the dining room and V2 stated, "There could be a fall with injury, a patient can touch another resident, residents can wander, and staff won't be able to prevent falls." When V2 was asked regarding the importance of supervising residents who are high risk for falls and V2 stated, "To prevent the resident from falls and injury."

On 10/01/24 at 11:05 am, V37 (R194's Physician) stated, "I (V37) don't recall R194's fall on 08/25/24 but I (V37) saw her (R194) at the hospital." V37 stated V37 recalls R194 admitting to the hospital with a hairline fracture of the spine with a C (Collar) applied. When V37 was asked regarding R194's functional status and care needs at the facility, V37 explained V37 recalls R194 was not really alert with cognitive impairments and not redirectable. When V37 was asked regarding what assistance R194 required at the facility V37 stated, "I (V37) don't recall how much assistance she (R194) needed. Whatever the notes reflect in her (R194's) chart is what she (R194) needs." When V37 was asked what could happen if a resident who is high risk for fall is left unsupervised and V37 stated, "High risk for falls residents are going to fall. They (referring to the residents) can fall if they (referring to the residents) have an unsteady gait and an injury can be caused if they (referring to the resident) fall."

R194's progress note dated 08/25/24 at 7:07 am, and authored by V16 (Licensed Practical Nurse, LPN) documents, in part: "R194 walked past the writer (V16) and fell. R194 hit her (194) head on the lower part of a chair another patient was in.

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The writer (V26) notified ADON (Assistant Director of Nursing) DON (Director of Nursing) and left a message or the patient POA (Power of Attorney) to call the facility. The writer (V16) called 911 and set the patient out to the local hospital due to the ambulance service stating it will be a two hour wait."

R194's progress note dated 08/28/24 at 11:49 am and authored by V6 (Licensed Practical Nurse, LPN) documents, in part: "R194 admitted back to from the local hospital into facility accompanied by 2 EMT's (Emergency Medical Technicians) ... R194 with a C (Cervical) collar brace around neck. Collar to remain in place for 8 weeks. Resident (R194) has sterile strips on laceration to tope of left eyebrow."

R194's incident report dated 08/25/24 at 6:30 am, authored by V16 (LPN) documents, in part: "R194 was walking and when she (R194) was behind the writer (V16). She (R194) fell hitting her (R194) head on the lower part of a chair a patient was sitting in injuring herself ... Notes: R194 ambulates without any assistive device and with unsteady gait. R194 requires staff assistance to total assistance with ADL's (Activities of Daily Living)".

R194 was walking when she fell hitting her head on the lower part of a chair. Staff to provide morning ADL care and closely monitor resident ambulation on unit.

R194's Fall Risk Assessment Evaluation dated 04/01/24 shows R194 has a Falls risk score of 19 which indicates R194 is high risk for falls.

R194's Fall Risk Assessment Evaluation dated 08/27/24 shows R194 has a Falls risk score of 16

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which indicates R194 is high risk for falls.

R194's Fall Risk Assessment Evaluation dated 08/28/24 shows R194 has a Falls risk score of 19 which indicates R194 is high risk for falls.

R194's care plan dated 08/28/24 document, in part: "Focus: R194 requires the use of C collar brace to related to fracture."

R194's care plan dated 10/17/23 document, in part: "Focus: R194 is a high risk for falls. Interventions: R194 Velcro shoes was provided to the resident ... Provide proper well-maintained footwear."

The facility's document dated 08/2024 and titled "Fall Prevention and Management" documents, in part: "General: This facility is committed to maximizing each resident's physical, mental and psychosocial well-being. While preventing all falls is not possible, the facility will identify and evaluate those residents at risk for falls, plan for preventative strategies, and facilitate as safe an environment as possible."

The facility's policy dated 09/2023 and titled "Hazards and Supervision" documents, in part: "Policy: The facility shall establish and utilize a systemic approach to address resident risk and environmental hazards to minimize the likelihood of accidents ...4. Monitoring and Modification - Monitoring and modification processes include: a. Ensuring interventions are implemented correctly and consistently ... 5. Supervision- Supervision is an intervention and a means of mitigating accident risk. The facility will provide adequate supervision to prevent accidents."

The facility's job description titled "Certified

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Nurse's Aide" documents, in part: "Basic function: To provide assigned residents with routine daily nursing care in accordance with established nursing care procedures, state and federal guidelines, and as directed by your supervisor. Essential Duties: 25. Follow established safety precautions in performance of all duties."

The facility's job description titled "Registered Nurse/Licensed Practical Nurse" documents, in part: "Basic Function: Under the direction of the physician, is responsible for total nursing care to all residents on assigned unit during the assigned shift including responsibility for delegation of duties, resident nursing care, staff performance and adherence by staff members to facility policies and procedures. Essential Duties: 12. Adhere to all facility and department safety policies and procedures."

(A)

Statement of Licensure Violations (2 of 5):

300.615e)
300.615f)
300.615g)
300.615j)

Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information.

e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background

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check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act).

f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.

g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check.

j) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based background check are pending; while the results of a request for waiver of a fingerprint-based

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check are pending; and/or while the Identified Offender Report and Recommendation is pending

These requirements were NOT met as evidenced by:

Based on interview and record review, the facility failed to conduct resident criminal history background checks within 24 hours after admission for 5 residents (R95, R191, R196, R244, R294), did not check the Illinois Sex Offender Registry, Illinois Department of Corrections, for 1 resident (R294) and did not arrange for a fingerprint-based background check within 5 days after receiving results of a name-based background check for 3 residents (R191, R244, R97). This failure has the potential to affect all the residents residing in the facility.

Findings include:

R95 has an admission date of 10/27/2016.

R95's CHIRP (Criminal History Information Response Process) from the local state police documents a date of 11/16/2016.

Surveyor reviewed R28's face sheet that documents an original admission date of 10/27/2016.

R97 has an admission date of 2/02/2024.

R97's CHIRP from the local state police documents a date of 2/01/2024.

Surveyor reviewed R97's face sheet that documents an original admission date of 03/22/2019 and an admission date of 02/01/2024.

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R191 has an admission date of 9/12/2024.

R191's CHIRP from the local state police documents a date of 9/17/2024.

Surveyor reviewed R191's face sheet that documents an original admission date of 9/12/2024.

R196's has an admission date of 2/03/2017.

R196's CHIRP from the local state police documents a date of 2/10/2017.

Surveyor reviewed R196's face sheet that documents an original admission date of 2/10/2017.

R244 has an admission date of 9/25/2024.

R244's CHIRP from the local state police documents a date of 9/27/2024.

Surveyor reviewed R244's face sheet that documents an original admission date of 9/25/2024.

R294 has an admission date of 9/25/2024.

R294's CHIRP from the local police documents a date of 9/21/2023.

Surveyor reviewed R294's face sheet that documents an original admission date of 2/21/2020 and an admission date of 9/19/2023.

On 9/30/2024 at 11:23am V17 (Admission Director) stated the CHIRP is requested within 24 hours of the resident being admitted into the

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facility. V17 also stated that she did not find any background information for R294.

On 9/30/2024 at 11:58am V42 (Social Service Supervisor) stated if the CHIRP list the resident as having results of a hit, we arrange for the resident to have fingerprinting done immediately or no later than 5 days of receiving the CHIRP.

On 10/01/2024 at 9:18am surveyor reviewed background documentation for R191, R244, R97and found no receipt for request for fingerprints.

On 10/01/2024 at 9:35am surveyor reviewed background documentation for R294 and did not find background checks from the Illinois Sex Offender Registry, Illinois Department of Corrections.

Undated Identified Offender Facility Policy and Procedure documents, in part, It is the policy of this facility to establish a resident sensitive and resident secure environment, 1. Check for the resident's name on the Illinois sex Offender Registration website, 2. Check for the resident's name on the Illinois Department of Corrections sex registrant search page, 3. Conduct a criminal History Background Check within 24 hours of admission and request a live scan UCIA fingerprint check. Once the facility determines the resident is an Identified Offender, the facility must request in 72 hours for the resident to undergo a live scan.

Undated Job Description titled Social Service Director documents, in part, implementation and oversight of procedures to ensure that adequation documentation of social work services is provided in each resident's medical record.

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S9999	Continued From page 14 Undated job description titled Admissions Coordinator documents, in part, primary responsibility is to ensure that every referral is processed and reviewed in a timely manner and that every admission is accomplished by providing a smooth transition from the hospital, community or other setting. Undated Abuse Policy and Prevention Program 2022 documents, in part, this facility will request a Criminal History Background Check within 24 hours after admission of a new resident, check for the resident's name on the Illinois Sex Offender Registration website, check for the resident's name on the Illinois Department of Corrections Sex Registrant search page and while the background or fingerprints check, and/or Identified Offender Report and Recommendations are pending, the facility shall take all steps necessary to ensure the safety of residents. (C) Statement of Licensure Violations (3 of 5): SECTION 300.625 IDENTIFIED OFFENDERS 300.625c)2) c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident.	S9999		

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The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.

This requirement is not met as evidenced by:

Based on interview and record review, the facility failed to obtain fingerprints for an Identified Offender within 72 hours of admission for 3 residents (R191, R244, R97) and fail to immediately notify IDPH (Illinois Department of Public Health) Identified Offender Program Office for 7 residents (R95, R97, R191, R195, R196, R244, R294). This affected all residents residing in the facility.

Findings include:

R95 has an admission date of 10/27/2016.

R95's CHIRP (Criminal History Information Response Process) from the local state police documents a date of 11/16/2016.

Surveyor reviewed R95's face sheet that documents an original admission date of 10/27/2016.

Identified Offenders Program Facility Report documents, in part, a notification date of 11/22/2016 for R95.

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S9999	Continued From page 16 R97 has an admission date of 2/01/2024. R97's CHIRP from the local state police documents a date of 2/01/2024. Surveyor reviewed R97's face sheet that documents an original admission date of 03/22/2019 and an admission date of 02/01/2024 and there were no fingerprint consent or request form. Identified Offenders Program Facility Report documents, in part, a notification date of 2/21/2024 for R97. R191 has an admission date of 9/12/2024. R191's CHIRP from the local state police documents a date of 9/17/2024. Surveyor reviewed R191's face sheet that documents an original admission date of 9/12/2024 and there were no fingerprint consent or request form. Identified Offenders Program Facility Report does not include R191. R195 has an admission date of 7/08/2015. R195's CHIRP from the local state police documents a date of 7/8/2015. Surveyor reviewed R195's face sheet that documents an original admission date of 7/08/2015. Identified Offenders Program Facility Report does not document a notification date for R195.	S9999		

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S9999	Continued From page 17 R196's has an admission date of 2/03/2017. R196's CHIRP from the local state police documents a date of 2/10/2017. Surveyor reviewed R196's face sheet that documents an original admission date of 2/10/2017. Identified Offenders Program Facility Report documents, in part, a notification date of 7/25/2018 for R196. R244 has an admission date of 9/25/2024. R244's CHIRP from the local state police documents a date of 9/27/2024. Surveyor reviewed R244's face sheet that documents an original admission date of 9/25/2024 and there were no fingerprint consent or request form. Identified Offenders Program Facility Report does not include R244. R294 has an admission date of 9/19/2023. R294's CHIRP from the local police documents a date of 9/21/2023. Surveyor reviewed R294's face sheet that documents an original admission date of 2/21/2020 and an admission date of 9/19/2023. Identified Offenders Program Facility Report documents, in part, a notification date of 10/12/2023 for R294. On 9/30/2024 at 11:23am V17 (Admission	S9999		

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Director) stated she could not find fingerprint consents or request for R191, R244, R97 and that CHIRPS should be ran again if a resident is readmitted to the facility after being discharged.

On 9/30/2024 at 11:58am V42 (Social Service Supervisor) stated if the CHIRP list the resident as having results of a hit, we arrange for the resident to have fingerprinting done immediately or no later than 5 days of receiving the CHIRP.

Undated Identified Offender Facility Policy and Procedure documents, in part, It is the policy of this facility to establish a resident sensitive and resident secure environment, 3. Conduct a criminal History Background Check within 24 hours of admission and request a live scan UCIA fingerprint check. Once the facility determines the resident is an Identified Offender, the facility must request in 72 hours for the resident to undergo a live scan.

Undated Job Description titled Social Service Director documents, in part, implementation and oversight of procedures to ensure that adequation documentation of social work services is provided in each resident's medical record.

Undated job description titled Admissions Coordinator documents, in part, primary responsibility is to ensure that every referral is processed and reviewed in a timely manner and that every admission is accomplished by providing a smooth transition from the hospital, community or other setting.

Undated Abuse Policy and Prevention Program 2022 documents, in part, this facility will request a Criminal History Background Check within 24 hours after admission of a new resident, check

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for the resident's name on the Illinois Sex Offender Registration website, check for the resident's name on the Illinois Department of Corrections Sex Registrant search page and while the background or fingerprints check, and/or Identified Offender Report and Recommendations are pending, the facility shall take all steps necessary to ensure the safety of residents.

(C)

Statement of Licensure Violations (4 of 5):

300.610a)

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.

Based on interview and record review, the facility's resident care policy committee failed to review the facility's policy for PASRR (Pre-Admission Screening and Resident Review) annually. This failure has the potential to affect all 194 residents in the facility.

Findings include:

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The (9/29/2024) facility census was 194 residents.

Record review of facility policy titled, "PASARR" documents an effective date of 4/2020. No review date noted.

On 10/1/2024 at 11:54 AM, V1 (Administrator) affirmed that the facility can complete Level I PASSR screening for the residents. V1 affirmed all policies are reviewed annually and policies are reviewed during the QAPI meetings. V1 stated that the PASSR policy had not been updated or reviewed since 2020. V1 stated that all policies should be reviewed an updated yearly. V1 stated that the PASRR policy review "must have been missed".

On 10/1/2024 at 1:05 PM, V40 (Assistant Administrator) stated that the PASRR is important because it identifies potential mental health needs of the resident. V40 affirmed that the current policy does not reflect the changes to the PASRR that occurred in 2022 regarding the new maximus system to complete PASRRs.

On 10/1/2024 at 1:15 PM, V1 (Administrator) stated the facility does not have a policy on reviewing facility policies and that the facility was "working on the review now with the medical director and compliance team".

(C)

Statement of Licensure Violations (5 of 5):

300.686g)
300.686h)1)

Section 300.686 Unnecessary, Psychotropic, and

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S9999	Continued From page 21 Antipsychotic Medications g) Except in the case of an emergency, psychotropic medication shall not be administered without the informed consent of the resident or the resident's surrogate decision maker. (Section 2-106.1(b-3) of the Act) Additional informed consent is not required for changes in the prescription so long as those changes are described in the original written informed consent form, as required by subsection (h)(12)(A). The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome, pursuant to subsection (h)(12)(A). The most common side effects of the medications shall be described. In an emergency, a facility shall: h) Protocol for Securing Informed Consent for Psychotropic Medication 1) Except in the case of an emergency as described in subsection (g), a facility shall obtain voluntary informed consent, in writing, from a resident or the resident's surrogate decision maker before administering or dispensing a psychotropic medication to that resident. When informed consent is not required for a change in dosage as described in subsection (h)(12)(A), the facility shall note in the resident's file that the resident was informed of the dosage change prior to the administration of the medication or that verbal, written, or electronic notice has been communicated to the resident's surrogate decision maker that a change in dosage has occurred. (Section 2-106.1(b-3) of the Act)	S9999		

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Based on interview and record review, the facility failed to obtain informed consent for psychotropic medication prior to administering the medication. This failure affects 1 resident (R103) in a sample of 75.

Findings include:

R103's admission record documents in part, the following diagnoses: major depressive disorder, recurrent and anxiety disorder.

R103's Minimum Data Set (dated 8/1/2024) documents in part a brief interview of mental status summary score of 15, indicating that R103 is cognitively intact.

R103's order audit report documents in part that "bupropion HCl Oral Tablet 150 MG (Bupropion HCl) (antidepressant Medication) Give 1 tablet by mouth one time a day related to anxiety" was ordered on 5/3/2023. The dose was decreased to 100 mg on 10/1/2024.

R103's order summary report documents in part that R103 has an active order for Sertraline HCl Oral Tablet 50 MG (Sertraline HCl) (antidepressant medication) Give 37.5 mg by mouth one time a day for Anxiety, with a start date of 5/18/2024.

R103's "PSYCH: Consent for Psychotropic Medications" (dated 5/3/2024) documents in part that R103 consented to take Sertraline HCl 50 mg, QD (every day), Antidepressant (current dose of sertraline is 37.5 mg). Bupropion is not listed on the consent form.

R103's medication administration record documents in part that R103 received both

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sertraline 37.5 mg and bupropion 150 mg daily since 5/18/2024.

On 10/1/2024 at 9:46 AM, R103 stated that R103 was unaware that R103 was taking Bupropion. R103 stated, "I (R103) thought I was taking only one antidepressant medication, sertraline. I was not aware that I am taking this bupropion medication. I take 2 antidepressants?". R103 affirmed that R103 was not explained the risks and benefits of the medication and could not recall if anyone had ever asked for R103's consent to administer the medication.

On 10/1/2024 at 9:57 AM, V3 (Psychotropic Nurse, Licensed Practical Nurse) stated that residents that receive psychotropic medications must consent to the medication prior to the medication being administered. V3 stated that informed consent is important because the medication can change how a resident thinks. V3 affirmed that Bupropion is a psychotropic antidepressant medication. V3 reviewed R103's electronic health record, active physician orders and psychotropic medication consents. V3 confirmed that R103 did not consent to receiving bupropion. V3 stated that R103 should have been informed of the risks and benefits of the psychotropic medication.

Facility policy titled, "PSYCHOTROPIC MEDICATION PROGRAM" (reviewed 10/23), documents in part, "GENERAL: The purpose is to promote safe and effective use of psychotropic medications ...The second purpose of this process is to ensure the resident is evaluated and the indication for the medication is documented within the medical record ... Also, the resident and representative are aware of the potential side effects and the facility obtains informed consent

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S9999	Continued From page 24 for the use of the psychotropic medication ... 9. If a new order for a psychotropic medication is obtained, the resident, residents representative or POA must be informed of the risks and benefits of the medication. The facility must obtain informed consent. If the family or resident's representative is not able to sign the consent at the time of the order, a verbal consent will be obtained by the nurse and documented on a psychotropic consent form until written consent can be obtained. This form will be part of the medical record..." (C)	S9999		