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 IL6015648 01/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3701 WEST 183RD STREET **CHARTER SNR LVG OF HAZEL CREST** HAZEL CREST, IL 60429 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure Survey S9999 Final Observations S9999 Statement of Licensure Violations (Violation 1 of 2) 330.1155a)1)2)3)4)5) 330.1155b) 330.1155c) 330.1155d) 330.1155e)1)2)3) Section 330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs a) A resident shall not be given unnecessary drugs in accordance with Section 330.Appendix E. In addition, an unnecessary drug is any drug used: 1) in an excessive dose, including in duplicative therapy: 2) for excessive duration: 3) without adequate monitoring; 4) without adequate indications for its use; or 5) in the presence of adverse consequences that indicate the drugs should be reduced or discontinued. (Section 2-106.1(a) of the Act) b) Psychotropic medication shall not be Attachment A prescribed without the informed consent of the Statement of Licensure Violations

Illinois Department of Public Health

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

resident, the resident's guardian, or other

TITLE

(X6) DATE

OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
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drugs unless antips necessary, as docu comprehensive ass suspected condition documented in the the possibility of on	sychotic drug therapy is imented in the resident's sessment, to treat a specific or n as diagnosed and clinical record or to rule out e of the conditions in					
receive gradual dos interventions, in an drugs in accordanc unless clinically con	se reductions and behavior effort to discontinue these e with Section 330.Appendix Entraindicated.					
e) For the purposes	of this Section:	}				
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	PROVIDER OR SUPPLIER R SNR LVG OF HAZI SUMMARY ST. (EACH DEFICIENCE REGULATORY OR I Continued From particle authorized represe the Act) Additional required for reduction as pecific medic may provide for a reprogram of sequent combination of medications shall be decembered in the drugs unless antips necessary, as documented in the the possibility of on accordance with Set of the purposes of the	IL6015648 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 authorized representative. (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletior of a specific medication. 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. Side effects of the medications shall be described. c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific 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 Section 330.Appendix E. d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, in an effort to discontinue these drugs in accordance with Section 330.Appendix E unless clinically contraindicated. e) For the purposes of this Section: 1) "Duplicative drug therapy" means any drug therapy that duplicates a particular drug effect on the resident without any demonstrative therapeutic benefit. For example, any two or more drugs, whether from the same drug category or not, that have a sedative effect.	ILEGOTS A BUILDING: ILEGOTS A BUILDING: ILEGOTS A STREET ADDRESS, CITY, S TRENT LVG OF HAZEL CREST SUMMARY STATEMENT OF DEFICIENCIES THAZEL CREST, IL 604 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 authorized representative. (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. 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. 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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:** A. BUILDING: _ COMPLETED IL6015648 B. WING 01/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3701 WEST 183RD STREET **CHARTER SNR LVG OF HAZEL CREST** HAZEL CREST, IL 60429 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (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**) S9999 Continued From page 2 S9999 (Drug Evaluation Subscription, American Medical Association, Vols. I-III, Summer 1993), United States Pharmacopoeia Dispensing Information Volume I (USP DI) (United States Pharmacopoeial Convention, Inc., 15th Edition, 1995), American Society of Health Systems Pharmacists, 1995), or the Physicians Desk Reference (Medical Economics Data Production Company, 49th Edition, 1995) or the United States Food and Drug Administration approved package insert for the psychotropic medication. (Section 2-106.1(b) of the Act) 3) "Antipsychotic drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders. These requirements were NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to have documented informed consents before administering psychotropic medications, failed to have an indication for use, failed to have documented medication review and/or any attempted gradual dose reduction for psychotropic medication. This failure affected three (R1, R2 and R6) of six residents reviewed for psychotropic medications. Findings include: 1. R1 is a 102-year-old-male who has resided at the facility since 2015, with medical diagnoses including but not limited to Alzheimer's disease. anxiety disorder, dementia with behavioral disturbance, essential primary hypertension, etc. On 1/4/2023 at12:45PM, R1 was observed in his

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room sitting in his wheelchair, alert, and oriented

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION	T/Y2) DATE	
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S9999 Continued From page 3 x1 to 2. Per review of current physician orders, R1 is taking Quetiapine 25mg tab, 1 tablet daily ordered 10/3/2022, indication for use was listed as dementia. Further review of R1's medical record does not show any documented consent for the use of this medication, no medication regimen review or behavior monitoring while on this medication. 2. R2 is an 81-year-old female who has resided at the facility since 2021, with medical history of Alzheimer's/Dementia, HDL, and Hyperthyroidism. Review of R2's medical record includes physician orders for Escitalopram 20mg tablet, take 1 tablet by mouth daily for depression/anxiety, Quetiapine 25mg, take 1 tablet twice daily for dementia, and Buproplion 75mg, 1 tablet a day for agitation/anxiety. R2's medical record does not have any documented consent, medication review, or behavior monitoring in her medical record related to psychotropic medications. 3. R6 is an 84-year-old male who has resided at the facility since 2020, with past medical history of Alzheimer's disease, Gerd, esophagitis, hyperlipidemia, abnormal gait, etc. Review of physician orders for R6 shows the following: Buspirone 10mg tab take 1 tablet by mouth twice daily for agitation/anxiety, Clonazepam 0.5mg, 1 tablet by mouth daily for anxiety, Mirtazapine 1.5 mg tablet by mouth daily for dementia, and Quetiapine 100mg tablet, 1 tablet by mouth twice daily for agitation/anxiety,		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	agitation or anxiety listed in his face sh of care dated 2/24/2 never been hospital an imminent dange	nedications and does not have as a medical diagnosis as eet. Review of physician plan 2022 documented that R6 has lized for mental illness, is not r to others, and does not have e behavior or dangerously	- 3				
	Health and Wellnes not require a written medications, the medications, the medications are plan medications.	SPM, V2 (Regional Director of s) said that the facility does a consent for psychotropic edications are discussed seting and the resident or give a verbal consent.				e ₀	
	does not have any periodications. Regardacility does not have attempted gradual depaychotic medication veteran and goes to that resident medication review for said that they will be	PM, V2 said that the facility policy on psychotropic ding R1, she said that the e any documentation of lose reduction for his n because the resident is a the VA hospital. V2 added ations are reviewed by the y do have a quarterly or all of the residents. V2 also not able to get any				N. N.	
	progress notes, or a reduction for R1 fror Surveyor requested documented medica	facility provide any tion regimen review for R1, ere provided during the					
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	NT OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
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	(Violation 2 of 2)					
	330.2000				(44)	38
	Section 330.2000 F	ood Handling Sanitation				
	Every facility shall or rules entitled "Food Adm. Code 700).	comply with the Department's Service Sanitation" (77 III.	9		#	
	These requirement evidenced by:	s were NOT MET as				
1	review, the facility fa pest control program in flies in food prepa facility kitchen. This	on, interview, and record alled to ensure an effective m was implemented, resulting aration areas throughout failure has the potential to its that currently reside in the				
82	Findings include:					
	conducted of the kit Director). Noted V8 member at this time throughout the kitch	0:15 AM, an initial tour was othen with V8 (Dining Service to be the only kitchen staff e. Observed small flies en on food service carts, m area, and all throughout				
	food preparation are	ea. V8 says he does not feel food out because the fruit		e.		
	interviewed in regar (outside company) c and cockroaches. V about a week or so	aintenance Director) was d to pest control. V12 says comes out to treat for rodents 12 said that he did notice ago, that flies in the kitchen	W 18		3	*
١ ١	were back. V12 say:	s this happens when it gets d, "I put a gel in the sewer	5.27			

PRINTED: 01/31/2023 **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: IL6015648 B. WING 01/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3701 WEST 183RD STREET CHARTER SNR LVG OF HAZEL CREST HAZEL CREST, IL 60429 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 6 S9999 lines and treat the flies in-house. I would believe that an effective pest control program or an indication that the treatment is working would result in less insects. The flies in the kitchen are definitely a problem." On 1/4/23 at 10:00 AM, conducted a second kitchen tour with V8. V8 state, "I have worked here about 2 and ½ years and the flies have been a problem in the kitchen on and off since ! started." V8 state, "We sometimes have to swat them out of the way. I had a dietary aide that had to run out of the kitchen because they were being swarmed by the flies." Surveyor observed flies in food preparation areas and in the dish room area at this time. Facility policy titled Department Dining Services: Sanitation (most recently revised on 10/2021) states in part but is not limited to the following: Purpose: The food service area shall be maintained in a clean and sanitary manner. Procedures: All kitchens, kitchen areas, and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches. flies, and other insects. Per (Pest Control Company) Customer Service Report with service date of 1/4/23, states in part but not limited to the following: Small flies noted during service. Small flies found in kitchen area

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serviced on 10/26/22.

breeding in and around the drains and the grease catch. Fruit fly breeding areas noted around rusted edges on the grease trap in the kitchen. Recommend cleaning and replacing grease cap

documentation, shows the grease traps were last

so there are no gaps for breeding sites.

Per (Commercial Trap Service company)

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