

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015481	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
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NAME OF PROVIDER OR SUPPLIER ILLINOIS VETERANS HOME AT LASALLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 O'CONNOR AVENUE LA SALLE, IL 61301
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 340.1300 a) 340.1505 a) 340.1505 b)3) Section 340.1300 Facility 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 with the involvement of the administrator. 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 the facility's advising physician or the medical advisory committee, as evidenced by a dated signature. Section 340.1505 Medical, Nursing and Restorative Services a) Comprehensive resident care plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care shall be provided to each resident to meet the total nursing care needs of the resident.</p> <p>3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.</p> <p>These REQUIREMENTS are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure an uncircumcised resident's foreskin was in place after cares, indwelling urinary catheter bag spigot was cleansed after emptying urine, and indwelling urinary catheter care was performed to prevent cross-contamination for two residents (R1 and R2) reviewed for indwelling catheter care in a sample of eight.</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>The facility's Catheter - Care of Indwelling policy, dated 6/15/22, documents "Policy: To minimize the chances of cross-contamination by reducing micro-organisms and provide for personal comfort. Procedure: 5. The collection bag will be emptied at the end of each shift using a separate receptacle for each resident. The drainage spigot should never touch the non-sterile container. Clean the spigot with an alcohol pad after emptying the drainage bag." This policy continues to state "How to Clean the Catheter: You'll need: Clean washcloth, clean towel, mild soap, and warm water...2. Hold the catheter where it goes into the body, so you don't tug it too hard while you clean. 3. With your other hand, use a soapy washcloth to wipe the catheter tube. Start from where it goes into the body and wipe down toward the drainage bag. This helps keep you from wiping germs from the tube into the body. 4. Use a soapy washcloth to clean the area around where the catheter goes into your body. (For men with a (name brand) catheter: Start from the top of the penis where the catheter goes in, making sure to pull back the foreskin, and wipe back toward the anus. This keeps you from spreading germs into your urethra.)"</p> <p>1. R1's Face sheet documents diagnoses including, but not limited to Unspecified Dementia and personal history of UTIs (Urinary Tract Infections).</p> <p>R1's current Physician Order Sheet/POS documents R1 has an indwelling urinary catheter due to inability to void related to urinary retention and obstructive uropathy.</p> <p>R1's Progress note, dated 1/7/24 by V6 Registered Nurse/RN, documents, "the vnacs (Veteran Nursing Assistants Certified) called this</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>nurse to (R1's) room to examine (R1's) penis. The foreskin of his penis was retracted back, and it is red and swollen. This nurse attempted to get the foreskin back in place but was unsuccessful. There is a small, ulcerated area noted to the left side tip of the penis (named ointment) applied."</p> <p>On 10/16/24, at 3:51PM, V6, Registered Nurse/RN stated, "My progress notes on 1/7/24 document that I saw that it wasn't pulled back over his penis and I couldn't get it back in place. I did not document that I let the doctor know. I may have left the wound nurse a note, but then he wasn't seen (by the wound nurse) for three days."</p> <p>R1's Progress note, dated 1/10/24 by V6, RN, documents, "Continues to have slight swelling noted to the foreskin of the penis. He continues to have a small, ulcerated area to the tip of the penis. Wound nurse seen the area today and will order for the wound."</p> <p>R1's Progress note, dated 8/19/24, documents, "Upon assessment it was noted that the patient has edema all around the glans of his penis. The VNAC called this nurse into the patient's room to look at it. They did say that earlier today it did not look so edematous...Per (V20/R1's physician): New medication orders: Doxycycline 100 mg PO (by mouth) BID (twice per day) x 7 days. (V20) will assess the resident when he rounds on this Wednesday. Also instructed to notify MD (Medical Doctor) if worsening."</p> <p>R1's Medication Record Administration/MAR record, dated August 2024, documents R1 was given Tylenol for pain on 8/19/24, at 11:05AM.</p> <p>R1's Progress note, dated 8/20/24, documents, "Resident given cares for incontinent BM (bowel</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>movement)- (indwelling urinary catheter) remains patent with light gold urine. Penis remains very swollen - remains on Doxycycline per MD order."</p> <p>R1's Progress note, dated 8/21/24, by V6, RN, documents, "Penis remains very swollen - remains on Doxycycline per MD order..."</p> <p>R1's Progress note, dated 8/21/24 at 12:42PM, by V6, RN, documents, "note received from (V13/R1's Urologist's) office NP (V21 Nurse Practitioner) that (R1's) foreskin was not pulled back down after cares which resulted in the head of the penis being extremely swollen. The (V21 NP) was able to pull the foreskin back down over the head of the penis."</p> <p>R1's Progress note, dated 8/21/24, at 6:40PM by V6, RN, documents, "continues on Doxycycline and Cipro for the UTI (Urinary Tract Infection) and the swelling of the penis. Since the foreskin was put back into place the swelling is going down."</p> <p>R1's (Urology) Office Visit Report, dated 8/21/24 and signed by V21, Nurse Practitioner/NP, documents, "Paraphimosis - Nursing Home did not return foreskin after catheter care. The patient is not circumcised." This report also documents "GU (Gastro Urological) Physical Examination: Penis uncircumcised, paraphimosis and "Assessment: Paraphimosis - Acute, Stable, Reduced. NH (Nursing Home) needs to place foreskin over the glans after (indwelling urinary catheter) care. If patient starts to have penile swelling, we need to be aware."</p> <p>R1's Physician communication form, signed as noted on 8/21/24 by V6, RN, documents, "Penis was extremely swollen due to foreskin not being pulled back down. NP (Nurse Practitioner)</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>pushed foreskin down. Please after peri care pull foreskin back down to avoid this again."</p> <p>On 10/16/24, at 3:51PM, V6, RN, confirmed the following from R1's Progress notes: (On 8/21/24) (R1) went for a follow-up and to have his catheter changed and (V13/R1's Urologist's) office said that (R1's) penis had been cleaned but his foreskin had not been pulled back over his penis. It caused redness and swelling. V6 stated, "It has happened a couple of times."</p> <p>R1's Progress note, dated 8/22/24, at 7:07AM, documents, "Resident continues on Doxycycline for swelling to penis and Cipro for the UTI. No adverse side effects noted."</p> <p>The facility's Northwest Wing Staff News, dated 8/22/24, documents, "Please remember to pull the foreskin down when taking care of catheters for those that are uncircumcised. (R1) was swollen due to this issue."</p> <p>R1's Progress note, dated 9/17/24, documents, "resident laid down after lunch. penis treatment done and penis is swollen, foreskin is not pulled back and is over the shaft, able to retract skin for cares and pull over."</p> <p>R1's Progress noted, dated 9/18/24, documents, "No flushing of face noted this AM during breakfast. Md (Medical Doctor) notified of concerns regarding the flushing yesterday and the swelling of penis and stated to continue to monitor for now."</p> <p>On 10/16/24, at 1:48PM, R1 was in bed with an indwelling urinary catheter in place. V15 and V16, Veteran Nursing Assistants Certified (VNACs), lowered R1's brief to perform indwelling urinary</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>catheter care. V16 pulled back R1's foreskin, cleansed R1's penis, then applied cream and pulled R1's foreskin forward over R1's penis; R1 said "ow." The head of R1's uncircumcised penis looks slightly swollen and reddened.</p> <p>On 10/16/24, at 1:55PM, V16, VNAC, stated, "One time (R1's) foreskin hadn't been pulled back over and I couldn't get it to go down. I got (V15, VNAC) to help me."</p> <p>On 10/16/24, at 2:00PM, V15, VNAC, stated, "I used lots of ointment to help and got it back down. It was painful for him, but he didn't have to be sent out."</p> <p>On 10/17/24, at 11:44AM, V14, VNAC, stated the following: "A couple of weeks ago when (V15, VNAC) and I were checking on (R1), his foreskin was not pulled back all the way forward. We were able to put it back in place and informed the nurse."</p> <p>R1's August - October 2024 Treatment Administration Records/TARs and R1's current Care plan do not include any monitoring of penile swelling or specific instructions or cares for R1's foreskin to be pulled all the way forward after cares.</p> <p>On 10/17/24, at 11:54AM, V10, Care plan/MDS Coordinator, confirmed V10 was aware of (V13/R1's Urologist's) progress note regarding making sure (R1's) foreskin was pulled back over and to report any redness/swelling of (R1's) penis. V10 confirmed the care of (R1's) uncircumcised penis and monitoring of redness/swelling is not on (R1's) current care plan or on the current Treatment Administrative Record/TAR and should be.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>On 10/17/24, at 1:03PM, V2, Director of Nursing/DON, confirmed staff are to retract an uncircumcised male's foreskin then pull it all the way forward after cares.</p> <p>On 10/17/24, at 2:06PM, V2, Director of Nursing/DON, confirmed since (R1) had the August 2024 issue with penile swelling due to his foreskin not being pulled back all the way forward, there has not been any staff education for taking care of uncircumcised males.</p> <p>2. On 10/16/24 at 2:05PM, R1 was in bed with an indwelling urinary catheter draining clear yellow urine. At this time, V16, VNAC, emptied R1's urinary drainage bag then without cleansing the spigot. V16 replaced the spigot back into the holder.</p> <p>On 10/16/24, at 2:10PM, V16 stated V16 has not been trained to clean the port after emptying it. "I just tap the end of it, so it doesn't drip."</p> <p>On 10/17/24, at 1:03PM, V2, Director of Nursing/DON, confirmed as per facility policy, staff should wipe the spigot with alcohol after draining a urinal bag and before putting the spigot back into the holder.</p> <p>3. On 10/17/24 at 9:27AM, V8, VNAC, entered R2's room with washcloths and towels and filled a water basin with clean water. V7, VNAC, and V8, VNAC, positioned R2 for urinary catheter care. V8 placed washcloth in the water basin, squeezed out excess water, and handed the cloth to V7, VNAC. V7, VNAC, proceeded to wipe R2's penis, meatus, and scrotal area by using up-and-down and side-to-side movements without a cleansing agent, tossed the soiled</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>washcloth back into the clean water basin. V8, VNAC, reminded V7, VNAC, to wash R2's indwelling urinary catheter. V7, VNAC, grasped a clean washcloth and placed it in the soiled water basin with the soiled washcloth. V7 proceeded to use this washcloth soaked in soiled water and wiped up-and-down and in a circular motion around R2's urinary catheter tubing.</p> <p>On 10/17/24 at 9:45AM, V7, VNA,C confirmed, by nodding her head yes, that this is generally how she provides indwelling urinary catheter care. V8, VNAC, stated a clean cloth should have been used for each soiled area during R2's indwelling urinary catheter care. V7 and V8, VNAC's, confirmed the soiled washcloth should not have been put back into the clean wash basin and V7 should not have placed a clean washcloth into this now soiled wash basin water to wet and use.</p> <p>(B) 2 of 3</p> <p>340.1335 a)</p> <p>Section 340.1335 a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>These REQUIREMENTS are not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Based on record review and interview, the facility failed to ensure Enhanced Barrier Precautions were followed per facility policy for three of eight residents (R4, R6, R8) in a sample of eight.</p> <p>Findings include:</p> <p>Facility policy titled Standard and Transmission-Based Precautions, revised on 03/19/24, documents, "it is (facility) policy to ensure that staff use Standard Precautions for all resident care and use Transmission-Based Precautions in addition for residents who may be infected or colonized with certain infection agents for which additional precautions are needed to prevent transmission."</p> <p>Section V. Enhanced Barrier Precautions of this policy documents, "Use Enhanced Barrier Precautions with a resident known to be infected or colonized with a targeted multidrug-resistant organism (MDRO). High-contact resident care activities have been shown to provide opportunities for transfer of MDRO's to staff hands and clothing. Enhanced Barrier Precautions fall on the spectrum in between Standard Precautions and Contact Precautions." Section V.D. documents, "Wear gown and gloves when performing high-contact resident care activities, 1. High-contact care activities include: assisting with transferring, bathing, dressing, toileting, changing linens, care for wounds, or indwelling devices, and providing hygiene such as brushing teeth or hair."</p> <p>1. R6's October 2024 Physician Order Sheet documents dressing orders for a pressure ulcer to R6's coccyx.</p> <p>On 10/15/24 at 2:35 PM, V4/Veteran's Nursing</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Assistant Certified (VNAC) and V5/VNAC entered R6's room, which had an Enhanced Barrier Precaution sign posted on the door. V4 and V5 proceeded to turn R6 to his left side, with V5 leaning on R6's bed and pulling him toward her. V4 pulled R6's pants down so that R6's skin could be observed. V4 and V5 were wearing only gloves, no protective gowns. V4 and V5 proceeded to pull R6 up in bed and reposition R6. V4 removed her gloves and washed her hands prior to leaving the room. V5 disposed of her gloves, but did not wash or sanitize hands prior to leaving R6's room. There were no gowns noted in R6's trash can during observations of R6's room and bathroom on 10/15/24 at 10:40 AM, 12:45 PM or 2:35 PM.</p> <p>On 10/15/24 at 2:43 PM, V4 and V5 were asked what the Enhanced Barrier Precaution sign meant. V4 stated it meant staff were to wash hands before and after patient care. V5 stated Enhanced Barrier Precautions would be used for "someone who has breathing treatments" for example.</p> <p>On 10/17/24 at 10:15 AM, V3/Infection Preventionist stated all staff has been in-serviced on Enhanced Barrier Precautions, and the expectation if someone has a history of MDRO (multidrug-resistant organisms) or indwelling medical device, staff should don gloves and gowns when turning and repositioning a resident or providing care to an indwelling medical device.</p> <p>2. On 10/15/24 and 10/16/24, an EBP (Enhanced Barrier Precaution) sign was seen posted near the entryway to R4's room.</p> <p>On 10/16/24 at 1:35PM, V11, RN (Registered Nurse), and V12, LPN (Licensed Practical Nurse),</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>confirmed the EBP sign was posted for R4 as they were donning gloves. V11 and V12 assisted R4 to turn onto his side. V11 pulled back R4's blankets, leaned against R4's bed, and pulled up R4's shirt in back to expose skin on R4's back. V11 then pulled R4's incontinent brief down in back exposing R4's upper buttocks and sacral areas. A small superficial open area was noted near the center of R4's sacrum. V12, LPN, was leaning over and holding R4 on his left side, while V11 was assessing the skin on R4's backside. V11, RN, then rolled R4 onto his back and partially pulled down the gauze dressing covering R4's supra pubic site which did have a small amount of dried drainage on the dressing and around the supra pubic stoma. V12, LPN, then picked up R4's catheter tubing and repositioned the tubing while assessing the urine/tubing. V11 stated R4's supra pubic catheter is new and there is still some blood in the urine. V11 and V12 did not don a protective gown during any of the contact with R4.</p> <p>On 10/16/24, at 1:50PM, V12 stated staff have not received any actual in-servicing on EBP, but they have been getting email and updates about EBP. Both V11 and V12 were unsure what the reason R4 was on EBP - but "thought" it was because of the supra pubic catheter. V12 stated there has been some confusion with the CNA's (Certified Nursing Assistants) and stated, "They aren't sure if the EBP is a CNA problem or a nurse problem."</p> <p>3. On 10/16/24 at 11:45AM, R8's door held Enhanced Barrier signage. V6, RN (Registered Nurse), entered R8's Enhanced Barrier room with only gloves on, checked R8's gastrostomy tube placement, provided R8's medications via R8's gastrostomy tube, and flushed R8's gastrostomy</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER ILLINOIS VETERANS HOME AT LASALLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 O'CONNOR AVENUE LA SALLE, IL 61301
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S9999	<p>Continued From page 12</p> <p>tube with water. At no time was R8 wearing a gown or face covering.</p> <p>On 10/17/24 at 3:00PM, V3, Infection Preventionist, confirmed V6, RN, should have worn a gown and face covering during gastrostomy tube medication administration.</p> <p>(C) 3 of 3</p> <p>340.1300 a) 340.1610 a)4) 340.1610 c)</p> <p>Section 340.1300 Facility 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 with the involvement of the administrator. 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 the facility's advising physician or the medical advisory committee, as evidenced by a dated signature.</p> <p>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: 4) without adequate indications for its use; or 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</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>the possibility of one of the conditions in accordance with Section 340. Table B, Guidelines for the Use of Various Drugs.</p> <p>These REQUIREMENTS are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to identify an appropriate indication for use of antipsychotic medications for two residents (R3, R4) with diagnosis of Dementia and failed to evaluate an as needed psychotropic medication for end date of use for one resident (R2) of three residents reviewed for psychotropic medications in the sample of 8.</p> <p>Findings include:</p> <p>Facility Policy/Psychotropic Drug Use Policy - Monitoring and Reduction Protocol, dated 4/5/2019, documents: "Facility will follow State Public Health and Federal Guidelines regarding the use of psychotropic drugs. Psychotropic drugs shall not be administered for the purpose of discipline or staff convenience. Administration shall be for the sole purpose of treating a resident's medical symptoms when other alternatives have been unsuccessful. When treatment is indicated, psychotropics shall be used at a minimal dosage to successfully treat such symptoms. Ongoing evaluation, monitoring and dose reduction attempts will be done per MD (Medical Doctor) order. Residents may have a written order for a PRN (as needed) psychotropic medication only if they are reviewed by MD and MD must complete a 14-day evaluation progress note every 14 days." This policy continues to state Guidelines: Anti-psychotics should not be used if one or more of the following is/are the only indications for use: Wandering, Restlessness,</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>Simple pacing, Crying out, yelling/screaming if such behaviors do not cause an impairment in the functional capacity or if they are not qualitatively documented by the facility; Poor self-care, Impaired memory, Anxiety, Depression, Insomnia, Unsociability, Indifference to surroundings, Fidgeting, Nervousness, Uncooperativeness, PRN (as needed) use greater than twice daily without review of the resident's condition by a physician, Unspecified agitation.</p> <p>1. Current Physician's Order Summary (POS) Report indicates R4 is 79 years old with diagnoses that include Unspecified Psychosis not due to a Substance or known Physiological Condition; Unspecified Dementia, Unspecified Severity, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety; Dementia in other Diseases Classified Elsewhere, Unspecified Severity, with other Behavioral Disturbance; Anxiety Disorder; and Parkinson's Disease without Dyskinesia without mention of Fluctuations.</p> <p>POS indicates R4 has orders for Seroquel (antipsychotic) 25mg (milligrams) daily for agitation (order date 10/9/24) and Seroquel 50mg twice daily (order date 10/9/24) related to Unspecified Psychosis not due to a substance or known physiological condition; Unspecified Personality and Behavioral Disorder due to known Physiological Condition and Visual Hallucinations.</p> <p>Past POS reports indicate Seroquel was initially ordered for R4 on 3/23/23, and indicates R4 has been receiving Seroquel since that date.</p> <p>On 10/15/24, 10/16/24, and 10/17/24, R4 was</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>seen in his room, in the dining room during meals, and visiting with family. During all observations R4 was calm and accepting of care.</p> <p>Progress Note, dated 10/6/24 at 5:08AM, indicates, "(R4) combative with cares. once cares complete, he calms down. He has been awake yelling out a couple times. (When) visiting he states he is ok and just talking to himself."</p> <p>Progress Note, dated 9/12/24 at 10:15PM, indicates R4 is anxious and agitated, very combative with cares toward staff.</p> <p>Progress Note, dated 5/9/24, indicates R4 has Dementia due to Parkinson's Disease, appears that R4 hallucinates as he yells out occasionally; other times does not seem to be aware of his surroundings. R4 is currently taking Seroquel and Remeron (antidepressant) because he has Dementia with Psychosis.</p> <p>Medical follow-up/family conference Note, dated 5/1/24, indicates R4 continues to have agitation, restlessness with frequent resistance to care which nursing staff feel may be related to chronic pain patient with recurrent pressure injuries over the sacral area, type 2 diabetes mellitus with peripheral neuropathy, advanced dementia due to Parkinson's disease. R4 frequently refuses to take medications which also leads to untreated pain. Discussed with nursing the possibility of using a (pain) patch to assist with pain and to potentially improve behaviors. Patient with recurrent urinary tract infections, currently on antibiotics twice daily for (seven) days. Has seen urology in the past regarding this issue. Currently on Seroquel 50 mg, 3 times daily for dementia with psychosis, Ativan 0.5 mg every 12 hours for anxiety restlessness and agitation.</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>Incident Report, dated 4/10/24 at 8AM, indicates R4 was agitated in the dining room and wielded a knife and fork at staff. Report indicates, "Staff reported to this nurse that (R4) was upset because he was not kept in bed for breakfast."</p> <p>Behavior Tracking/Monitoring, dated 10/1/24 to 10/31/24, indicates R4 had eight instances of yelling/making disruptive noises, three instances of being uncooperative/resistive to care, and one instance of anxiety.</p> <p>Behavior Tracking/Monitoring, dated 9/1/24 to 9/30/24, indicates R4 had six instances of striking out/hitting; two instances of fighting; one instance of scratching; six instances of being uncooperative/resistive to care; and six instances of agitation.</p> <p>Behavior Tracking/Monitoring, dated 8/1/24 to 8/31/24, indicates R4 had four instances of yelling/making disruptive noises, four instances of agitation, and two instances of anxiety.</p> <p>Current Care Plan Focus Area: R4 uses psychotropic medications. Seroquel added 4/5/24. Behaviors continue this quarter - agitation, yelling out, kicking. Care Plan indicates R4 hallucinates, however no documentation of what hallucinations R4 experiences.</p> <p>On 10/16/24 at 2:10PM, V10, Psychotropic Nurse, stated R4 was admitted to the facility on Haldol (antipsychotic) and for a while was on both Haldol and Seroquel. V10 stated R4 has a history of psychosis, hallucinations, and paranoia, however, there is no specific documentation of those behaviors. V10 stated R4 sometimes "would see people that weren't there."</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>On 10/17/24 at 3PM, V2, DON (Director of Nursing) acknowledged the behaviors R4 displays are behaviors associated with Dementia.</p> <p>2. The Face Sheet for R2 documents R2 was admitted to the facility with diagnoses of Transient Ischemic Attack and Cerebral Infarction without Residual Deficits, spinal Stenosis and Spondyloses, Hearing Impairment with history of Sepsis with Septic Shock. The Medical Record for R2 does not include a diagnosis of Anxiety.</p> <p>The current Order Summary Report for R2, documents an order was obtained on 9/27/24 for R2 to receive "Lorazepam 0.5 mg (milligrams) Give 1 (one) tablet by mouth every four hours as needed for Anxiety." An additional Physician order, dated 9/27/24 for R2 documents "14 - day PRN (as needed) psychotropic medication evaluation every day shift, every 14 days(s) for Hospice order for PRN Ativan." The 14 day is scheduled to be completed on 10/11/24.</p> <p>The Behavior Tracking for R2 has a generalized, non-specific list of behaviors. There are no specific targeted behaviors for staff to monitor for and no Anxiety is documented in September 2024 or October 2024 for R2.</p> <p>The Medical Record for R2 does not contain a stop date for the PRN use of Lorazepam until 10/16/24.</p> <p>On 10/16/24 at 8:30AM,, V10, Psychotropic Nurse, stated the Physicians give the diagnosis they want for the psychotropic medications they order. R2 is a hospice patient and hospice ordered it for him.</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>3. The Face Sheet for R3 documents R3 was admitted to the facility with diagnoses of Modern Dementia with Agitation, Depression, and Anxiety Disorder.</p> <p>The current Order Summary Report for R3, dated 10/17/24, documents a Physician Order for the antipsychotic medication "Quetiapine 200 mg. Give 1 (one) tablet by mouth three times a day related to Unspecified Dementia, Moderate, with Agitation, Depression and Unspecified Anxiety Disorder."</p> <p>On 10/15/24 and 10/16/24 from 9:00AM through 3:00PM, R3 was ambulated by staff members to meals, to and from his room and to the activity area, with no behaviors noted. R3 was noted to be napping off and on throughout the days and required assistance during noon mealtimes.</p> <p>On 10/17/24 at 9:50AM, V18 and V19, VNAC's (Veteran Nursing Assistants Certified), ambulated R3 to his room, assisted R3 to bed, and provided incontinence care with no behaviors. On this same date at 9:58AM, V9, RN (Registered Nurse), provided wound care to R3, with no behaviors.</p> <p>The Behavior Tracking documentation for R3, dated September through October 2024, has a generalized, non-specific list of behaviors. There are no specific targeted behaviors for staff to monitor for and no indication for use of antipsychotic medication. The Behavior Tracking/Monitoring sheet for R3, dated September 2024 documents R3 had: two episodes of Agitation; one episode of Anger; four episodes of Anxiety; two episodes of Compulsion; seven episodes of being uncooperative/resistive; one episode of wandering and one episode of</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>yelling/disruptive noises. The Behavior Tracking/Monitoring sheet for R3, dated October 2024 documents R3 had: two episodes of Anger; two episodes of Anxiety; three episodes of Compulsion; two episodes of striking out/hitting; six episodes of being Uncooperative/resistive; and one episode of "Other."</p> <p>The current Care Plan for R3 documents Focus area, "(R3) uses psychotropic medications (Haldol and Seroquel) r/t (related to) Behavior management. Resident has a dx (diagnosis) of dementia with moderate agitation."</p> <p>On 10/16/24 at 8:30AM, V10, Psychotropic Nurse, stated R3 initially came to the facility on Haldol and Seroquel, and the Haldol was gradually stopped. R3 continues to use the Seroquel for Dementia with Agitation. V10 confirmed R3 does not have an indication for the use of the antipsychotic medication.</p> <p>(C)</p>	S9999		