STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003008	A. BUILDING: _____ B. WING _____	C 07/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZAHAV OF BERWYN	3601 SOUTH HARLEM AVENUE BERWYN, IL 60402

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S 000	Initial Comments Complaint Survey: 2484047/IL173511	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with 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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S9999	Continued From page 1 These Requirements were NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to obtain consent for psychotropic medications prior to administering. This failure affected one of one (R2) resident reviewed for unnecessary psychotropic medications and resulted in R2 experiencing increased lethargy and concern from family members. Findings include: R2 is 74 years old and was transferred to the facility on 4/9/24. Diagnoses listed for R2 include dementia, osteitis (inflammation of bone), convulsions and violent behavior. According to the Minimum Data Assessment of 4/19/24, R2 was assessed to have mild cognitive impairment. On 7/03/24, at 1:31PM R2 was observed in bed, dressed in a gown, and picking at lunch using fingers. R2 was conversational and alert. R2 also appeared lethargic, as evidenced by the slow movement of hands, low tone of voice and drooping eyelids. R2 expressed that they regularly received medications from the nursing staff but was unable to say what medications were being administered nor for what reason they were being administered. On 7/7/24 at 2:19PM V10 Family Member of R2 said, shortly after R2 came to the facility, R2 was noticed to have confusion, and hallucinations. V10 said when R2 transferred to this facility, R2 was lucid, but now R2 has become increasingly confused and V10 believed that R2 was being given too many medications that affect R2's mental capabilities and symptoms. V10 said that	S9999		

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S9999	Continued From page 2	S9999		

as a family, we think the facility nurses are deliberately trying to sedate R2. V10 continued to say, during a care plan meeting in May of 2024, concerns regarding medications were brought to the attention of the staff, however there was no suggestion or resolution to adjusting R2's medication regiment. V10 denied signing or giving consent for any medication R2 was receiving.

V11 (Licensed Clinical Social Worker) was interviewed 7/8/24 at 10:59AM and said during the care plan meeting, V10 and another family member were given a medication administration record and they questioned the medications that R2 was taking. V11 said that we, (the interdisciplinary team) provided education regarding the medications and told them to continue educating themselves.

As listed on the Physician order sheet active during this survey (July 2024), medications being administered to R2 include Olanzapine 15mg oral daily (ordered 6/24/24), Gabapentin 300mg two capsules every eight hours (4/9/24) for pain, Duloxetine 120mg daily for depression (4/9/24), Cyclobenzaprine 10mg every eight hours for muscle spasms (4/9/24), Hydrocodone-acetaminophen 5/325mg one tab every six hours as needed, and Lorazepam 2mg every night for sleep (4/9/24).

On 7/8/24 at 1:42PM V12 Primary Physician said, olanzapine is an antipsychotic. Gabapentin is an anticonvulsant (anti-seizure) but can also be used as a mood stabilizer for the prescribed dose and unlikely used for pain for R2. Cyclobenzaprine is a muscle relaxer that can be used for muscle spasms, however if R2 is not complaining of cramps or muscle spasms, should not be taking

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as a scheduled medication because it can cause drowsiness and lethargy. V12 said, since R2 has other medications for pain such as ibuprofen and acetaminophen ordered, these should be used as a first option because hydrocodone as a narcotic has some sedating properties, while the other [aforementioned] medications do not. V12 said, that during previous visits, R2 did not complain of pain.

Controlled drug administration record sheet for hydrocodone/acetaminophen 5/325mg indicated that this medication was dispensed for R2, in April, May and June of 2024, however, the pain assessments as listed in the Medication Administration record indicated that R2 did not complain of any pain in May or June.
On 7/7/24 at 3:10PM V6 Director of Nursing said that the nurses were expected to document pain assessments when giving any medication specific to pain and that if R2 was not complaining of pain, they should not be given an as needed medication.

On 7/8/24 at 3:47PM V13 Psychiatric PA (Physician's Assistant) said that they manage psychotropic medications for R2. On 6/6/24, V13 assessed R2 and made a recommendation to increase a medication Aripiprazole (antipsychotic) from 10mg to 15mg. When seeing R2 again on 6/20/24, V13 noted that the medication had not been entered on the Physician's Order Sheet and inquired about the order. V13 said that the nurses informed V13 that consent had not been given to administer the medication, and V13 also said that R2 was not believed to be decisional. V13 also said that olanzapine was not ordered or recommended for R2 by themselves, nor did V13 believe that the collaborating physician made the change from aripiprazole to olanzapine because it

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was not common practice. V13 explained that since both medications were in the same drug class, aripiprazole was less sedating than olanzapine. V13 said that when recommendations were given to adjust or order new medications, it was sent to the Director of Nursing and the Psychotropic Nurse to enter into the electronic health record, because consent is required prior to administering the medication. This practice was confirmed by V6 Director of Nursing on 7/8/24.
V13 provided email documentation dated 6/6/24 sent to V6, the Assistant Director of Nursing and the Psychotropic Nurse which stated [R2]: increase [aripiprazole] from 10mg (every day) to 15mg (every day) (due to) psychotic (symptoms) that are causing distress.

The facility provided psychotropic consents for lorazepam 2mg, duloxetine 120mg and apriprazole15mg which did not contain signatures from R2 or their representative. No consent was provided for olanzapine 15mg.

Facility Policy "PSYCHOTROPIC DRUG USE" revised 1//21 states in part; General: The purpose is to promote the safe and effective use of psychotropic medications that are used in lowest possible dose and time frame and have indication for use that enhances the resident's quality of life. Guideline: Initiating the Use of Psychotropic Medications: 1. Prior to using any new Psychotropic medication, the staff will document the behaviors and any interventions that were attempted if appropriate. 3. The Health Care Provider/Psychiatrist may order psychotropic medications as indicated. 7. If an order is obtained for a Psychotropic Medication, the resident, family or POA must be informed of the risks and benefits of the medication. The facility

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S9999	Continued From page 5 must obtain an informed consent. If the family or significant other is not able to sign the consent, phone consent will be taken with by a nurse verifying the consent. (B)	S9999		