

Illinois Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000871 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/28/2015 |
|--|--|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BETHANY HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 4950 NORTH ASHLAND CHICAGO, IL 60640 |
|---|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

| | | | | |
|-------|--|-------|--|--|
| S9999 | <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>Unnecessary, Psychotropic, and Antipsychotic Drugs 330.1155 a)4)c) A resident shall not be given unnecessary drugs in accordance with Section 330.Appendix E. In addition, an unnecessary drug is any drug used: without adequate indications for its use. Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the residents 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. G.Antipsychotics drugs should not be used unless the clinical record documents that the resident has one or more of the following "specific conditions"; 11. Organic mental syndromes(now called dementia) with associated psychotic and/or agitated behaviors: Which have been quantitatively documented. 12. Antipsychotics should not be used if one or more of the following is/are the only indication: 1. Wandering 4. Impaired Memory This requirement is NOT MET as evidenced by: Based on interview and record review, the facility failed to provide an indication for use of psychotropic medication for one resident (R3) of three residents reviewed for antipsychotics drug usage in a total sample of nine. Findings include: 8/25/15 at 10:30am and 2:30pm, R3 observed walking slowly up and down the hallway. 8/26/15 at 11:50am, R3 observed walking slowly up and down hallway.</p> | S9999 | | |
|-------|--|-------|--|--|

Attachment A
Statement of Licensure Violations

| | | |
|---|-------|-----------|
| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|

Illinois Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000871 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/28/2015 |
|--|--|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BETHANY HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 4950 NORTH ASHLAND CHICAGO, IL 60640 |
|---|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

| | | | | |
|-------|--|-------|--|--|
| S9999 | <p>Continued From page 1</p> <p>8/26/15 at 2:30pm, E6 (Certified Nurse Assistant) stated, "R3 likes to wander around and walk up and down the hallways. I bring her the walker when she does not have it because she forgets to use it."</p> <p>8/27/15 at 9:15am, E5 (Licensed Practical Nurse) stated, "R3 is on Haldol because she sundowns at night and is more fatigued. R3 has more periods of confusion at night and wandered into other resident rooms. At that time the interventions tried was continued monitoring and redirection. Haldol was used to prevent more falls and to help her sleep.</p> <p>8/27/15 at 10:08am E3 (Assistant Director of Nursing) stated, "Before starting antipsychotic medication, the facility would have a family meeting to discuss levels of care and possible other interventions."</p> <p>Review of R3's social service notes and nursing progress notes from 3/2015 thru 6/19/2015 did not include a family meeting to discuss further interventions or discuss further levels of care.</p> <p>Review of Behavior Intervention Monthly Flow Record dated 5/2015 denotes pacing behavior 5/1/15, 5/2/15,5/3/15. No further behaviors 5/4/15 thru 5/31/15. On 8/27/15 E3 (Assistant Director of Nursing) at 11:00am E3 stated, "There are no monthly behavior monitoring sheets filled out before 5/2015.</p> <p>Review of Psychiatric Progress Note/Medications Prescribed dated 5/11/15 by E4(Psychiatrist) denoted in part: "Patient referred now because she is walking with her walker a lot at night and can not find her room. No evidence of any psychotic symptoms. Impression: Some cognitive decline with sundowning, will try Haldol 0.25mg at night and return in four weeks. Review of Psychiatric Progress Note dated 6/08/15 by E4 denoted in part: "Resident is not walking at night. Impression: Some cognitive decline with</p> | S9999 | | |
|-------|--|-------|--|--|

Illinois Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000871 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/28/2015 |
|--|--|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BETHANY HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 4950 NORTH ASHLAND CHICAGO, IL 60640 |
|---|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

| | | | | |
|-------|---|-------|--|--|
| S9999 | <p>Continued From page 2</p> <p>sundowning, Haldol 0.25mg at night. Review of nursing note by E12 (Licensed Practical Nurse) dated 5/22/15 at 11:30pm denotes in part: "Resident ambulatory with walker." Review of nursing note by E12 (LPN) dated 5/25/15 at 9:30pm denotes in part: " Resident ambulatory with walker with episodes of confusion." Review of nursing note by E12 (LPN) dated 5/26/15 at 10:46pm denotes in part: "Resident ambulatory with walker with episodes of confusion, walking back and forth." On 8/27/15 at 1:30pm E4 stated, "Resident has dementia with sundowning and likes to walk a lot with her walker. Resident was wandering more at night and getting lost in the facility. I prescribed Haldol in this case to help with the sundowning, wandering and to help her sleep." Review of facility policy revised 8/04 and labeled, Use of Psychotropic Medications denotes in part: "This facility supports the cooperative effort of the physician, pharmacist, nursing staff, and mental health professionals to establish specific goals and objectives for the review of the use of psychotropic medications." (B)</p> | S9999 | | |
|-------|---|-------|--|--|