

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 South Harlem Avenue Berwyn, IL 60402	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44570</p> <p>Based on interview and record review, the facility failed to initiate discharge for a resident upon request and failed to update the discharge care plan to include a desire for transfer or discharge which affected one (R2) of two residents reviewed for discharge planning.</p> <p>Findings include:</p> <p>R2 is [AGE] years old and was transferred to the facility on [DATE]. 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.</p> <p>On 7/7/24 at 2:19PM V10 and V14, Family Members of R2 said, we have been directly involved in R2's care since transfer into the facility. V10 said, at first the facility primarily contacted (V14), but after a verbal altercation with staff, V6 Director of Nursing asked if V10 could be the primary contact. V14 said the altercation was due to the frustration and lack of help from the staff. V10 and V14 expressed concerns regarding discharge planning, medication administration, therapy and overall nursing care. V10 and V14 said that they have been trying to work with the facility to transfer R2 to another long-term care facility since April, and the facility has not sent any transfer information for consideration to the facility chosen.</p> <p>On 7/8/24 at 10:30AM the admissions department from the receiving facility said, that V10 and V14 inquired over two months ago about a referral, however according to their notes on the matter, they have not received any documentation to review R2's request.</p> <p>V10 provided an email verifying that admissions contact information was given June 10, 2024, to V15 Social Services Director. V15 was unavailable to interview during this survey.</p> <p>On 7/8/24 at 12:08PM V2 Executive Director said, V15 mentioned that R2's family wanted to transfer and said V15 said a transfer packet was sent to the facility they requested. When transfer documents are sent to a facility, we (the facility) should keep a copy of the transmission for our records. When V2 requested the confirmation, V15 was not able to provide it</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 South Harlem Avenue Berwyn, IL 60402	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/8/24 at 5:30PM V1 administrator said, our social worker never sent the referral paperwork to the requested facility because when the social worker called, the facility said that no beds were available. V10 requested that R2 be transferred back to our sister facility in April because they wanted R2 to have more therapy, but we explained that R2 would not be receiving more subacute therapy because R2 had already been discharged from therapy services and was appropriate for the nurse led restorative therapy program. The care plan should have been updated to reflect R2 and or the family was requested to be discharged or transferred.</p> <p>R2's care plan was reviewed, however did not include revisions that included R2's desire to transfer to another facility. R2's discharge care plan was created 4/10/24. Focus: Discharge Potential: the tentative plan is for the resident to remain in Long Term Care placement, work on transitioning to her own apartment with her family. Outcome (revised 4/22/24): [R2] will discuss feelings and concerns regarding discharge planning. Interventions: Encourage the resident to discuss desire for discharge and what she needs to do to increase likelihood of success as clinically indicated.</p> <p>The facility provided a policy titled Discharge Summary and Plan revised 5/25/24 however, does not include a process or procedure for resident-initiated discharge.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 South Harlem Avenue Berwyn, IL 60402	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44570</p> <p>Based on interview and record review, the facility failed to follow physician orders for two of two (R2, R3) residents reviewed for medication administration by inaccurately transcribing a medication for R2 and by not ensuring timely ordering of medications for R3.</p> <p>Findings include:</p> <p>R2 is [AGE] years old and was transferred to the facility on [DATE]. 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.</p> <p>The Physician order sheet active during this survey and the Medication Administration Record (July 2024), include Olanzapine 15mg oral daily which was ordered 6/24/24.</p> <p>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 also said that olanzapine was not ordered or recommended for R2, nor did V13 believe that the collaborating physician made the change from aripiprazole to olanzapine because it was not common practice. Furthermore, as R2 already had previous orders for aripiprazole in 5mg and 10mg dosages, 15mg of the medication should have been available. 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.</p> <p>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.</p> <p>On 7/8/24 at 4:38PM, V6 Director of Nursing said that they were unaware of the change and was unable to provide any reasoning as to why the Psychotropic nurse would have placed the order for olanzapine instead of aripiprazole as ordered. V6 said that the expectation would have been to transcribe the medication as received by V13.</p> <p>R3 is [AGE] years old was initially admitted to the facility 11/25/15 and has diagnoses that include osteoarthritis, COPD, lumbar radiculopathy, arthritis and anxiety disorder.</p> <p>R3 was interviewed in the facility on 7/5/24 at approximately 5:30PM. R3 was observed to be alert, coherent, well-groomed, and mobilizing independently. During the interview, R3 said that in June 2024, the facility ran out of medication tizanidine which is prescribed for back spasms for several days. R3 said that there are times when other medications are not ordered timely due to frequency of agency staff working. R3 said that while it was upsetting that the medication was not available, it did not hinder activities of daily living.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 South Harlem Avenue Berwyn, IL 60402	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The medication administration record for R3 was reviewed for the month of June 2024. It was noted that tizanadine hydrochloride 4mg (milligrams) was not administered as signed out June 16th through the 21st.</p> <p>On 7/5/24 at 11:30AM V6 Director of Nursing said R3 is very adamant about taking their medications usually at the same time every day, so much that sometimes he causes a disturbance when the nurse is not available or working with another resident. R3 wants what they want when they want it. R3 takes medications for pain and back spasms and while they are ordered as needed, I would say that he takes the medications daily. I was not made aware of any time any medications were not available. On 7/8/24 at 10:20AM, V6 said, while the facility does not have a written policy regarding when to re-order medications. The expectation is that they order prior to the medication running out. V6 said that although agency nurses are used often, there is always a staff nurse with availability to the convenience machine. It is linked directly to the pharmacy and when medications are removed, the pharmacy sends someone to refill it.</p> <p>The facility was unable to provide any documentation that medications were removed from the convenience machine for R3 and V6 confirmed that no medications from the machine were accessed for R3 in June. Nursing progress notes were reviewed for June 2024 and none were written regarding the missing medication.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 South Harlem Avenue Berwyn, IL 60402	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0758</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44570</p> <p>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.</p> <p>Findings include:</p> <p>R2 is [AGE] years old and was transferred to the facility on [DATE]. 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.</p> <p>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.</p> <p>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 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.</p> <p>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.</p> <p>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).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 South Harlem Avenue Berwyn, IL 60402	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0758</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>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 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.</p> <p>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.</p> <p>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.</p> <p>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 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.</p> <p>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.</p> <p>The facility provided psychotropic consents for lorazepam 2mg, duloxetine 120mg and aripiprazole 15mg which did not contain signatures from R2 or their representative. No consent was provided for olanzapine 15mg.</p> <p>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.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 South Harlem Avenue Berwyn, IL 60402	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0758 Level of Harm - Actual harm Residents Affected - Few	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 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.		