

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145341	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Encore Village		STREET ADDRESS, CITY, STATE, ZIP CODE 350 West Schaumburg Road Schaumburg, IL 60194	

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** 34117</p> <p>Based on observation, interview and record review the facility failed to report adverse side effects immediately, failed to monitor the use of psychotropic medications, and failed to carry out the orders to hold medication for a resident showing signs of adverse effects of excessive drowsiness. This failure resulted in R1 being sent out to the hospital for evaluation for stroke like symptoms. This applies to 1 of 3 residents (R1) reviewed or unnecessary medications in the sample of 5.</p> <p>The findings include:</p> <p>R1's face sheet shows she is [AGE] year-old female with diagnosis including somnolence (excessive drowsiness 8/15/24), altered mental status (8/15/24), unspecified dementia with other behavioral disturbance, heart disease, delusional disorder, anxiety disorder, unspecified hearing loss, vascular dementia with psychotic disturbance, mood (affective) disorder, and glaucoma.</p> <p>R1's hospital Records dated 8/15/24 documents [AGE] year-old female with a history of vascular dementia and behavioral disturbances presents with acute encephalopathy and lethargy likely suspect due to polypharmacy. R1's hospital discharge medication list dated 8/16/24 shows a decrease dose in her psychotropic medications including Depakote 125 mg (milligrams) two capsules three times a day and Seroquel 50 mg twice a day.</p> <p>On 8/22/24 at 9:19 AM, R1 was observed in her lying in bed. R1 was yelling and calling out from her room. V7 (Registered Nurse/RN) entered the room to assist R1, using the communication board to ask R1 what she needed. R1 was not able to verbally express her needs to V7. R1 was on the call light frequently and yelling when staff left the room. At 9:54 AM, V9 and V10 (Certified Nursing Assistant's-CNA's) provided care to R1 including incontinence care and transferring her from the bed to the wheelchair using a mechanical lift. R1 did not display behaviors of aggression, combativeness, and was compliant with all cares.</p> <p>On 8/22/24 at 9:38 AM, V7 (RN) said R1 has behaviors of combativeness and agitation. She was hospitalized in June and sent to behavioral health. She had a change in her psychotropic medications due to lethargy. She has been okay since her dose was decreased. She still has some behaviors of yelling out and screaming, but is more awake. If a resident is showing adverse effects from the medication, nursing should hold the medication and notify the physician.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145341
		If continuation sheet Page 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145341	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Encore Village		STREET ADDRESS, CITY, STATE, ZIP CODE 350 West Schaumburg Road Schaumburg, IL 60194	
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 8/26/24 at 8:57 AM, V5 (Unit Manager) said R1 is alert, confused, and has behaviors of crying, screaming, restlessness, agitation, and combative during cares. Lately she has periods of sleepiness in the late morning towards noon, after lunch she is more awake. She has difficulty expressing her needs. On 8/15/2, V16 (R1's daughter) came to visit and was upset how R1 was sleepy, difficult to arouse, and drooling. V16 was concerned her mom had a stroke. She explained to R1's daughter, V15 (Psych Nurse Practitioner) assessed R1 yesterday and there were new orders to hold the psychotropic medications (Seroquel 100 mg and Clonazepam 0.5 mg) if R1 was lethargic. She went in the room and called out R1's name. R1 opened her eyes but could not keep them open. R1 usually feeds herself; that day she needed assisting with meals. R1 was receiving three psychotropic medications scheduled three times a day including Depakote 375 mg, Seroquel 100 mg, and Clonazepam 0.5 mg. R1 was hospitalized for behaviors in mid-June and returned to the facility on [DATE]rd with increased doses of her psychotropic medications. R1 was sent out to the hospital for evaluation for stroke symptoms and CT's showed negative for a stroke. Psychotropics can cause sleepiness and R1 was not tolerating the doses of the psychotropic medications. If a resident is showing signs of adverse effects, nursing should hold the dose and notify the physician on onset of the changes.</p> <p>On 8/26/24 at 9:32 AM, V4 (RN Agency) said she was R1's nurse on 8/15/24. She is an agency nurse, and it was her first time caring for R1. Around lunch, a lady V16 (R1's daughter) came up to me and asked if she was R1's nurse and to come to the room. When she went to R1's room. R1's daughter was upset and crying, she said look at her, this is not my mother. R1 was sedated and drooling on herself, she was not able to eat because she was knocked out. The night nurse reported if R1 is too sedated to hold the antipsychotic medication. When she looked at the medications R1 was scheduled to receive, Depakote 375 mg, clonazepam 0.5 mg and Seroquel 100 mg three times a day. She was thinking why is R1 on so much medication. She gave what was scheduled, I have nothing to base it off, I felt terrible I gave the medications too. She questioned it, but she did not know the resident. R1's daughter requested to have her sent out to the hospital. She gave the morning dose and said she could not recall if she gave the afternoon dose, if it was scheduled I must have given the medications to her, I could have given the medications.</p> <p>On 8/26/24 at 1:15 PM, V2 (Director of Nursing) said staff should be monitoring the resident for side effects of psychotropic medications. Increased sleepiness is the first side effect of these medications. Nursing should hold the medication and notify the physician immediately. She confirmed the order to hold the medication did not reflect on</p> <p>R1's Medication Administration Record (MAR) on 8/15/24 for the morning and afternoon dose. R1 was sent out to the hospital and returned to the facility with a decreased dose in her psychotropic medications.</p> <p>R1's nurses note dated 8/6/24 documents medication at lunch held, R1 lethargic not able to feed herself. (There was no documentation the physician was notified).</p> <p>R1's nurses note dated 8/12/24 documents, R1 very sleepy refusing to eat lunch, afternoon medication held, not able to take medication. (There was no documentation the physician was notified).</p> <p>R1's nurses note dated 8/14/24 documents, R1 refused to eat breakfast, took morning medications. She refused to eat lunch, lethargic, noon medications held. R1 seen by V14 (Psych NP) new orders in place.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145341	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Encore Village		STREET ADDRESS, CITY, STATE, ZIP CODE 350 West Schaumburg Road Schaumburg, IL 60194	
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>R1's nurses note dated 8/14/24 documents, R1 refused to eat dinner, Seroquel 100 mg held this evening due to lethargy.</p> <p>R1's Psych NP note dated 8/14/24 documents asked to R1 for increased sleepiness for the past two days. R1 encountered in the wheelchair moaning to tactile, did not open eyes. Discussed with NOD (nurse on duty) will hold clonazepam and Seroquel when drowsy/sleepy.</p> <p>R1's nurses note dated 8/15/24 by V4 documents R1's daughter visibly upset about mother's mental status. R1 sitting up in wheelchair increased lethargy, right sided mouth drooling and upper extremity weakness. R1 drowsy and unable to respond to verbal stimuli. R1's daughter expressed this is not her normal behavior. R1 observed increased sedation post am scheduled medications. R1 sent out to the local hospital.</p> <p>R1's V16 (Nurse Practitioner) note dated 8/15/24 documents R1 seen for lethargy, R1 agitated this morning, poor appetite, more sedated now. Somnolent (excessive drowsiness), opens eyes briefly, nonverbal, acute somnolent worsening; ER for evaluation,</p> <p>R1's Medication Administration Record dated August 2024 shows orders for clonazepam 0.5 mg give one tablet three times a day for anxiety; Seroquel 100 mg one tablet three times a day for unspecified mood affective disorder (the orders do not show to hold if sleepy/drowsy on 8/15/24 for the am and pm dose). R1's MAR shows on 8/15/24; Seroquel 100 mg and Clonazepam 0.5 mg was documented given for the am and afternoon dose.</p> <p>R1's MAR shows orders for antipsychotic medication monitor for dry mouth, constipation, blurred vision, disorientation, confusion, lethargy, drooling, difficulty urinating .start date of 8/17/24 (after hospitalization).</p> <p>The facility's Psychotropic Medication Policy states, Psychotropic medications include any drug that affects brain activities associated with mental processes and behavior physicians and physician extenders (Physician Extender and Nurse Practitioner) will use psychotropic medications appropriately, working with the interdisciplinary team to ensure appropriate use, evaluation and monitoring .monitoring psychotropic drug use daily, noting any adverse effects such as increased somnolence or functional decline .</p>		