STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145710	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Manor	431 West Remington Boulevard Bolingbrook, IL 60440

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46003 Based on observation, interview, and record review the facility failed to timely address recommendations from the pharmacist. This applies to 2 of 4 residents (R1, R2) reviewed for monthly medication reviews. Findings include: 1. R1 was admitted to the facility on [DATE] with diagnoses that include urinary tract infection, edema, altered mental status, dementia, depression, unspecified psychosis, constipation, difficulty walking, and weakness. R1's care plan dated 4/17/24 includes R1 uses psychotropic medications and has potential for complications/adverse reactions/side effects. Interventions include to consult with pharmacy, MD (Medical Doctor) / Psych to consider dosage reduction when clinically appropriate. R1 is at risk for adverse reaction related to polypharmacy. Interventions include request physician to review and evaluate medications. Review pharmacy consult recommendations and follow up as indicated. On 4/18/24 V8's (Pharmacist) consultation report states R1 was admitted with an order for an antipsychotic, quetiapine 25mg twice daily. R1's diagnosis / indication unclear. Antipsychotics have a box warning for increased risk of mortality in older adults with psychosis related dementia. Additionally, they are associated with other potentially serious adverse effects including movement disorders, metabolic abnormalities and orthostatic hypotension. V8's consultation report recommended evaluation for a gradual dose reduction of quetiapine 25 mg daily and clarification of diagnosis/indication. V8 identified R1 had a PRN (as needed) order for lorazepam. V8 recommended Lorazepam be discontinued or a stop date be added that does not exceed 14 days from initiation. V8's rationale for recommendation; CMS (Centers for Medicare & Medicaid Services) requires that PRN orders for non-antipsychotic psychotropic drugs be limited to 14 days unless the prescriber documents the diagnosed specific condition being treated, the rationale for the extended time period, and the duration of the PRN order. Review of the reports for quetiapine and lorazepam both were signed by V3 (NP/Nurse Practitioner) psych signature dated 5/03/24. V3's written response to recommendations for quetiapine was change in condition, discontinue quetiapine. V3 wrote to continue lorazepam for 14 days. Surveyor was not able to interview V3 after multiple attempts. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. R2 was admitted to the facility on [DATE]. R2's diagnoses include dementia, hypertension, anemia, atrial fibrillation, major depressive disorder, unspecified psychosis, delusional disorders, impulsiveness and anxiety. R2's care plan dated 3/24/24 states R2 is at risk for polypharmacy interventions that includes request physician to review and evaluate medications. Review pharmacy consult recommendations and follow up as indicated. R2's care plan states R2 is receiving psychoactive medications and is at risk for potential adverse effects. On 9/07/23 the pharmacy made recommendations for R2 to the practitioner. The pharmacy consultation report states R2 receives risperidone 0.25mg twice daily since 2-2023 for expressions or indications of distress related to dementia. The pharmacy recommendation was to attempt a GDR (gradual dose reduction) of risperidone to 0.125 mg every morning and 0.25 mg every evening with the goal of discontinuation while concurrently monitoring for reemergence of target and or withdrawal symptoms. On 5/7/24 at 4:26 PM, V8 (Pharmacist) stated the facilities policy dictates how long it should take to respond to pharmacy recommendations. V8 stated the prescriber should be reevaluating anxiolytics (lorazepam) every 14 days as per CMS regulations. V8 stated the prescriber should be monitoring any psychotropic medication. V8 then stopped the interview stating she could not answer any specific questions. On 5/7/24 at 4:35 PM, V2 (DON/Director of Nursing) stated he is responsible for making sure pharmacy recommendations are given to the appropriate physician and NP (Nurse Practitioner) and it is his responsibility to follow up to see that the recommendations are carried through. V2 stated he dates and writes the response directly on the pharmacy recommendation report. V2 stated he wrote f/u w/ psych (follow up with psych) on the recommendations reports. V2 stated he placed the pharmacy recommendations for R1 in V3's mailbox. V2 stated he did not recall when he put the recommendations for R1 in V3's mailbox and he did not date it. V2 DON stated he does not have a time frame for how long it should take to provide a response to pharmacy recommendations except they should be in a timely manner. V2 stated he did not submit the 9/07/23 pharmacy recommendations for R2 to the practitioner. On 5/7/24 at 5:16 PM, V9 (General Manager Pharmacist) stated side effects for quetiapine can include sedation, weakness, dizziness, gastrointestinal upset, confusion weight gain or weight loss. V9 stated the goal of a GDR is to try and eliminate anti-psychotics but it is ultimately up to the prescriber. V9 stated he did not have a time frame as to how long it should take for a prescriber to respond to pharmacy recommendations. V9 stated if he has concerns, he contacts the prescriber directly. On 5/7/24 at 6:17 PM, V1 (Administrator) stated pharmacy recommendations for psychotropics should be called to the prescriber immediately. Pharmacy recommendations should not be stuck in a mailbox. V1 stated the DON or ADON (Assistant Director of Nursing) is responsible for notifying the prescriber of those recommendations and documenting. The website accessdata.fda.gov information sheet on quetiapine states there is increased mortality in elderly patients with dementia. Antipsychotic drugs are associated with an increased risk of death. Quetiapine is not approved for elderly patients with dementia related psychosis. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility provided policy Medication Regimen Reviews (MRR) dated May 2019 states the goal of the MRR is to promote positive outcomes while minimizing adverse consequences and potential risks associated with medication. If the physician does not provide a timely or adequate response or the consultant pharmacist identifies that no action has been taken, he/she contact the Medical Director or the Administrator. Copies of medication regimen review reports, including physician responses are maintained as part of the permanent medical record.