

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145765	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER Park View Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5888 North Ridge Chicago, IL 60660	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356</p> <p>Based on observation, interview, and record review, the facility failed to ensure availability of anti-anxiety medication as ordered by physician, and failed to document medication ordered by physician as being administered as per policy. These failures involved 1 out of 1 resident (R1) for a total sample of 3 residents.</p> <p>Findings include:</p> <p>R1 is [AGE] years old, initially admitted in the facility on 05/08/2024. R1 diagnosis includes schizophrenia, paranoia, psychosis, anxiety, depressive disorder, and parkinsonism. R1's cognition has moderate impairment with BIMS (Brief Interview of Mental Status) of 12, dated 12/24/2024.</p> <p>Nursing notes, dated 12/09/2024 by V10 (Licensed Practical Nurse), documents R1 was very paranoid believing that other people are talking about him throughout the building. R1 thinks that a chair that was placed in hallway was used to spy on him. Physician was notified and gave order to transfer R1 to the hospital.</p> <p>Physician notes, dated 12/31/2024 by V11 (Medical Doctor), documents R1 was hospitalized due to acute psychosis and paranoia. R1 was petitioned by the facility due to increased psychotic, with paranoid delusions. R1 believes that others are talking about him throughout the building, that a chair was placed in the hallway used to spy on him, and that cameras were installed in his room.</p> <p>R1's medication administration record for November 2024 documents as follows:</p> <p>Medicines that were not initialed or signed as administered per physician's order on day 3, 10, 12, and 30 of November 2024 are as follows:</p> <ul style="list-style-type: none"> - Comtan (Entacapone) 200 MG tablet for anti-parkinsonism. - Mirapex 0.5 MG tablet for anti-parkinsonism. - Sinemet 25 - 100 MG tablet for anti-parkinsonism. <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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/09/2025 at 11:22 AM, R1 was seen inside his room alert, and verbally able to express his thoughts within topic during conversation. During conversion, R1 had shuffling movement with his arms and hands, and took a bit of effort to verbalize. R1 was asked if he feels okay and safe. R1 replied, I think I should be okay. R1 was asked about facility staff treatment concerning him. R1 replied that other people's conversation affects his privacy. R1 gave an example regarding a female person, who told a male person that she did not get her tray. The male person replied to her that he (R1) was crazy. R1 stated the conversation was not directed to him, but he knows he was the topic of their conversation. R1 cannot identify the names of female and male involved in the conversation. R1 was asked if he has any concern with any of his medication. R1 said facility staff are not consistent with giving his medicine. R1 said sometimes they are not giving the right medicine, or they are not giving his medicine the same as the other days.</p> <p>On 01/09/2025 at 11:34 AM, V2 (Director of Nursing) and V4 (Licensed Practical Nurse) reviewed R1's medication. V4 checked all listed medication for R1 if it was available on the medication cart. During review, Hydroxyzine medicine, which is anti-anxiety medication, could not be found. After checking all areas inside medication cart, V4 stated she could not find the medicine. V2 stated she will check with the pharmacy regarding the status of the medicine. V4 then went inside medication room to check whether or not Hydroxyzine medication was available. After checking medication room, V4 stated the medicine is not available. V4 called the pharmacy to clarify availability. V6 (Licensed Practical Nurse) stated R1 may have another anti-anxiety medication. Upon checking R1's medication order, V6 stated R1 has Seroquel (anti-psychotic medicine). V6 was informed Seroquel is not anti-anxiety, but anti-psychotic. V6 stated he understood that both medicines are different.</p> <p>On 01/09/2025 at 11:55 AM, V3 (Psychiatric Rehab Services Director) stated, (R1) has paranoia and a delusional problem that makes him anxious and suspicious with others. (R1) went to the hospital for involuntary discharge on 12/09/2024 due to his aggressive behavior. When (R1) hears other people taking, (R1) thinks they are taking about him because of his paranoia and delusions.</p> <p>On 01/09/2025 at 12:25, V2 (Director of Nursing) reviewed R1's November 2024 medication administration record (MAR) and noted multiple days were not initialed or signed as medication being administered. V2 stated nurses need to sign the MAR each time they give medicine. V2 stated, In nursing, we follow the principle if it wasn't documented it wasn't done. V2 stated R1 went to hospital because of his behavior, and anti-anxiety is important because of R1's diagnoses, including paranoia. V2 stated it is important to manage R1's behavior, and anti-anxiety medication is important to avoid recurrent behavioral problem.</p> <p>Medication Administration Policy, dated 08/2015, reads:</p> <p>Documentation of medication administration is recorded on the Medication Administration (MAR) and includes the date, time and initials of the licensed nurse who administered the medication.</p> <p>Per Food and Drug Administration information for Vistaril (hydroxyzine pamoate) it reads:</p> <p>INDICATIONS - For symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested.</p>		