

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145932	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Citadel Care Center-Wilmette		STREET ADDRESS, CITY, STATE, ZIP CODE 432 Poplar Drive Wilmette, IL 60091	

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 - Minimal harm or potential for 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** 46344</p> <p>Based on interview and record review, the facility failed to follow their policy related to psychotropic medications and ensure one resident (R49) was free from unnecessary psychotropic medications.</p> <p>Findings Include:</p> <p>R49 is an [AGE] year-old female who admitted to the facility on [DATE] and continues to reside in the facility. R49 has multiple diagnoses including but not limited to the following: difficulty in walking, lack of coordination, and osteoarthritis.</p> <p>Per physician orders resident is receiving Quetiapine Fumarate Oral Tablet 25 mg - Give 0.5 tablet by mouth at bedtime for sleep/anxiety.</p> <p>On 2/19/2025 at 12:25PM, R49 was noted to be calm and alert and oriented with no behaviors.</p> <p>On 2/19/2025 at 1:30PM, V2 (Director of Nursing) said, R49 came to the facility already receiving an antipsychotic medication. The attending physician is to decide whether to refer them to receive psychiatric care. She was seen on 2/19/2025 and there was no recommendation for psychiatric evaluation. Per progress note, there was no concerns identified with R49's mental health. R49 does not have any serious mental illness diagnoses.</p> <p>On 2/20/2025 at 12:15PM, V19 (Nurse Practitioner) said, I am unsure as to why R49 is on this medication or when she started taking this. When I have seen R49, she doesn't display any issues or behaviors. I have not witnessed her display any sort of anxiety or sleeplessness out of the ordinary.</p> <p>Review of records for R49 does not have a diagnosis of a serious mental illness, insomnia, or anxiety. No behavior documentation or indication for use of medication was given to this surveyor.</p> <p>Facility policy titled Psychotropic Medication Use with Revision Date of December 2024 states in part but not limited to the following: Policy Interpretation and Implementation: 1. Residents will only receive psychotropic/antipsychotic medications when necessary to treat specific conditions which they are indicated and effective.</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
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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. The attending physician and facility staff will identify acute psychiatric episodes and will differentiate them from enduring psychiatric conditions.</p> <p>5. Residents who are admitted from the community or transferred from a hospital and who are already receiving antipsychotic medications will be evaluated for the appropriateness and indications for use. The interdisciplinary team will: Re-evaluate the use of the antipsychotic medications at the time of admission and/or within two weeks to consider whether the medication can be reduced, tapered, or discontinued. Based on assessing the resident's symptoms and overall situation, the physician will determine whether to continue, adjust, or stop existing antipsychotic medication.</p> <p>7. Antipsychotic medications shall generally be used only for the following conditions/diagnoses documented in the record: Schizophrenia, Schizo-affective disorder, Schizophreniform disorder, Delusional disorder, Mood disorders, psychosis, medical illnesses with psychotic symptoms, Tourette's Disorder, Huntington Disease, Hiccups, nausea and vomiting associated with cancer or chemotherapy.</p> <p>11. Antipsychotic medications will not be used if the only symptoms are one or more of the following: restlessness, impaired memory, mild anxiety, insomnia, sadness, nervousness, etc.</p>		