

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146155	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Park Place Christian Community		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 Euclid Avenue Elmhurst, IL 60126	

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** 48308</p> <p>Based on observation, interview and record review the facility failed to ensure that PRN (as needed) antianxiety medication orders had clinician documented rationale for use beyond 14 days, failed to identify and monitor target symptoms/behaviors and failed to implement non- pharmacological interventions prior to PRN medication use. This applies to 1 of 5 residents (R13) reviewed for unnecessary medications in the sample of 12.</p> <p>The findings include:</p> <p>R13's EMR (Electronic Medical Record) showed R13, [AGE] years old, was admitted to the facility on [DATE], with multiple diagnoses including Alzheimer's disease with late onset, personal history of other diseases of the nervous system and sense organs, anemia, primary hypertension, anxiety disorder, arthritis, history of left hip replacement and history of surgical repair of the right ankle.</p> <p>R13's MDS (Minimum Data Set) dated April 4, 2024, showed R13's cognition was severely impaired and was dependent on staff assistance for all ADLs (Activities of Daily Living) including bed mobility, eating, toileting, bathing, dressing, and transfer, and R13 could not sit unsupported requiring the use of a high back wheelchair with built in supports.</p> <p>R13's care plan initiated on September 30, 2022, for use of anti-anxiety medication showed the intervention to monitor/record target behavior of restlessness, anxiety, disrobing, inappropriate response to verbal communication and violence/aggression toward staff and others etc. and document behavior per facility protocol. Interventions included to administer anti-anxiety medication as ordered by the Physician. There were no non-pharmacological interventions to address anxiety, restlessness or agitation in the care plan.</p> <p>R13's pharmacy recommendation dated February 15, 2024, showed R13 was prescribed Lorazepam (anti-anxiety medication) 1 mg (milligram) every 4 hours PRN, greater than 14 days, without a stop date.</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>R13's March 2024 MAR (Medication Administration Record) showed Lorazepam 1 mg, every 4 hours PRN order initiated on February 16, 2024, had a stop date of March 1, 2024. R13 was prescribed Lorazepam 1 mg. every 4 hours PRN on March 7, 2024, through March 21, 2024, without a note written by the prescriber documenting rationale for use. R13 was administered Lorazepam 1 mg on March 9, 2024, at 7:16 PM and March 13, 2024, at 7:43 AM, with No documented for behavior observed prior to administration. R13 was prescribed Lorazepam 1mg. every 4 hours PRN on March 22, 2024, with a stop date of April 5, 2024, without a note written by the prescriber documenting rationale for continued use. R13 was administered Lorazepam 1mg on March 27, 2024, at 9:00 AM with No documented for behavior observed prior to administration.</p> <p>R13's April 2024 MAR showed Lorazepam 1 mg. every 4 hours PRN was prescribed on April 5, 2024, through April 19, 2024. R13 was administered Lorazepam 1 mg PRN dose, without documentation of any behavior observed, prior to administration, on April 5, 2024, at 4:08 PM, April 6, 2024, at 1:23 AM, 8:00 AM and 12:00 PM; and April 10, 2024, at 12:06 AM, 6:51 AM and 12:57 PM.</p> <p>R13's EMR document titled Behavior Monitoring and Interventions for April 2024, showed no behavior observed was documented with a check mark; no behaviors were documented as being observed for the month.</p> <p>R13's EMR document titled Long Term Care Evaluation quarterly assessment, dated April 1, 2024, showed mood was pleasant, no unwanted behaviors witnessed. Resident sleeps through the night.</p> <p>R13's Psychiatric progress note dated April 1, 2024, showed Ativan (Lorazepam) PRN takes long time to work if it did, sometimes does not work.</p> <p>R13's Psychiatric progress note dated April 11, 2024, showed R13's medication regimen was Seroquel 12.5 mg every morning and 50 mg at bedtime, Vistaril 25 mg twice a day, Depakote 250 mg twice a day, and Ativan (Lorazepam)1 mg every 4 hours PRN. The note also showed Ativan is not effective anymore.</p> <p>On May 1, 2024, at 12:00 PM, V6 (Restorative CNA, Certified Nursing Assistant) stated R13 was ok this morning and she did not observe any behaviors. V6 stated V8 (CNA) fed R13 in the dining room for breakfast after getting her up in the wheelchair. V6 stated on a bad day R13 will sing loudly and then fidget with her hands, V6 demonstrated the behavior by rubbing her two hands together. V6 stated she doesn't think R13 was in pain at those times. R13 was observed sitting in the high back supportive wheelchair, in the dining room, with her eyes closed, being fed lunch by her private caregiver.</p> <p>On May 1, 2024, at 12:05 PM, V8 (CNA) stated R13's behavior was good today she got her up for breakfast and fed her in the dining room and stated she ate 50-75%. V8 stated she put R13 back to bed after breakfast. V8 stated she has seen R13 speak to V3 (nurse) but R13 doesn't speak to everyone. V8 stated R13 used to be a pianist and she likes music a lot. V8 described R13's behaviors as singing loudly and she is fidgety, but V8 stated she doesn't think R13's singing means she is agitated. V8 continued, sometimes when R13 is fidgety she thinks R13 may be in pain, and V8 then reports that to the nurse. V8 stated today, on May 1, 2024, at 6:00 AM, when she checked R13 she found her digging in her incontinence brief. V8 stated the incontinence brief was soiled. V8 changed R13's brief and R13 stopped digging, was not fidgeting and rested until V8 got R13 up in the chair for breakfast.</p> <p>(continued on next page)</p>		

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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>On May 1, 2024, at 12:15 PM, V9 (RN Nurse) stated he has worked in the facility for 3 years on this unit. V9 stated he knows R13 well. V9 stated he gave R13 a Lorazepam 1mg dose at around 10:00 AM, this morning. V9 stated he gave the medication because R13 was fidgeting in her wheelchair, moving her arms and legs, and V9 wanted to prevent R13 from falling out of her chair. V9 also stated he did not try any non-pharmacological interventions prior to giving the Lorazepam medication. V9 stated sometimes R13 sings, and she appears anxious and other days R13 can go for a few days without appearing anxious. V9 stated we (facility staff) haven't tried a lot of non- pharmacological interventions. V9 also stated R13's singing may just be a form of self-expression, not a sign of anxiety. V9 stated R13's behavior has unknown triggers. V9 stated sometimes one of the private caregivers requests the staff to give a dose of Lorazepam to R13 and is unsure why the request is made, but the staff comply so as not to upset the caregiver/family.</p> <p>On May 1, 2024, at 2:55 PM, V2 (DON) stated R13 is not on hospice. V2 stated R13 has two caregivers and a very involved family. R13's medical doctor is aware of the psychiatrist's statement that Lorazepam is not effective, and the medical doctor is still prescribing the Lorazepam for R13. V2 was unable to provide documentation of non-pharmacological interventions attempted to reduce R13's anxiety symptoms upon request. V2 stated they have discussed with R13's family, further testing that is available to determine the causes of symptoms/behavior for R13 but that was not pursued due to R13's family being unwilling to pay for the testing.</p> <p>The facility's policy titled Use of Psychotropic Medications, dated 12/23, showed .2. The indications for initiating, withdrawing, or withholding medications as well as the use of non-pharmacological approaches will be determined by: a. assessing the resident's underlying condition, current signs, symptoms, expressions, and preferences and goals for treatment and b. identification of underlying causes (when possible) .4. b. for psychotropic drugs that are initiated after admission to the facility, documentation shall include: ii. Psychotropic medications shall be initiated only after medical, physical, functional, psychosocial, and environmental causes have been identified and addressed. iii. non-pharmacological interventions have been attempted, and the target symptoms for monitoring shall be included in the documentation .9. a. If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she shall document their rationale in the medical record and indicate the duration for the PRN order.</p>		